Dr Anil Sharma

Gynaecologist

Auckland

Friday, June 9, 2017

(Room 3)

11:00 - 11:55 WS #30: The 5 Minute Hysterectomy

12:05 - 13:00 WS #38: The 5 Minute Hysterectomy (Repeated)

The 5 Minute ‘Hysterectomy’ and Managing Abnormal Uterine Bleeding GPCME 9th June 2017

- **Anil Sharma**

  MB ChB (Leicester) DGM FRCOG CST(UK) FRANZCOG
  Diploma in Legal Aspects of Medical Practice (Cardiff)
  Consultant Gynaecologist and Urogynaecologist

- **Ascot Central, Next to Ascot Hospital, Remuera**
- **www.dranilsharma.co.nz**

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- No conflict of interests to declare
- I offer all evidence-based options

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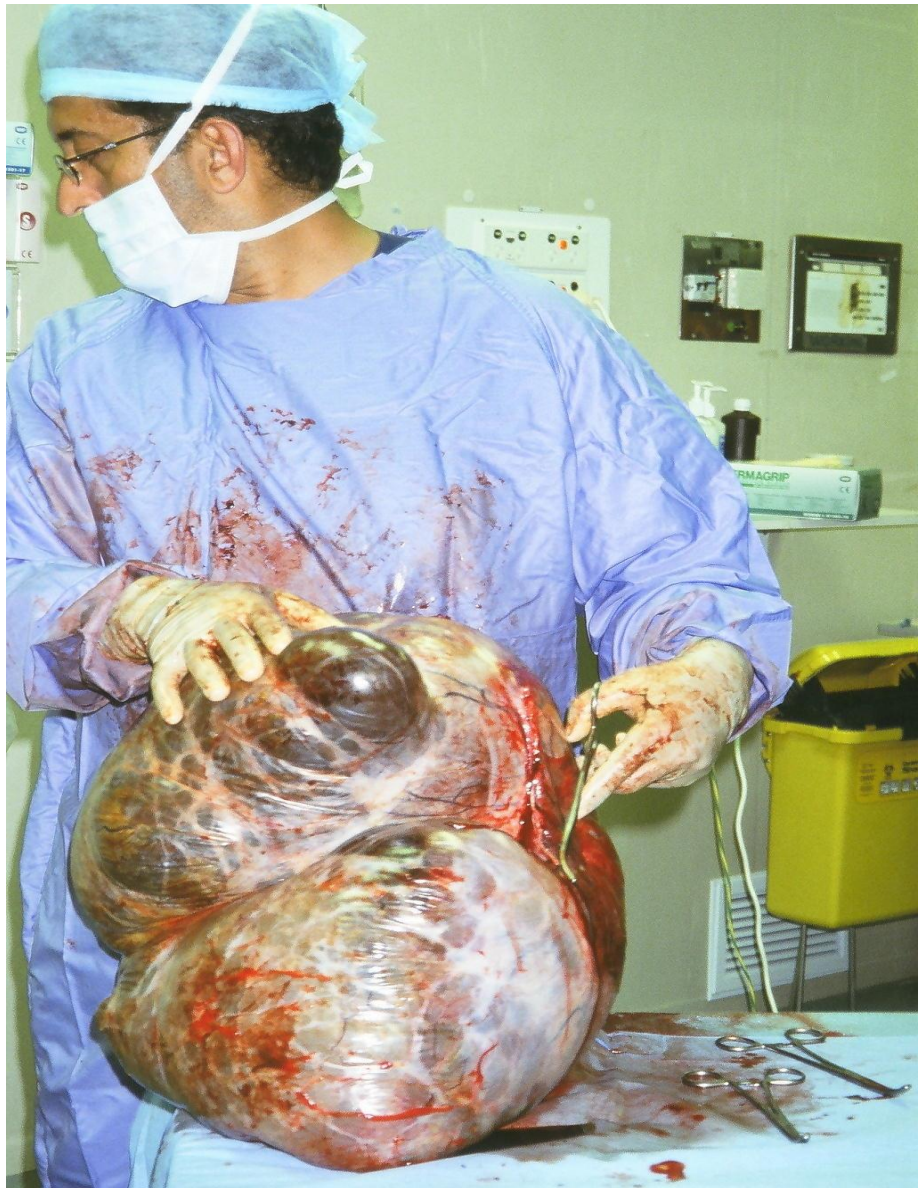
Abnormal Uterine Bleeding

- S and S
- Examination if no one else will be
- Current smear
- Mass?
- Red flags?



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History

- The need to bleed to ‘cool hysteria’
- Menses a time of witchery (Romans)
- Burn a toad to ease the flow (Medieval)
- Period sex leads to birth defects (France)
- Menses corrodes the penis
- causes leprosy if you drink it (Europe)
- Aphrodisiac in other countries
- Many cultures women went to the hut
- French nurses WW1 cellulose pads
- Sanitary belts with washable inserts
- 1929 Tampax USA
- The Sanitary tax

Assess the Risk of Hyperplasia / Cancer

The Risk is less than 2% if;

- <90kg
- <45 years
- Parous
- No Tamoxifen
- No PCO, no HNPCC or FH of Endometrial Cancer
- Not on unopposed ERT

