Dr Ben Sharp

Consultant Obstetrics/Gynaecology

Christchurch Women's Hospital

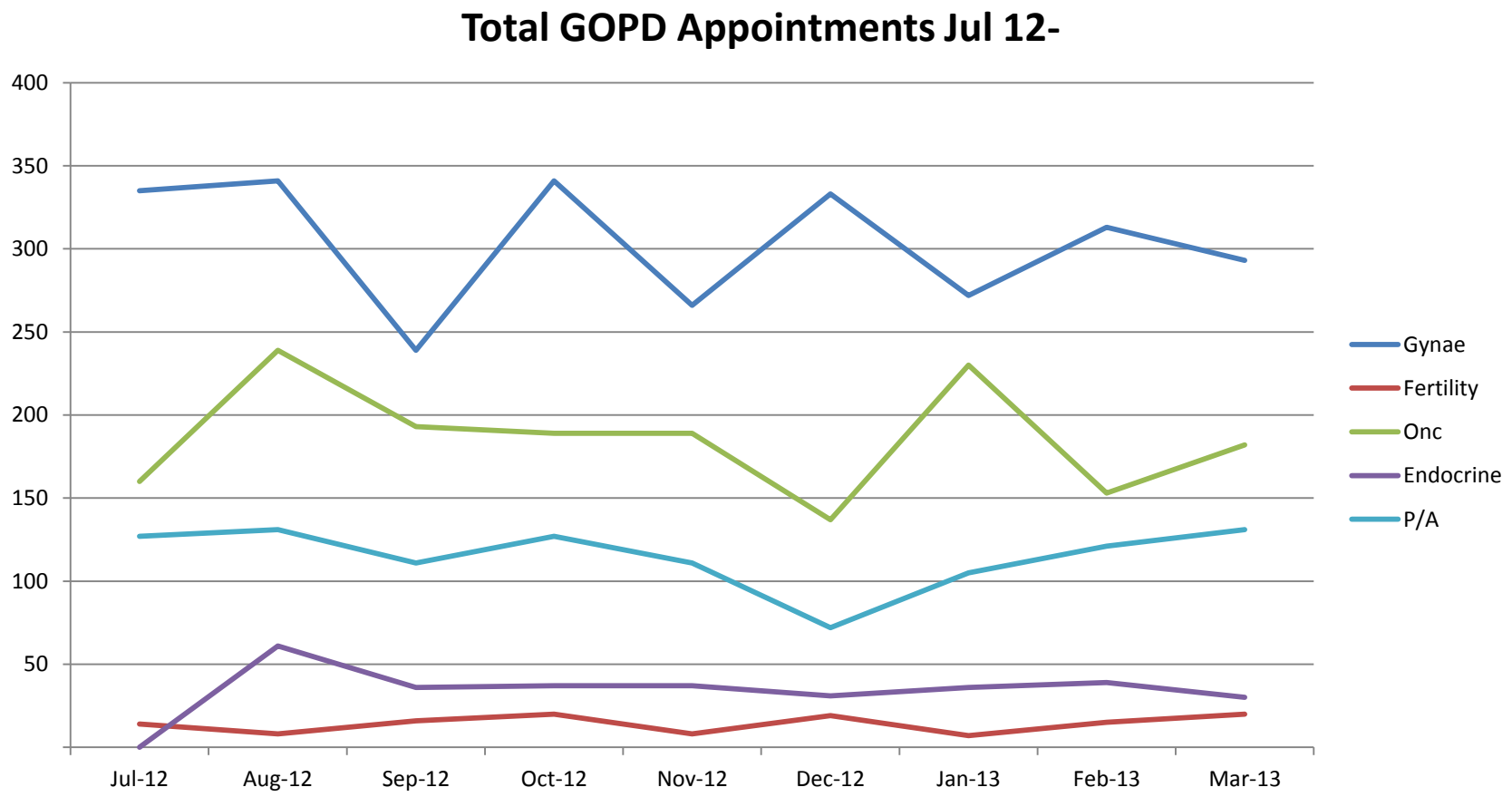
Gynae Case Studies - Concurrent Workshop Repeated

