

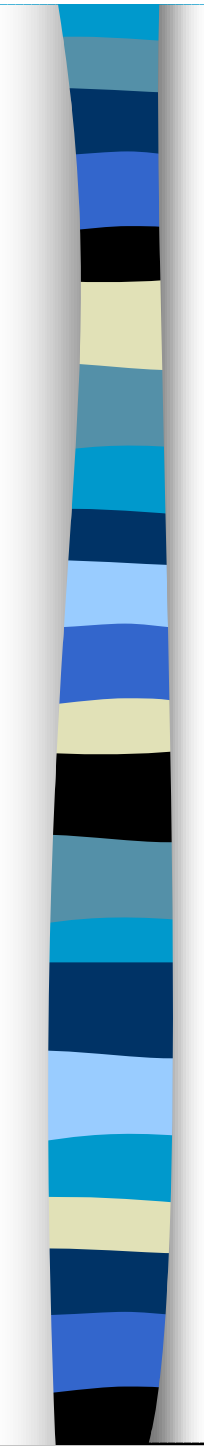
How To?

Mirena, Pipelle, Pessaries

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Investigation

Overall incidence of endometrial carcinoma in premenopausal women is 14.3/100,000 women years in one UK paper

■ Pipelle

Quick, low risk, fairly accurate but

Beware the 'inadequate' result

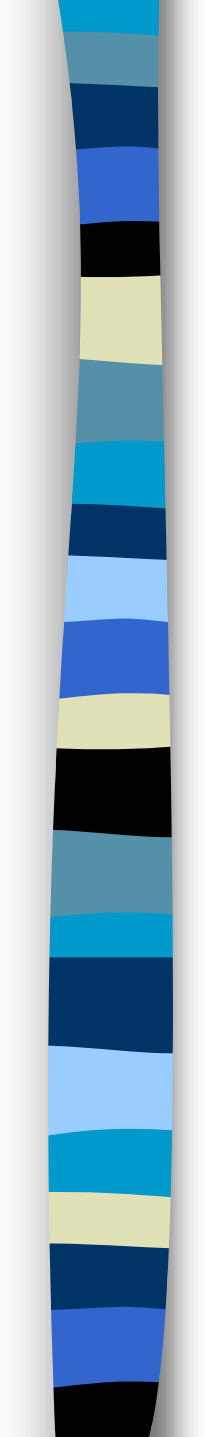
Can miss focal cancers

Mean pain scores higher than PV or smears (warn patient)

■ TVS

12 mm or greater is abnormal for premenopausal women

(For PMB, an endometrial thickness of $\leq$ or equal to 5mm in post menopausal women means $<4\%$ risk of cancer. 'Virtually' zero if $\leq$ or equal to 4mm but again beware!)

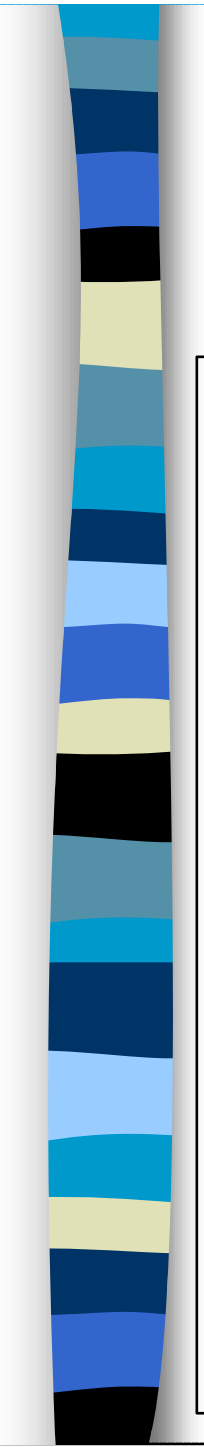


Investigation

- Hysteroscopy D & C

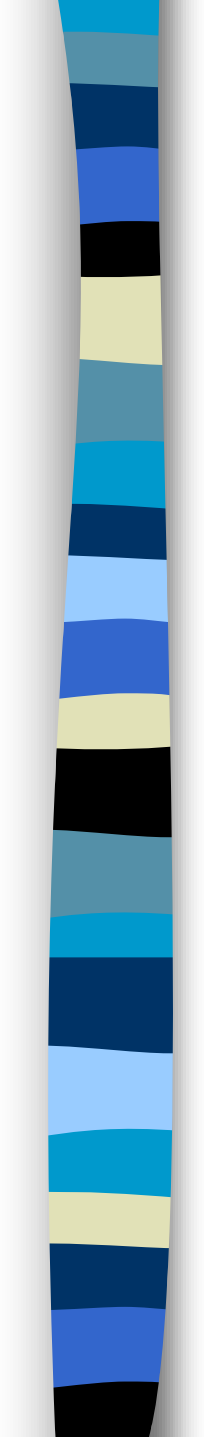
The 'gold' standard, well tolerated and safe