Otherwise greater than 2%, maybe much more

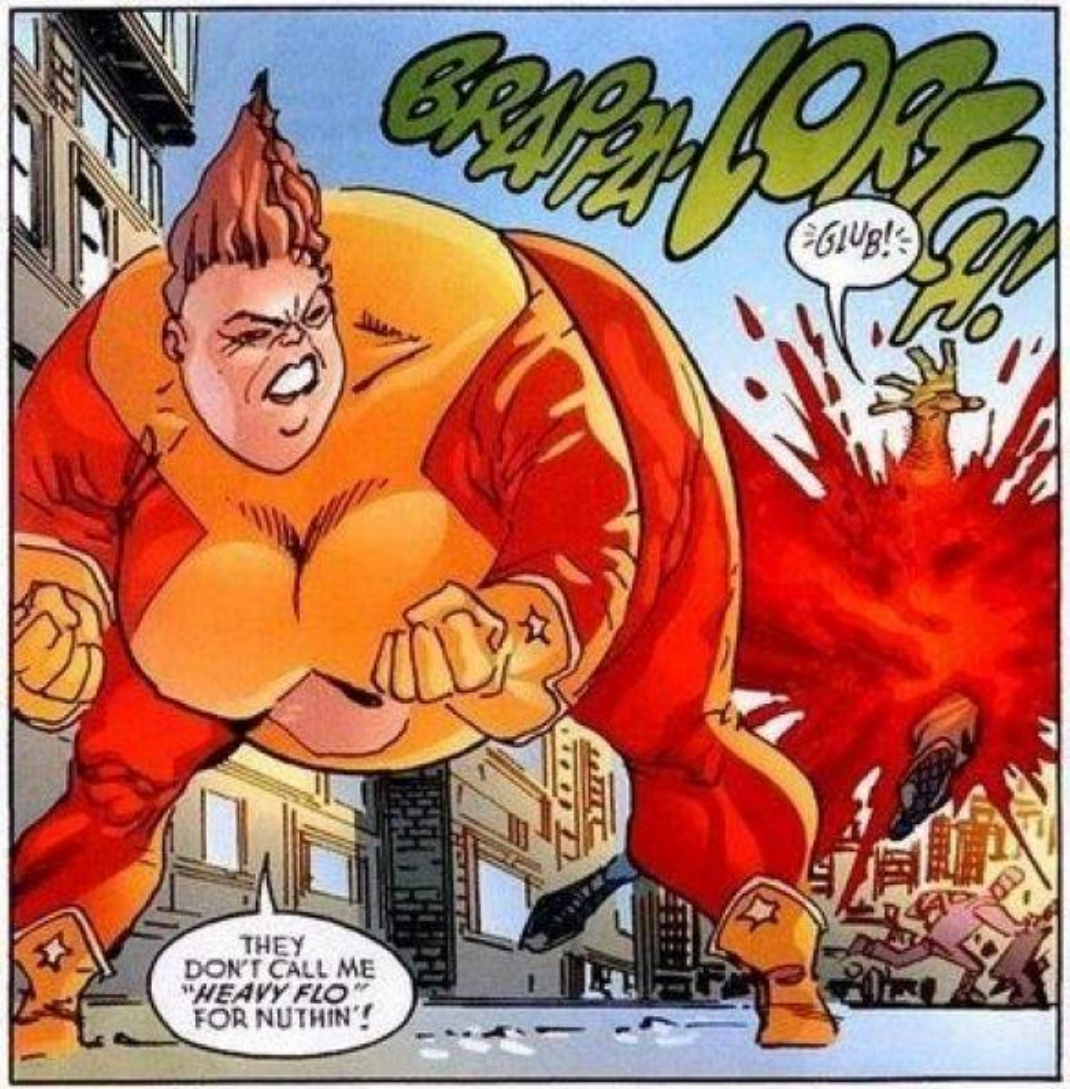
Management in Primary Care

- Normal sized uterus on PV
- Hb above 80g/l ?100g/l (treat anaemia)
- Regular cycles
- Low risk of hyperplasia
- Refer treatment failures

Treatment

- Tranexamic acid
- Provera or NET
- COCP
- NSAID
- Mirena
- Endometrial Ablation
- Hysterectomy
- Hysteroscopic fibroid / polyp resection

Heavy Flo



Specialist Referral

- Irregular or prolonged periods
- Abnormal examination (abdo or pelvic)
- Hb < 80 ?<100
- Fibroids > 3cm, uterus > 12/40
- Inadequate response to initial treatment
- Endometrium > 12mm on scan
- All women at ‘high’ risk of hyperplasia
- Abnormal pipelle

Investigation

Overall incidence of endometrial carcinoma in premenopausal women is 1.5/10,000 women years in one UK paper (non symptomatic)

- TVS

  12 mm or greater is abnormal for premenopausal women

- Pipelle

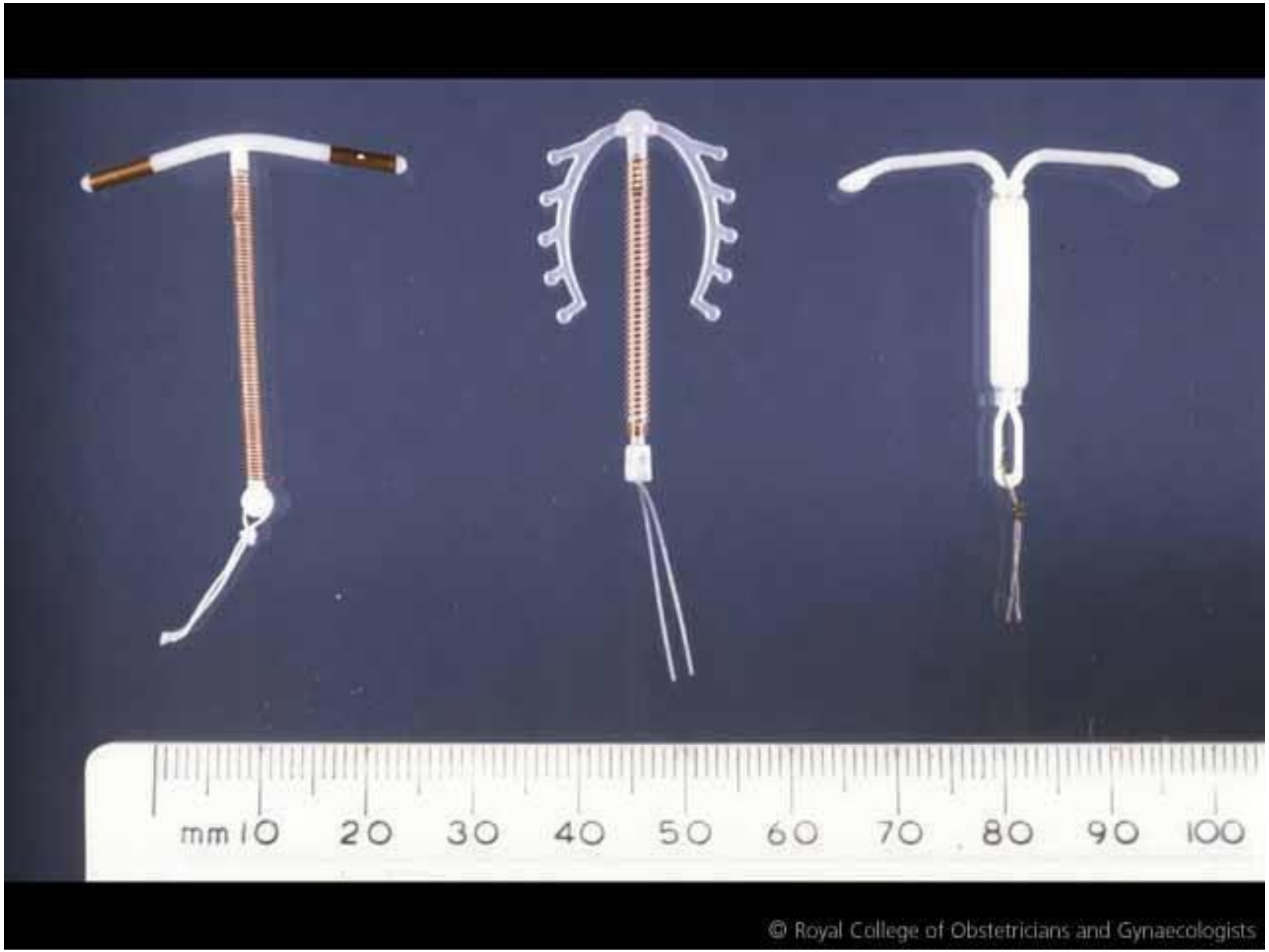
  Do at least 2 passes…..?4!