Saturday, 17 August 2013	Start 2:00pm	Duration: 55mins	Da Vinci
	Start 3:05pm	Duration: 55mins	Da Vinci

Gynae cases

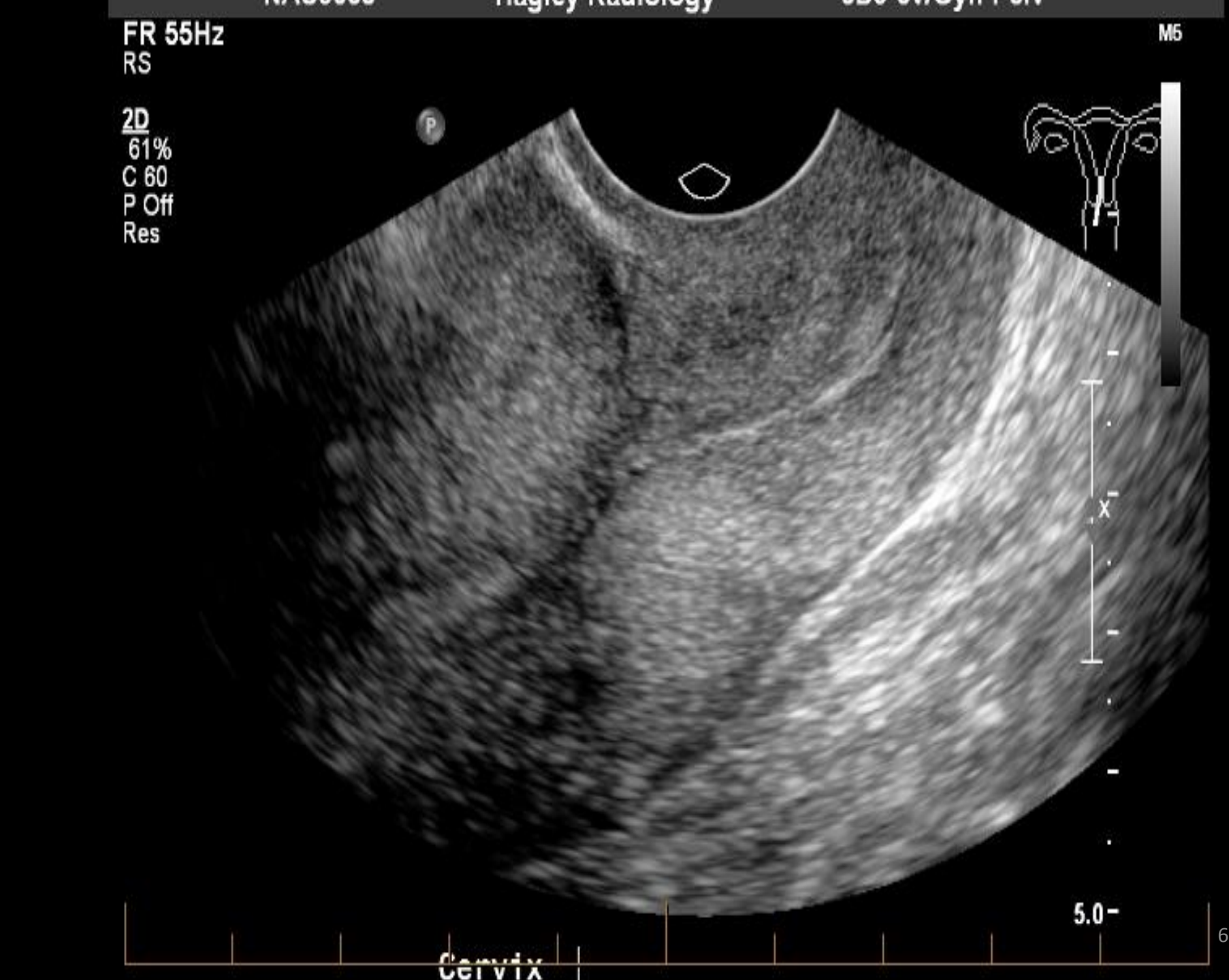
Ben Sharp
Christchurch Women's Hospital
Oxford Clinic, Christchurch