In a series of 2500 outpatient hysteroscopies; 10% of pre and 22% of post menopausal women had polyps. Fibroids played a part in 25%.



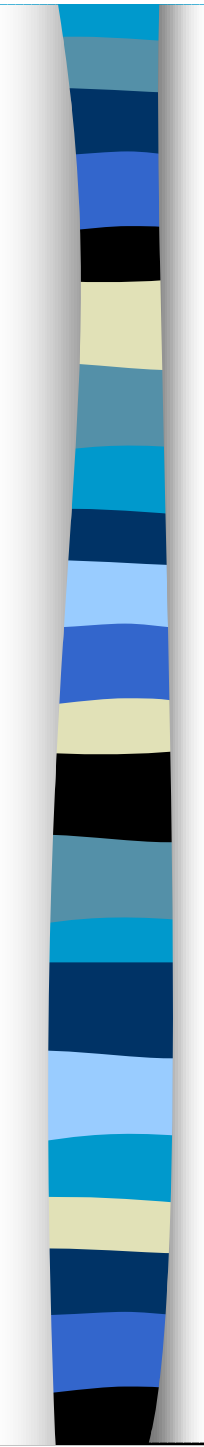
Treatment; Drugs

- **Mirena**
pgs reduced, inactive endom, reduces fibrinolysis. Mbl down 86% after 3/12
- **Cyclokapron** 1-1.5 g up to qds during heavy days.
Inhibits tissue plasminogen activator mbl down 50%
- **NSAIDS** e.g. Ponstan 250-500 mg tds during menses.
Inhibits cyclo-oxygenase and blocks myo pge2 receptors mbl down 30%
- **Progestagens** e.g. NET 5mg tds
For emergency use e.g. 30-50 mg provera/day for 3/52. No use for regular periods
- **COC**P
20-30% reduction MBL
- **Depo-provera?**



Mirena

- Efficacy for HMB and dysmenorrhoea
- Some endometriosis
- Endometrial protectant
- Fibroids and Mirena
- ?Side-effects