  Quick, low risk, but ……

  Beware the ‘inadequate’ result

  Can miss focal cancers, low % endometrial sampling

  Pain (warn patient)



Mirena

- 40% amenorrhoea 45% less heavy
- 80-85% satisfaction
- 15% failure / side-effects
- Great contraceptive (5 years ?7)
- Treatment for pain?
- At least a 3 month trial if possible
- First few month can be ‘erratic’ bleedy

Novasure Endometrial Ablation

- 2.5 million +
- 90%+ Satisfied
- 60 amenorrhoeic 30% lighter <10% fail
- Does not provide contraception
- Largest NZ case series
- GA / LA day cases
- <1/5000 serious complications
- Post-ablation issues

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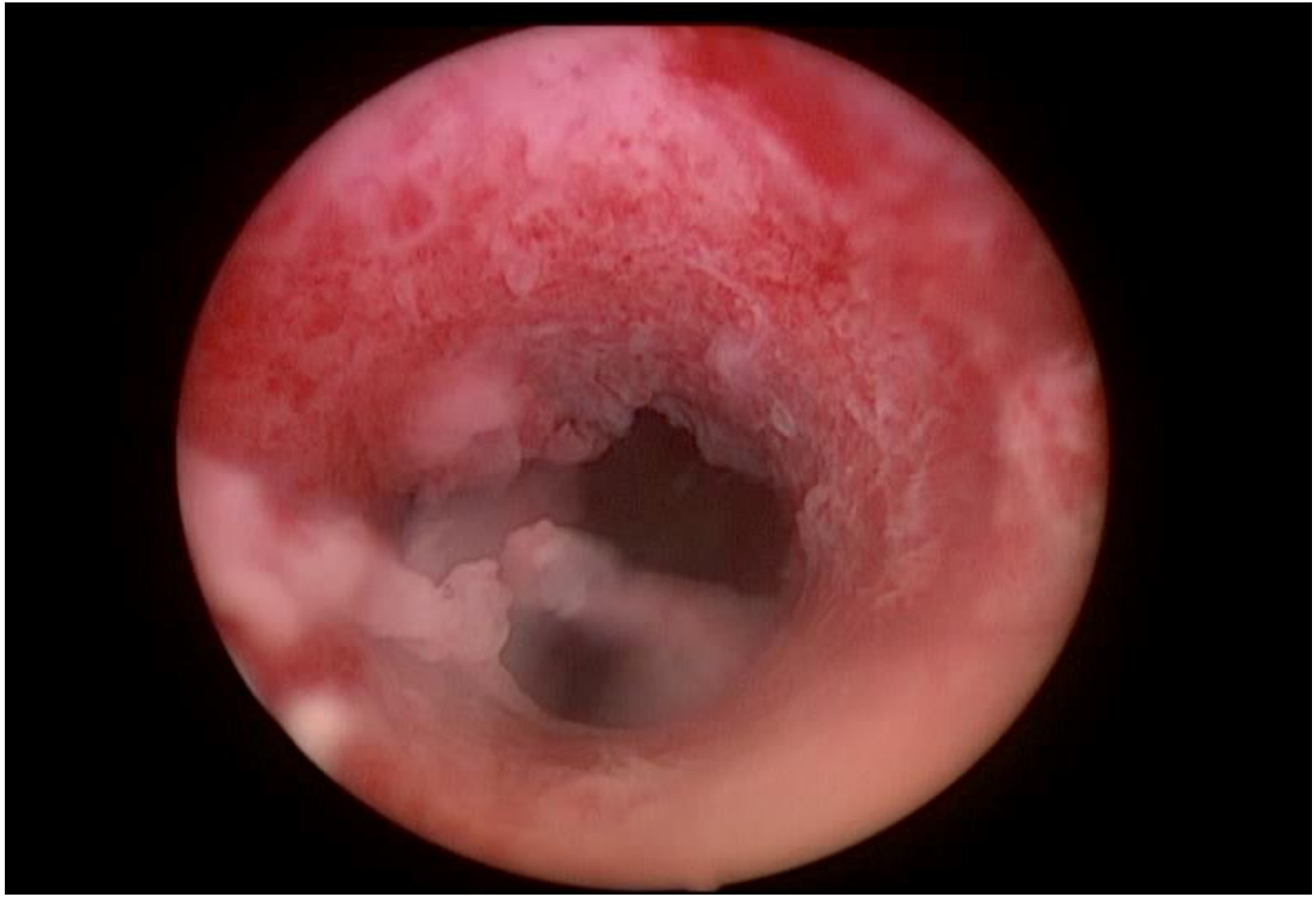
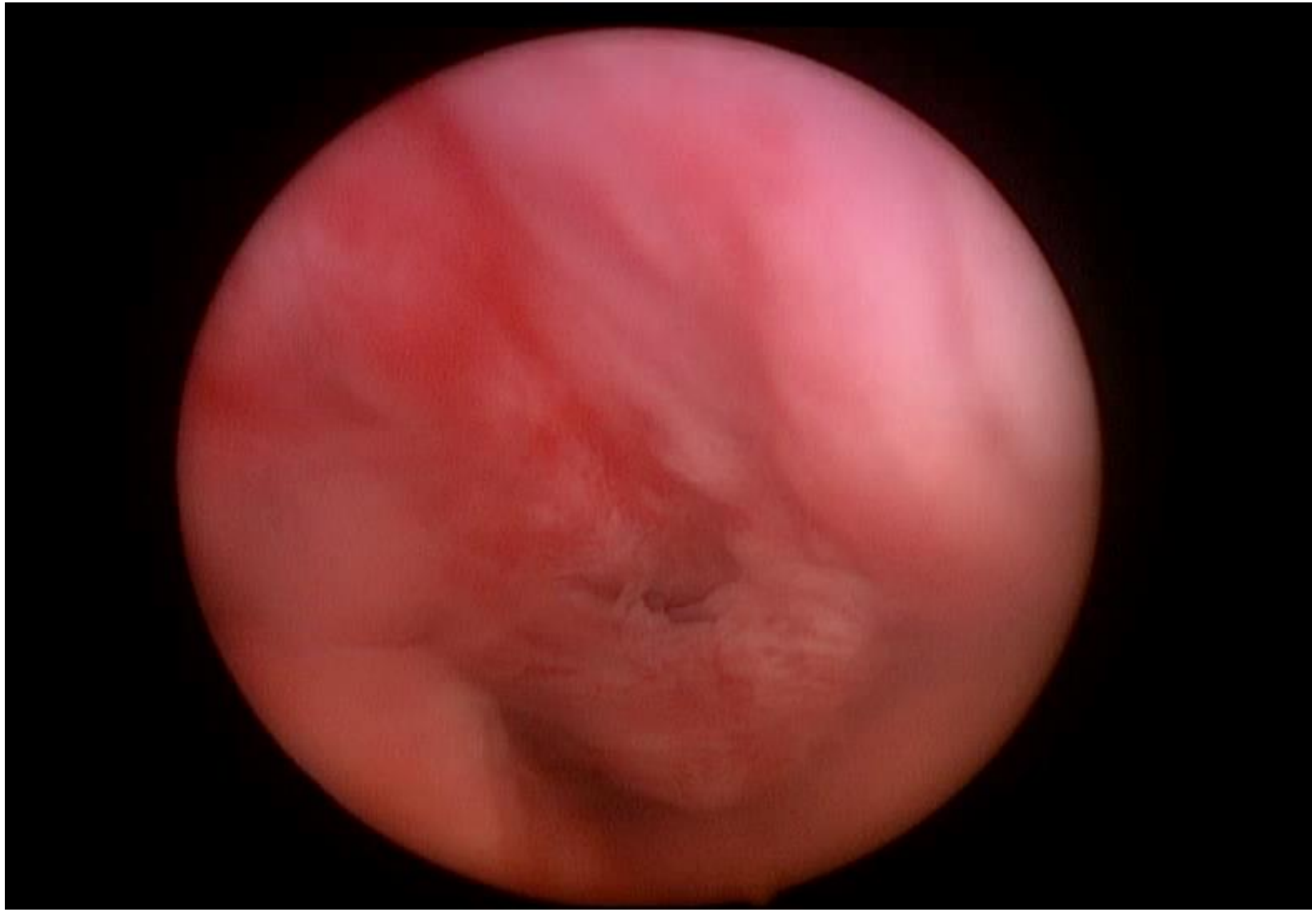
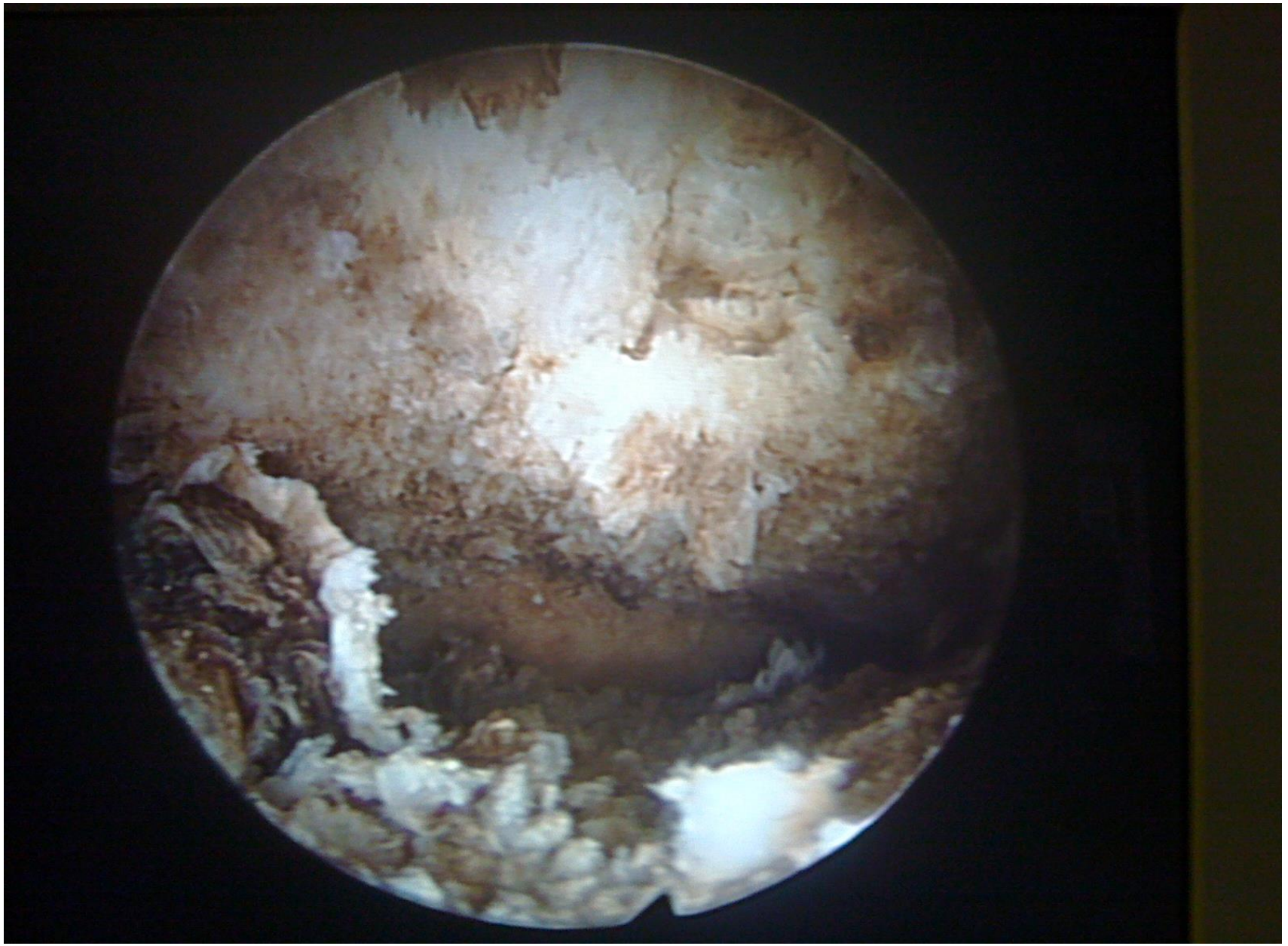
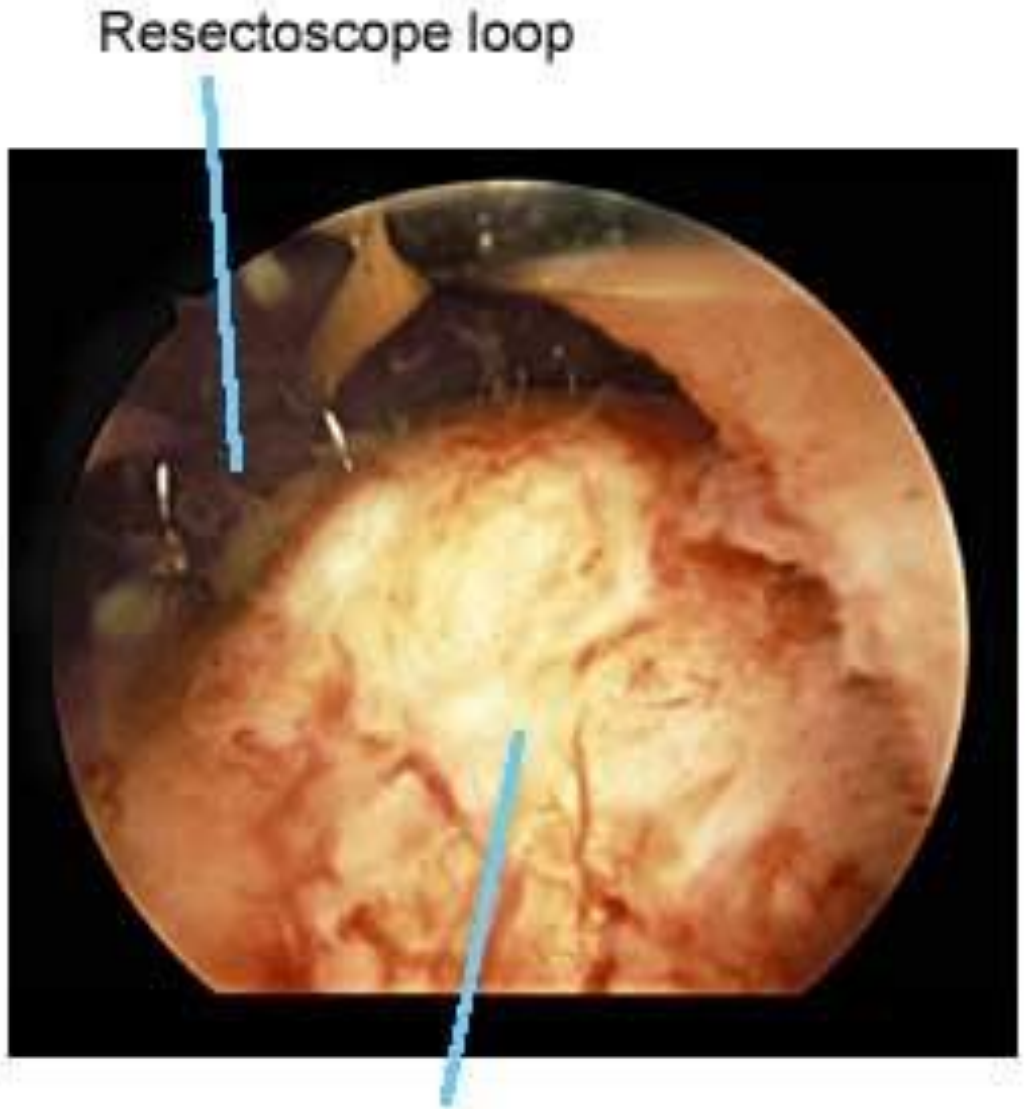
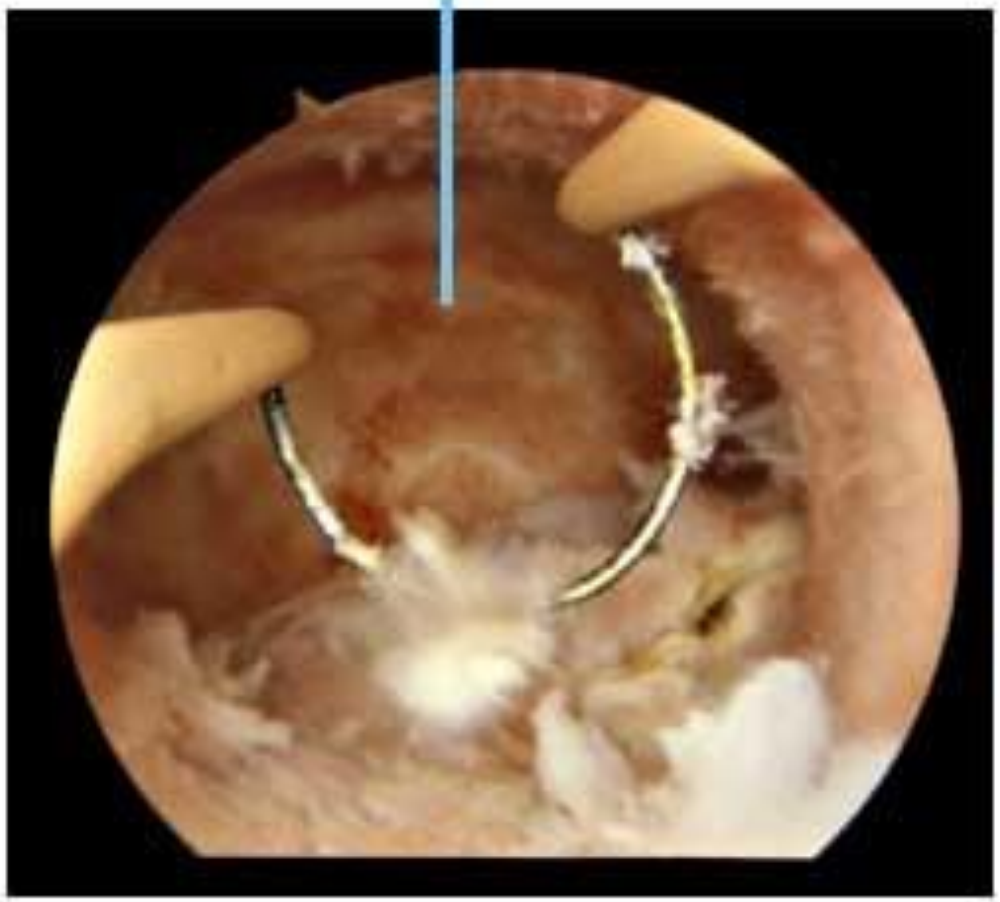