280 new referrals per month



C.T.
35 yr old P7 Maori, BMI 32.5

- ‘Persistent pv bleeding, wanting permanent contraception, would like to have hysterectomy or sterilisation’
- On Depoprovera since December 2012 plus being having cyclic provera orally – still having bleeding most days
- USS- no focal lesions, heterogenous myometrium, evidence of previous caesarean


FR 55Hz
RS
2D
61%
C 60
P Off
Res
M5
P
X
5.0
Cervix

JG-E
20 yr old P2 Pakeha BMI 25

- Ongoing problem with ?endometriosis
- 2nd child December 2012. For last 3/12 periods 6-8 weekly, increasingly painful but less heavy.
- Might Mirena help? – not keen on Jadelle
  - NB chronic depression, on doxepin and a smoker

JW
39 yr old P2 Pakeha BMI?

- Second vaginal delivery 15m ago with dehiscence of vaginal repair. Cannot keep tampons in and has stress incontinence.
- Has put on 20 kg since delivery and has just joined weight watchers, has started pelvic floor exercises and avoiding constipation!

HB
38yr old P7 Pakeha BMI 32.6

- ‘Sterilisation request: needs TL after having twins following the last one’
- Had a TL Sept 2011 after her 5th child

LW
43 yr old P2 Pakeha BMI 25

- ‘Endometrial polyp: presented with right dragging pain and wondered about prolapse. Smear normal June but routine pelvic scan has shown polyp. Does she need treatment?’
- USS ‘ Normal sized uterus, AV with no focal myometrial lesion. Endometrium regular 9mm 18x9x15 hyperechoic lesion within canal with flow in the stalk’

TY
52 yr old Pakeha BMI 36

- PMB – previous hysteroscopy for PMB 1 year ago –tissue then ‘weakly proliferative endometrium’
- Menopause aged 50. Examination NAD
- Hypertensive and depression
- USS ET 3.6mm

BM
86 yr old Pakeha weight 50 kg

- ‘Usually has ring pessary but when seen by GP last week noted bleeding and referred Gynae. Re-presents today with large prolapse and ulcerated mucosa. Has tried to use ovestin but struggles with the applicator. Easily reduces prolapse but recurs on standing with complete procidentia.’

JB
55 yr old P? Pakeha BMI?

‘Significant prolapse problems. Recent review with private gynaecologist confirming procidentia and significant cystocoele. Has not tolerated variety of rings and keen to be considered for surgery, in particular alternatives to the mesh surgery. Otherwise well on no medication. Body habitus is not an issue.’

Has tried E2. PFE not tried as has procidentia

Vaginal Mesh vs Native Tissue

Complications

- Exposure 5%
- Infection 5-10%
- Bleeding
- Dyspareunia up to 15%
- Organ perforation rare
- Recurrence
- Neuromuscular comps.
- Vaginal scarring/shorter
- Urinary/emotional probs
- Expensive

Advantages

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Advantages

KR
aged 26 P0 Pakeha BMI?

- Attended for routine cervical smear. Large nabothian cyst on cervix. On enquiry this is tender during intercourse. She is trying to conceive so would be grateful if she could be reviewed regarding this.