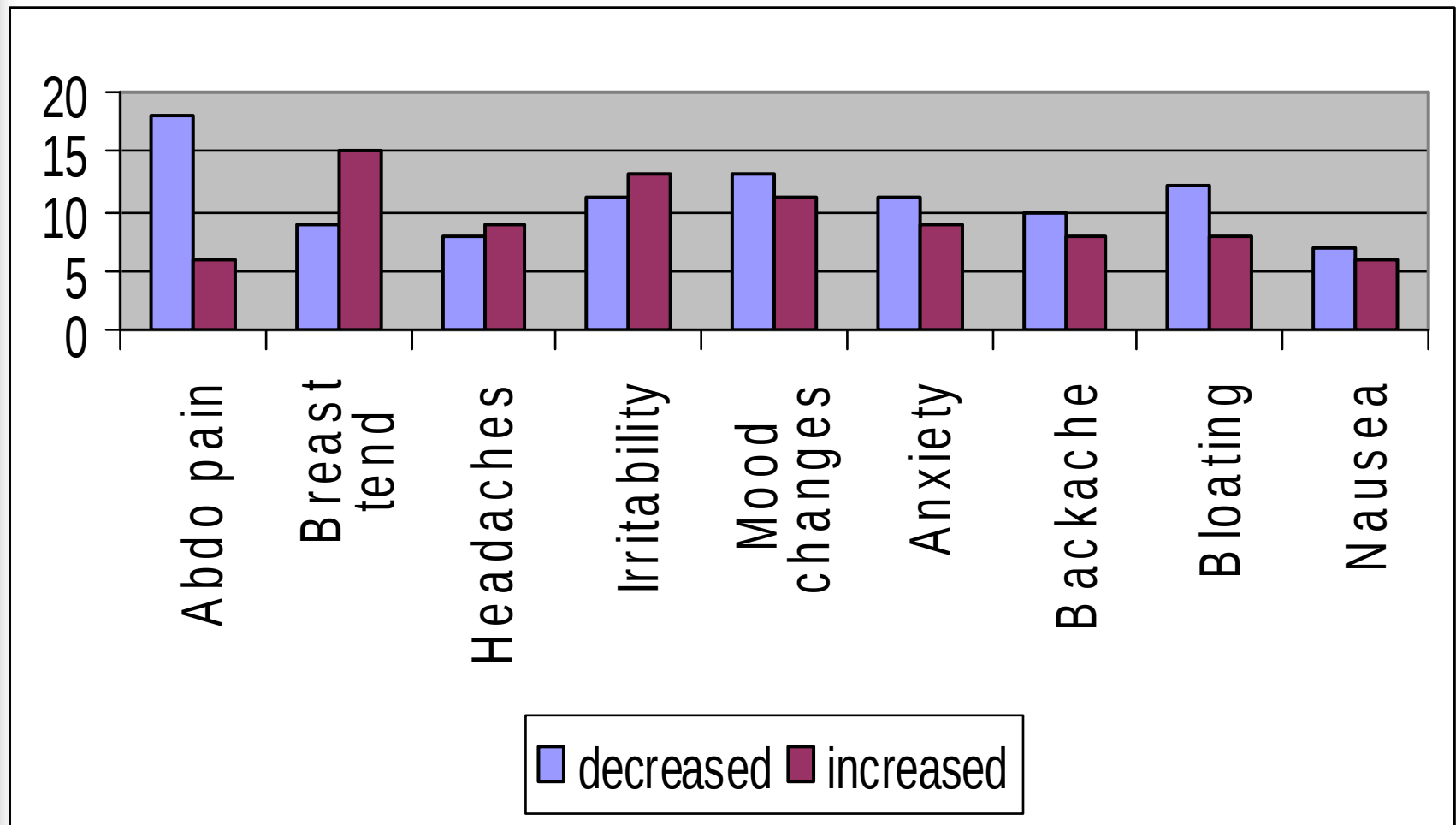
Mirena in the Manawatu

A patient satisfaction questionnaire

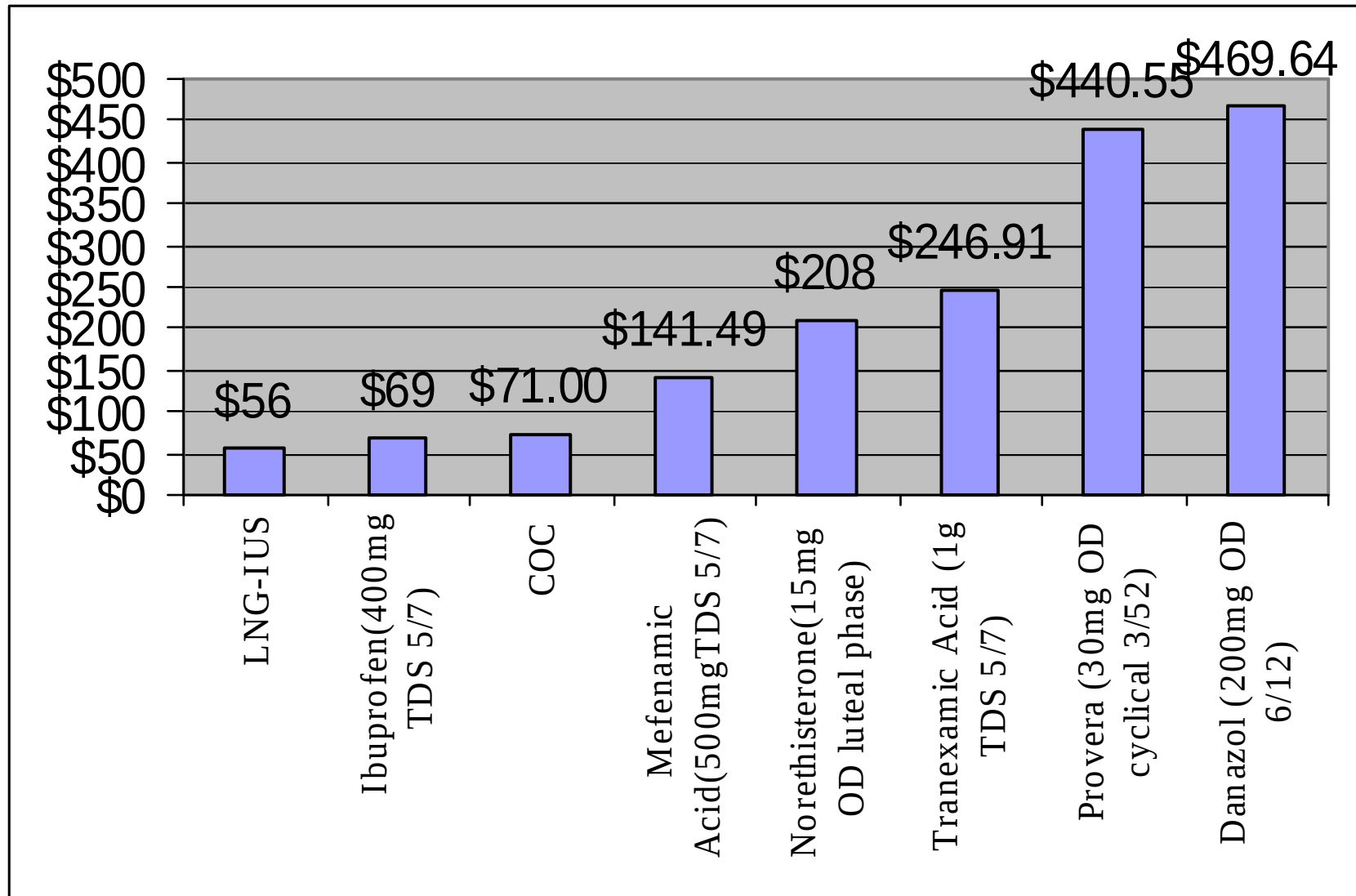
- 78 women (70% regular, 30% irregular heavy periods and 10% had had it removed).
- 30% amenorrhoea
30% minimal spotting
20% irregular light periods
10% still had heavy periods
- 80% had improvement in dysmenorrhoea
- 76% satisfied overall

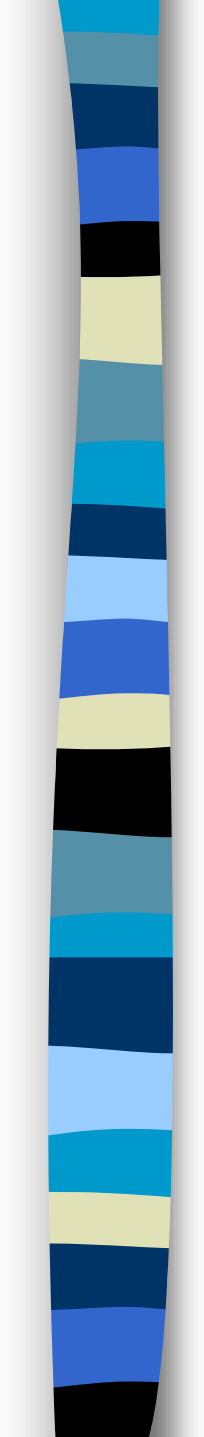