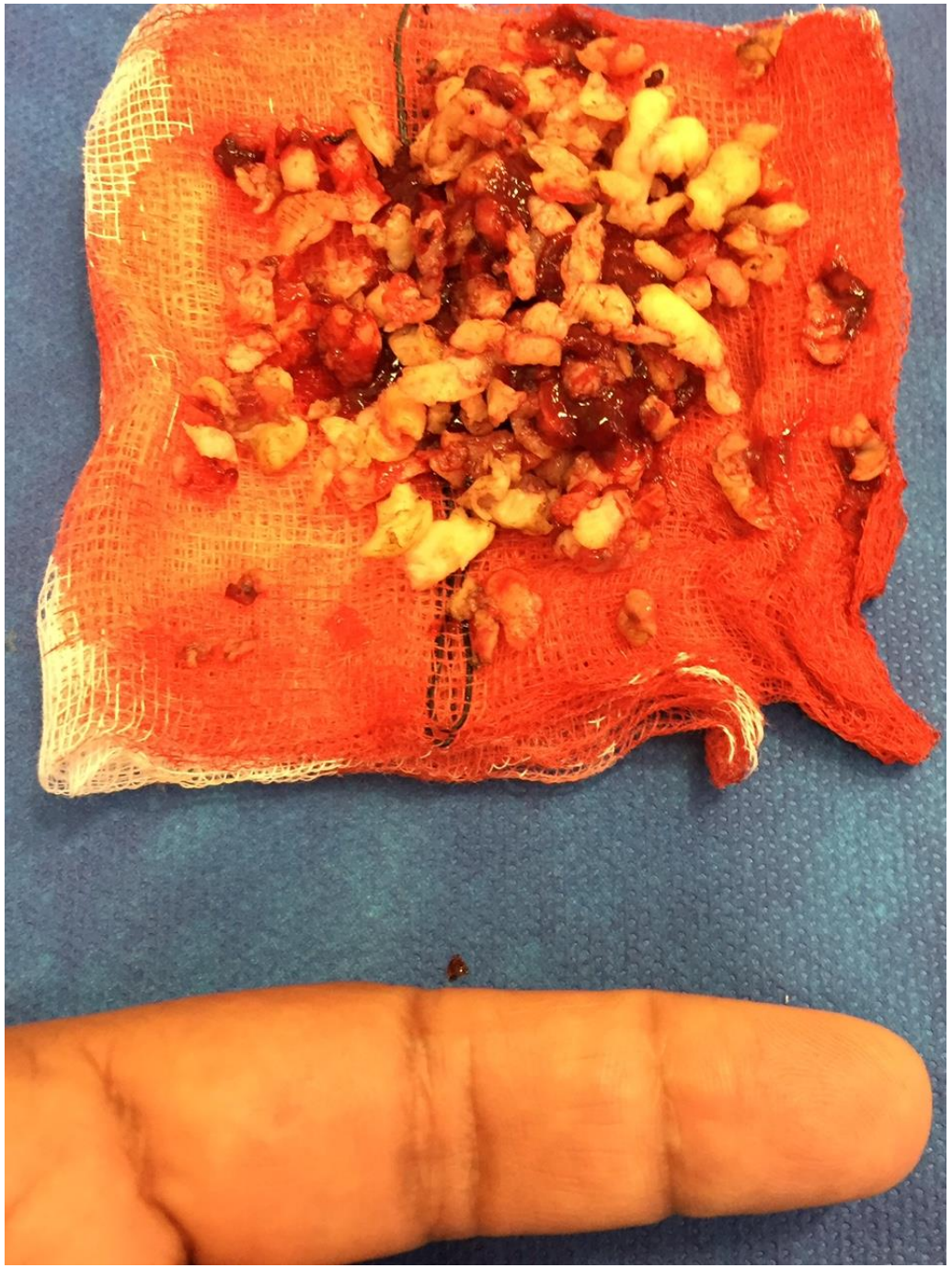


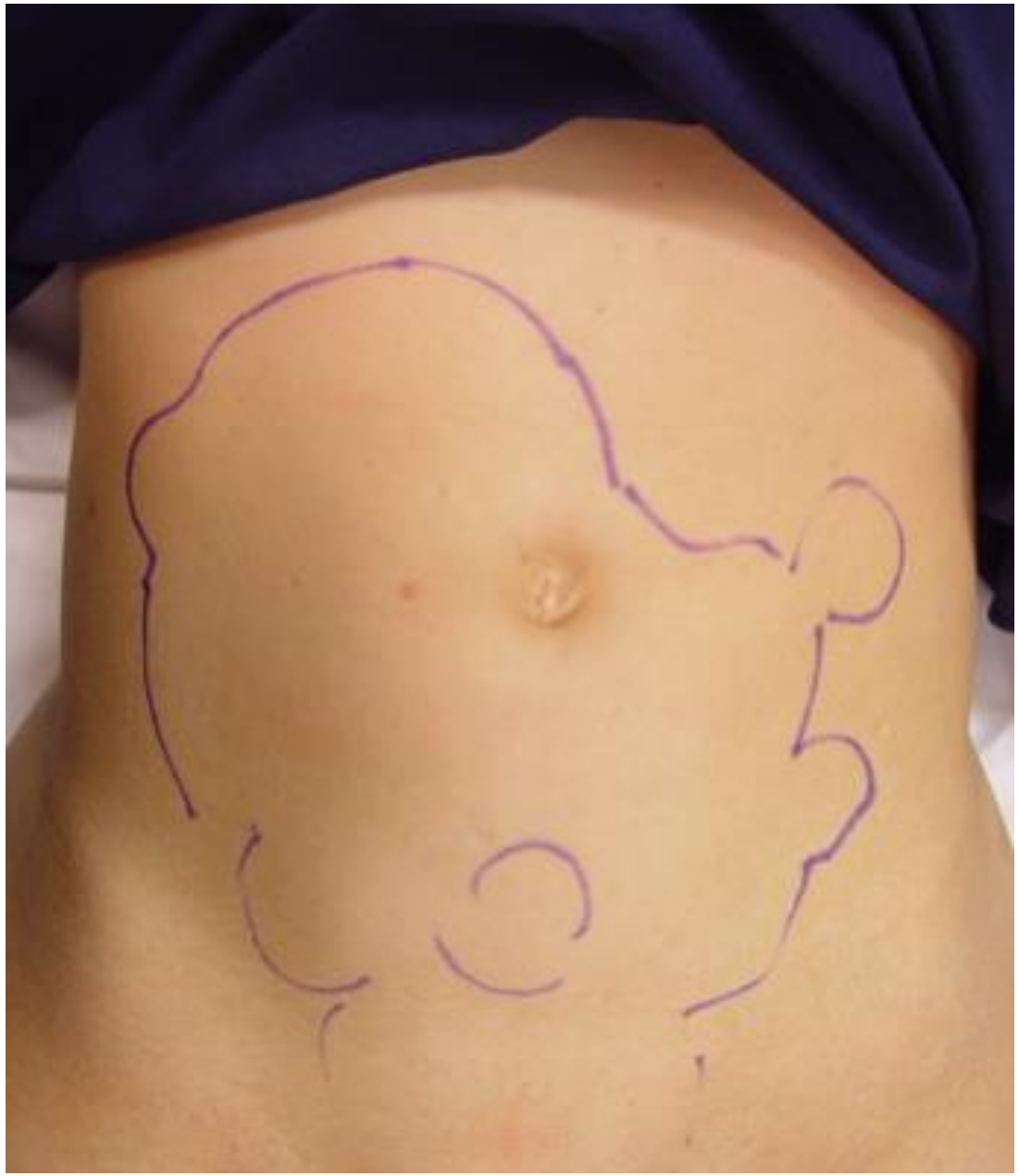




Uterine cavity after removal