ML
15 yrs P0 Samoan BMI 36

- ‘Thank you for review of M who started periods 3 yrs ago but only for 3/12 and nil since. Overweight with BMI 35 and bloods show high testosterone. Not yet referred for USS pelvis’
- FSH 4.9, LH 7.5, prolactin 322, 17-B oestradiol 146, SHBG 8 (20-90), FAI 250, glucose 4.8

PCOS

- Hirsutism
- Weight issues
- Subfertility
- Oligomenorrhoea

- Protect endometrium
- Address specific concerns
- Lose weight

SW
53 years P? European BMI 31.5

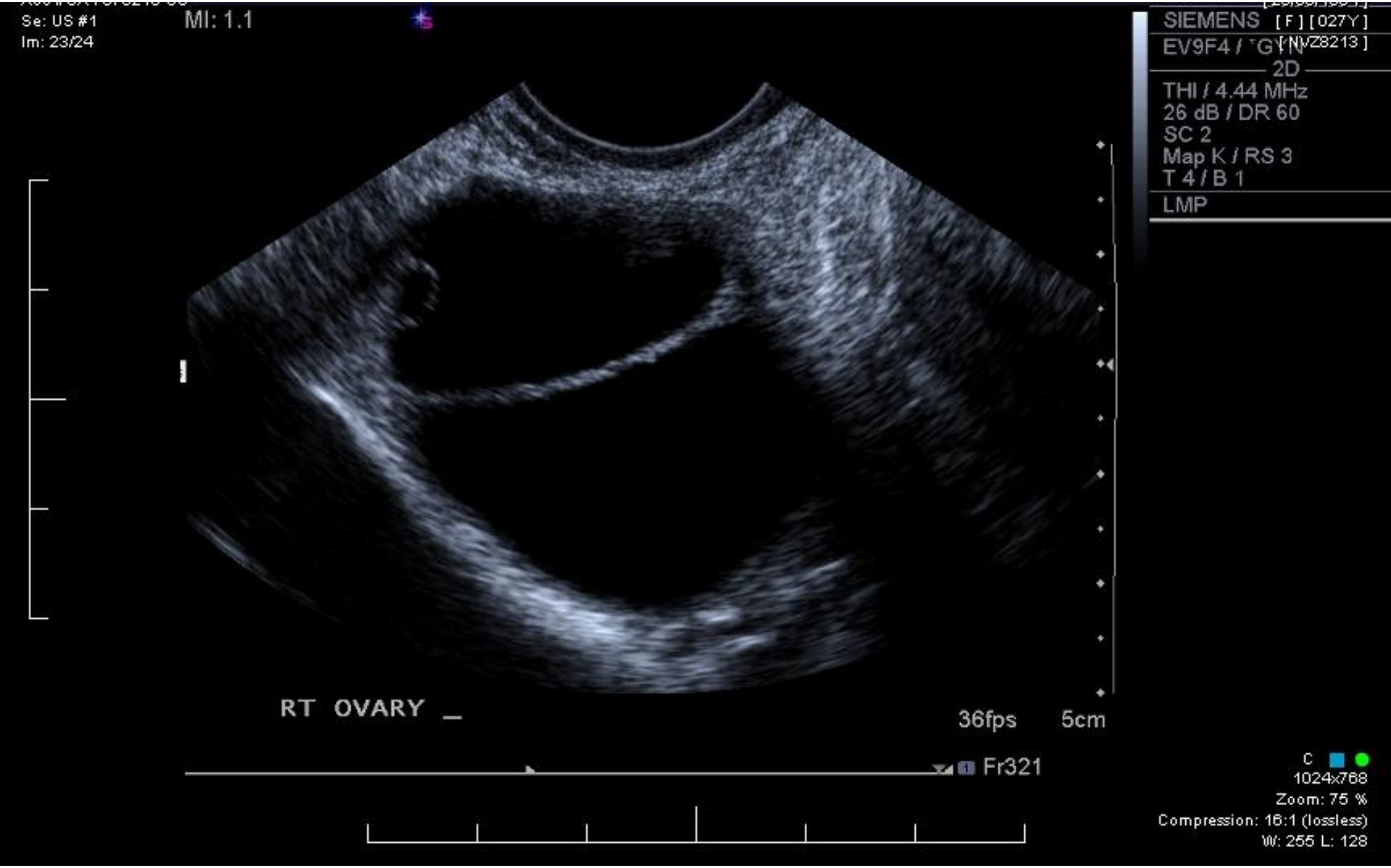
- Heavy uterine bleeding with thickened endometrium.
- Thank you for seeing S who was in 2/52 ago with heavy vaginal bleeding, clots and pain. Preceding 8/12 amenorrhoea. Was given NET by locum which helped to stop the bleeding after 10/7. USS showed ET of 22mm (nil focal) & multiple fibroids. Pipelle to be done in 2/52. Returned today with severe pain and bleeding. CBC dropped from 133 -113. ferritin now low.
- Controlled hypertensive

