

Gynecologic Advances- Helping your patient avoid surgery
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GOALS

1. Identify appropriate patient candidates for management of menorrhagia with endometrial ablation.
2. Identify appropriate patient candidates for hysteroscopic sterilization.
3. Be able to more thoroughly counsel your patients about their options for treatment of menorrhagia and sterilization by understanding state-of-the-art advances in office based gynecology.

Syllabus

1. Menorrhagia in the older woman
 - a. Workup
 - i. STD testing
 - ii. Pap test
 - iii. CBC, TSH; consider liver or renal studies, bleeding studies based on patient co-morbidity; consider drug abuse (acetaminophen toxicity) or other peculiar causes of bleeding diathesis
 - iv. Endometrial sampling
 - v. Evaluation of the cavity
 1. sono-hysterogram
 2. hysteroscopy
 - b. Pathology
 - i. Hyperplasia without atypia- progestin for 3 months, re sample
 - ii. Hyperplasia with atypia- hysterectomy
 - iii. Benign
 1. hormone treatment
 2. IUD
 3. endometrial ablation
2. Endometrial ablation
 - a. Hysteroscopic resection
 - i. Refers to the direct removal of the endometrial lining with an electrical loop.
 - ii. The standard to which most “global” ablation techniques are compared.
 - iii. Complicated
 1. fluid management
 2. time consuming
 3. significant skill set required
 4. risks
 - iv. 51% amenorrhea rate; 93% satisfaction rate

- b. Global endometrial ablation
 - i. Refers to the non-selective general destruction of the endometrial cavity which occurs during a single treatment setting.
 - ii. Modalities of treatment
 - 1. Balloon
 - 2. Cryotherapy
 - 3. Bipolar Radiofrequency
 - 4. Microwave
 - 5. Hydrothermal Ablation
 - iii. Effectiveness
 - 1. roughly the same 3 year amenorrhea rate as hysteroscopic resection
 - iv. Office based potential
 - 1. All current types of FDA approved ablation devices can be successfully used in the office setting
 - v. Benefits of an office-based procedure
 - 1. Cost
 - a. Many health plans charge only a co-pay for the office procedure
 - b. This may translate into hundreds of dollars of savings for a patient depending on the deductible
 - 2. Time savings
 - a. 1-2 hours to pre-register for surgery
 - b. 4-6 hours spent at the hospital on the day of surgery
 - 3. Morbidity
 - a. Avoidance of general anesthesia
 - 4. Comfort
 - a. Procedure performed in a familiar and comfortable setting
 - b.
- c. Levonorgestrel releasing Intrauterine Device (Mirena)
 - i. FDA approved 5 year contraceptive device
 - ii. Easily placed in a brief office visit
 - iii. Side effects
 - 1. less menstrual bleeding
 - 2. 20% amenorrhea rate
 - iv. Reversible contraception
 - v. A good option for women who want to preserve fertility and don't want to use standard hormone therapy

- 3. Hysteroscopic Sterilization (Essure)
 - a. **Permanent** fertility control
 - b. Minimally invasive, **very low risk**

- c. Excellent for use in the office setting
 - i. 30-45 minute office visit
 - ii. Oral pain medicine and a cervical block
 - iii. 5-7 minute procedure placement time
- d. **REQUIRES** a 3 month follow-up **hysterosalpingogram**
 - i. Documents tubal occlusion
- e. 99.8% effective in preventing pregnancy
 - i. Most reported pregnancies were in patients who failed to have the HSG or it was not interpreted properly
- f. Benefits
 - i. Cost savings
 - ii. Morbidity
 - 1. avoidance of general anesthesia
 - 2. abdomen is not entered
 - a. avoid risk of major vessel injury, bowel injury, etc.
 - iii. Time efficiency
 - 1. 1 hour office consult
 - 2. 1 hour maximum procedure day
 - 3. 30 minute maximum HSG day
 - iv. Laparoscopic Sterilization
 - 1. 1 hour office consult
 - 2. 4-6 hour surgery day
 - 3. Off work for several days
 - 4. No heavy lifting for 2 weeks
 - 5. 30 min. post-op visit
 - 6. complications
 - a. wound infection, hemorrhage, pain, and hernia