of fibroid







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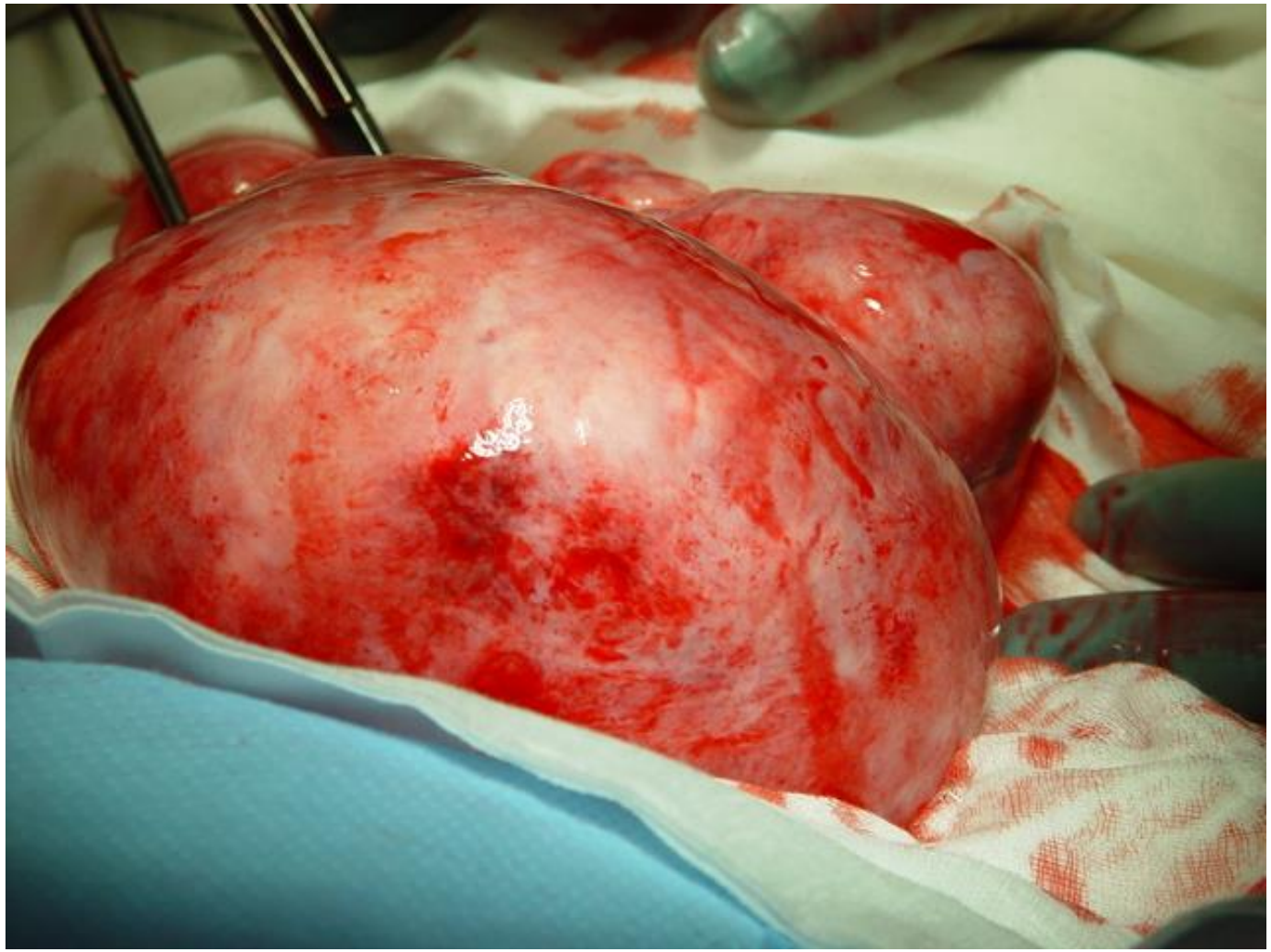