Effects

36/69 women continuing with it experienced 'side-effects', some experiencing more than one



Annual Costs of Medical Therapies

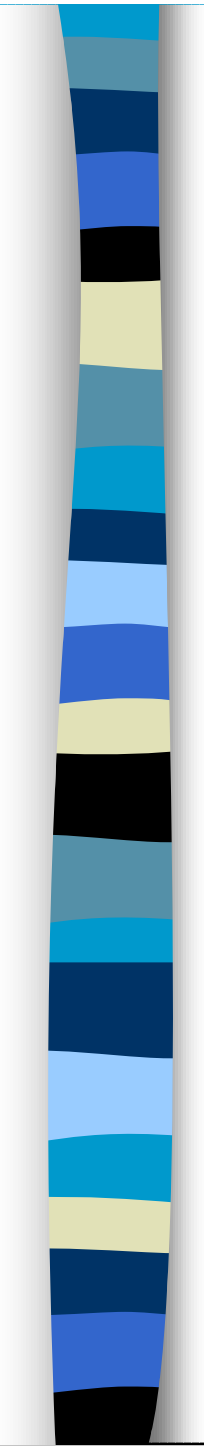




Summary of Management

based on NZGG and RCOG

- History
- General and abdominal examination
- Bimanual, speculum +/- smear
- FBC and ferritin
- TFTs only if hypothyroidism suspected
- Tests for coagulopathy only if suspected
- TVS and ? pipelle