MH
Aged 29 P0 NZ European BMI 55

- Heavy ongoing bleeding, increasingly anaemic ferritin 7, Hb 79. USS normal.
- Course of provera – settled but recurred on stopping. Plan restart provera and use tranexamic acid if recurs. Refer gynae for Mirena as can’t visualise cervix due to obesity.

DS
Aged 62 P4 European BMI 24

- Presented with intermittent LIF pain. Menopause 10 years ago. Private USS showed simple 2cm cyst on right ovary. Please see.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EV9F4 / [N]VZ8213]
2D
THI / 4.44 MHz
26 dB / DR 60
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LMP
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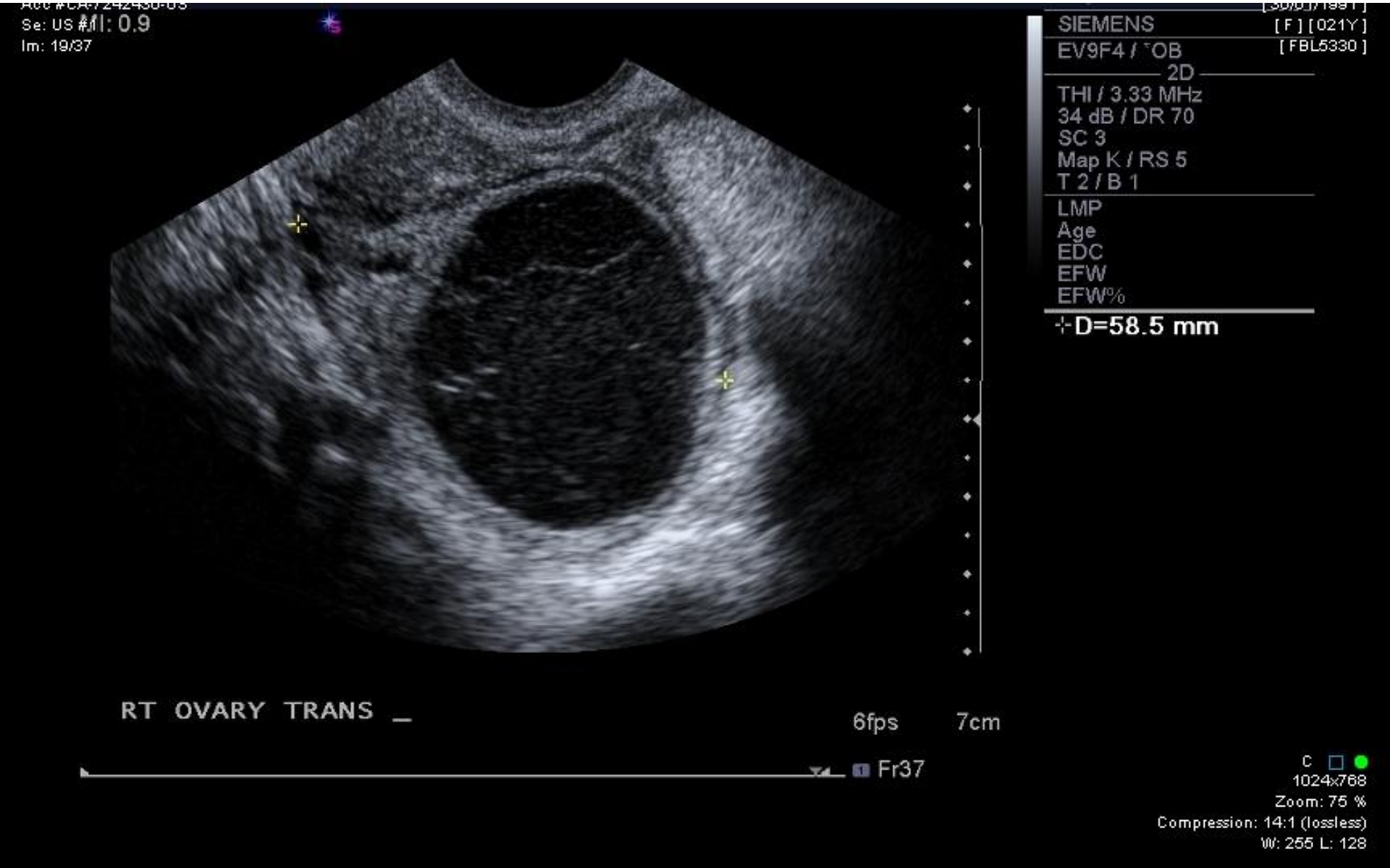
Zoom: 75 %
Compression: 16:1 (lossless)
W: 255 L: 128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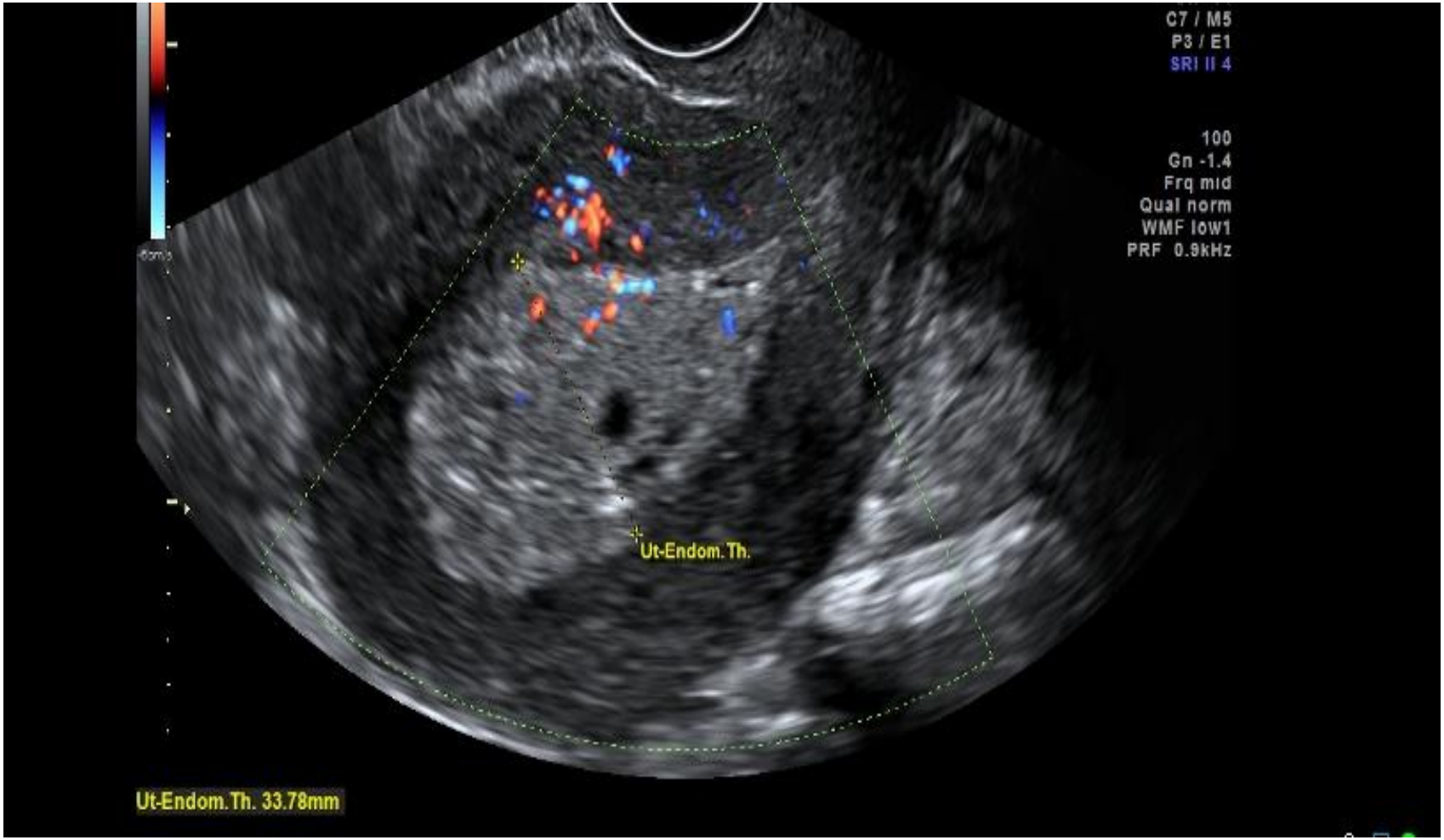
Zoom: 75 %
Compression: 14:1 (lossless)
W: 255 L: 128