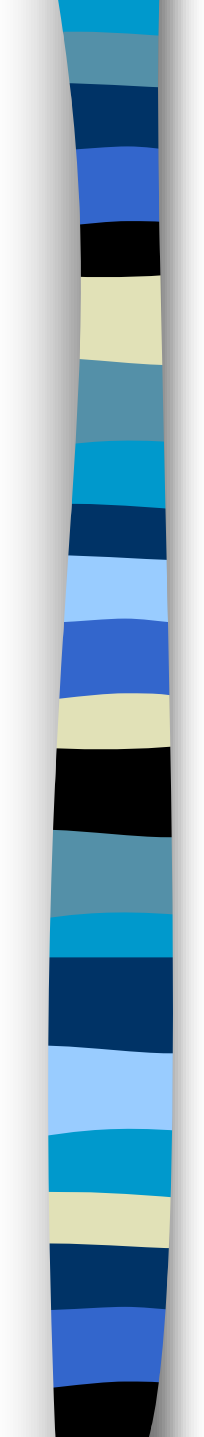


Risk of Hyperplasia?

The Risk is less than 2% if;

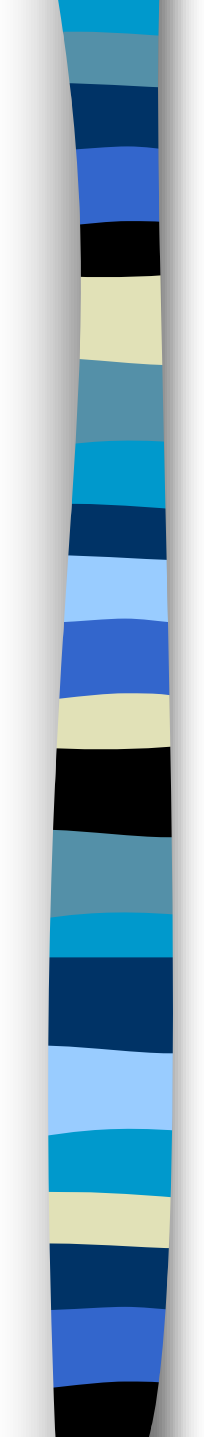
- <90kg
- <45 years
- Parous
- No tamoxifen
- No PCO, no HNPCC or FH of Endom. Ca,
- Not on unopposed ERT

Otherwise greater than 2%, maybe 25% plus.



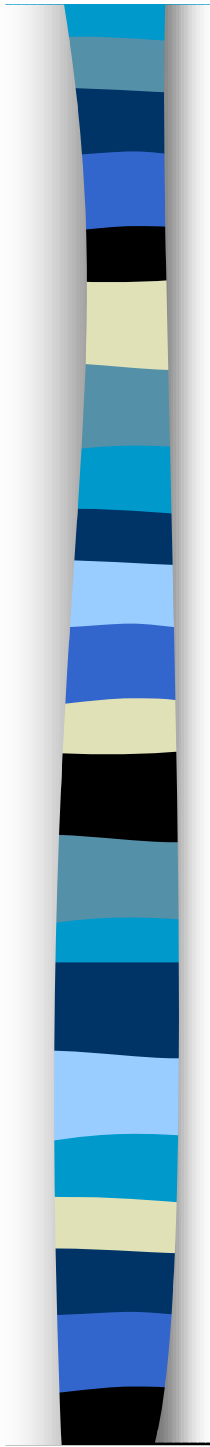
Management in Primary Care

- Normal sized uterus on PV
- Hb above 80g/l (treat anaemia) ?
- Regular cycles
- Low risk of hyperplasia
- Treat women at low risk and also refer treatment failures



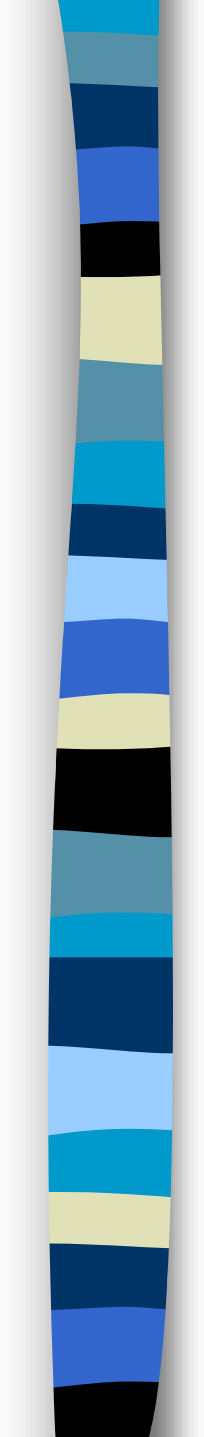
Specialist Referral

- Irregular or prolonged periods
- Abnormal examination (abdo or pelvic)
- Hb < 80 ?90
- Inadequate response to initial treatment
- Endometrium > 12mm on scan
- All at 'high' risk of hyperplasia
- Abnormal pipelle



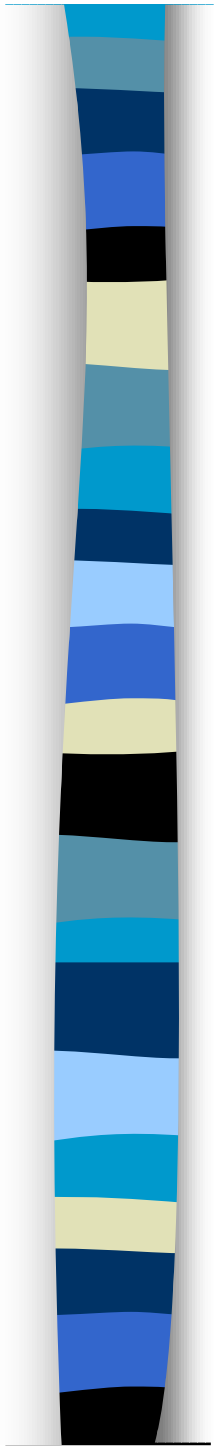
Pipelle

- Bimanual then speculum
- Clean cervix
- Pass device, hold gently
- If not use tenaculum to straighten axis
- Withdraw plunger
- Rotate as withdraw device
- ?tolerate 2nd pass
- USS?



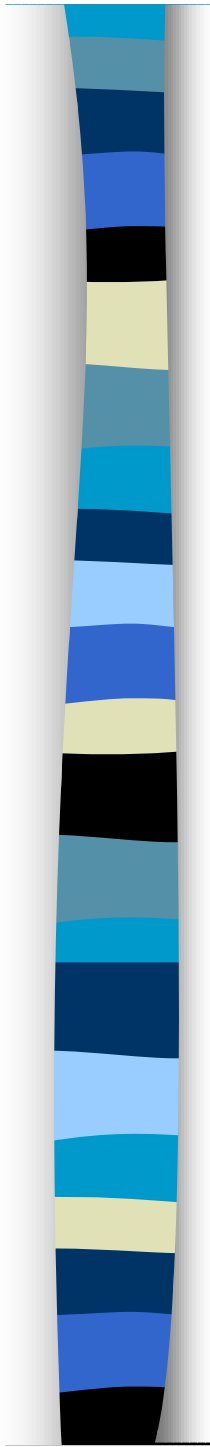
Mirena

- Bimanual and speculum ?swabs
- ?Pipelle or sound (clean cervix)
- Prepare Mirena, sterile trolley? Or not
- Insert device.....?tenaculum
- Stop 1cm short and 'open' arms
- Move on further and release
- Withdraw applicator
- Cut threads
- ?LA ?dilators



Pitfalls

- Passage difficult
- Think cervical fibroid, acute version or flexion, or false passage!
- Don't open packet 'yet'
- Applicator gets bent and will not release
- Cervical insertion and Peritoneal insertion



Ring Pessary

- History, examine, reduce prolapse
- Measure
- Explain it can fall out
- Bend it after warming if necessary
- 'Front' under Symphysis
- ?Ovestin
- See at 6/52 or sooner, then 5-6/12

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thank you