Ovarian cysts

- Premenopausal ovaries are dynamic structures
- Ovarian cysts are usually physiological
- Simple Postmenopausal cysts not uncommon but can be watched and if no change in 1 yr no further F/U
- RMI: simply calculated using the product of the serum CA 125 level (U/ml), the ultrasound scan result (expressed as a score of 0, 1 or 3) and the menopausal status (1 if premenopausal and 3 if postmenopausal).
- Using an RMI cut-off level of 200, the sensitivity 85% and the specificity 97%.

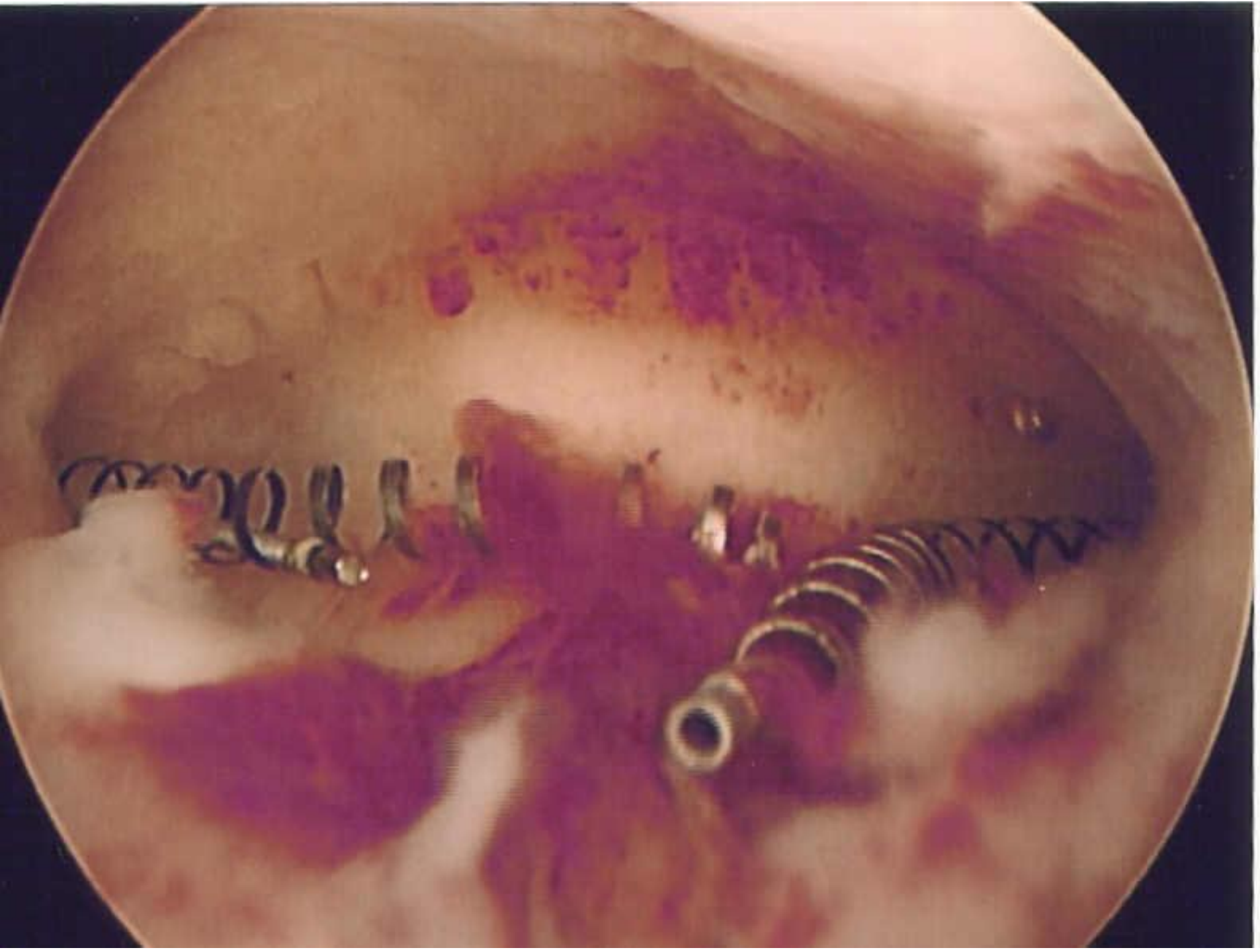
LF
Aged 58 P2 NZ European BMI 29

- This lady has had no periods for 9 years but presented last week with pinkish discharge for 10 days PV. USS shows ET to be
  - 3 mm
  - 7 mm
  - 12 mm


C7 / M5
P3 / E1
SRI II 4
100
Gn -1.4
Frq mid
Qual norm
WMF low1
PRF 0.9kHz
Ut-Endom.Th.
Ut-Endom.Th. 33.78mm

DS
Aged 66 P1 NZ European BMI 25

- This lady presents with severe urinary urgency and urge incontinence, getting up x6 at night and slowly worsening. Also has dyspareunia. Controlled hypertensive. No stress incontinence. PFE ineffective.



Initial Application 1. Age of Female

30 years or younger **5**

31 – 35 years **10**

36 years or older **15**

2. Number of Live Children 0 **0**

1–3 **5**

More than 3 **10**

3. Unplanned Pregnancies (TOPs, adoption, contraceptive failure)

Nil **0**

1 **10**

2 **15**

3 or more **20**

4. User Contraception No contraception difficulty **0**

User contraception difficult (irrespective of cause) **25**

5. Medical History: Health Risk Impact due to Potential Pregnancy

No identified health risk **0**

Health problems that increase health risk during pregnancy:

Mild **10**

Moderate **20**

Severe **30**

Details:

TOTAL:

≥ 75 points

Female sterilisation, Mirena, and copper intrauterine devices are available via referral to GOPD for supply and fitting. Before referring check all possible alternative funding options.

Patient has been counselled regarding options available in the public system, and would like:

-Tubal sterilisation

-**Mirena IUS*** (only if not able to be funded through other methods)

-Copper intrauterine device* □ Jadelle implant

****Attach copy of endocervical swabs for chlamydia and gonorrhoea***

Please renew device placed by GOPD as an alternative to sterilisation

Year of placement:

Type of device: Mirena Copper

Any Questions?

"We need something for his verbal incontinence. He has a blather control problem."

Benjamin.sharp@cdhb.health.nz

0272 127 437