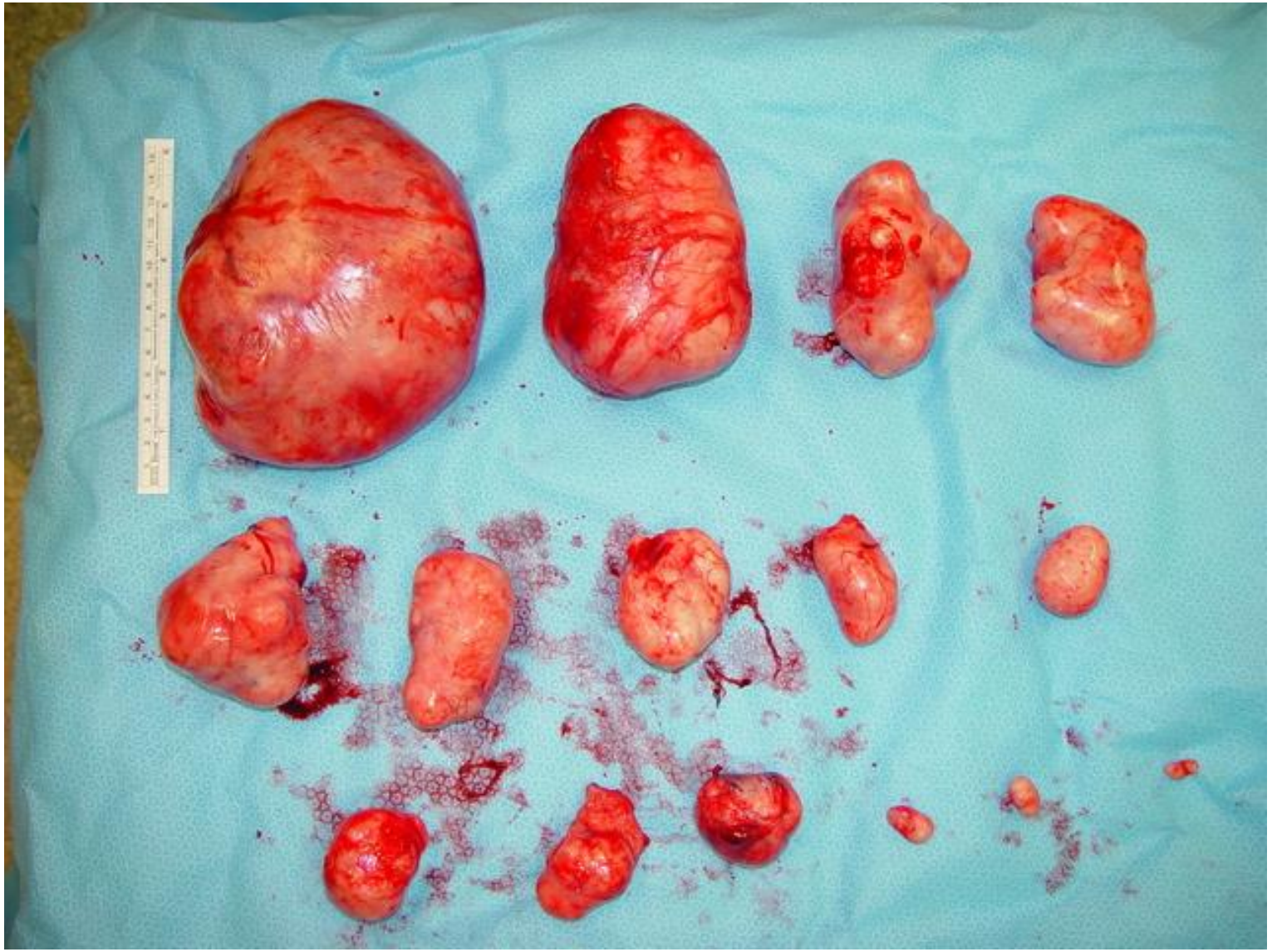

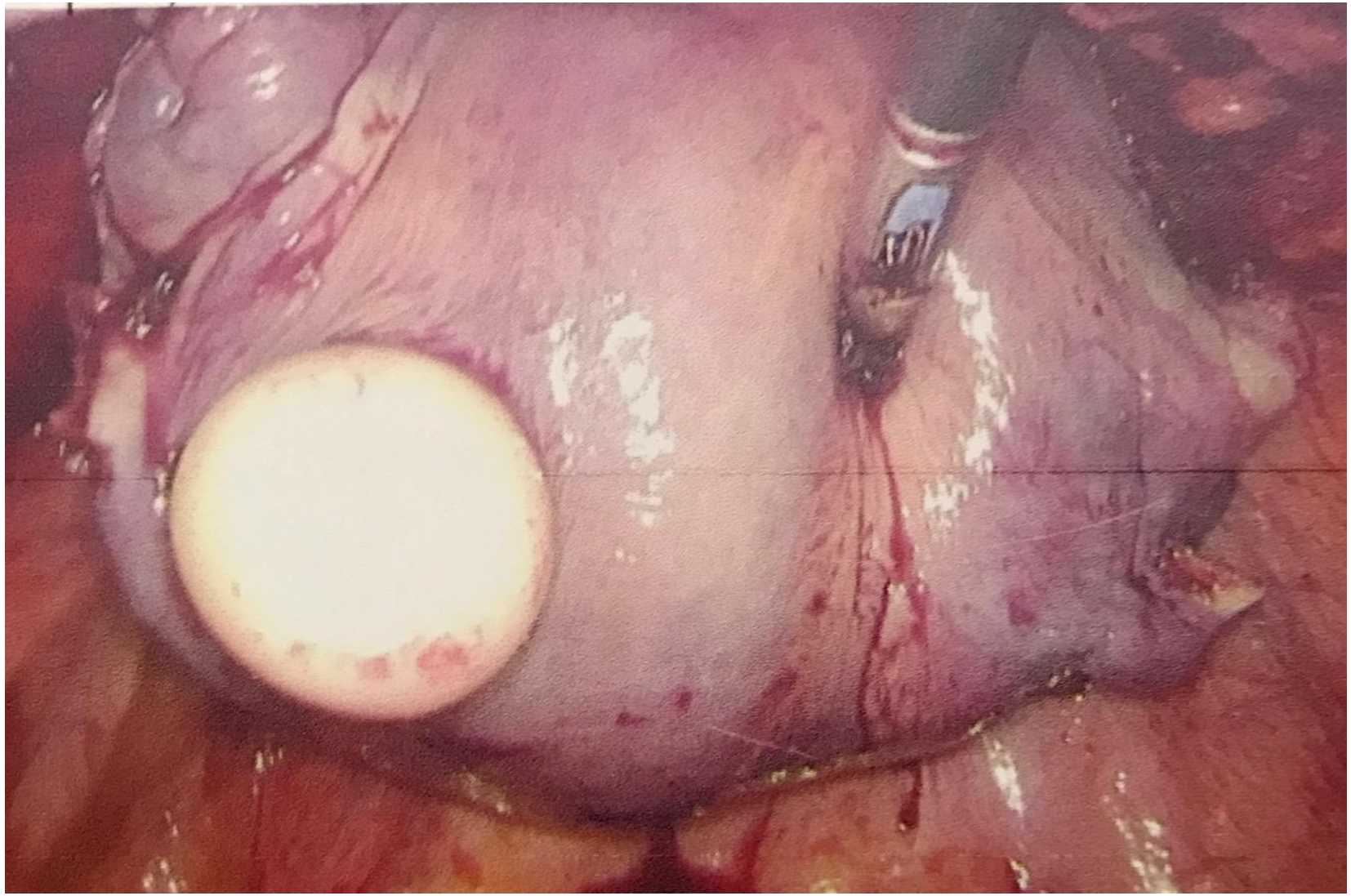

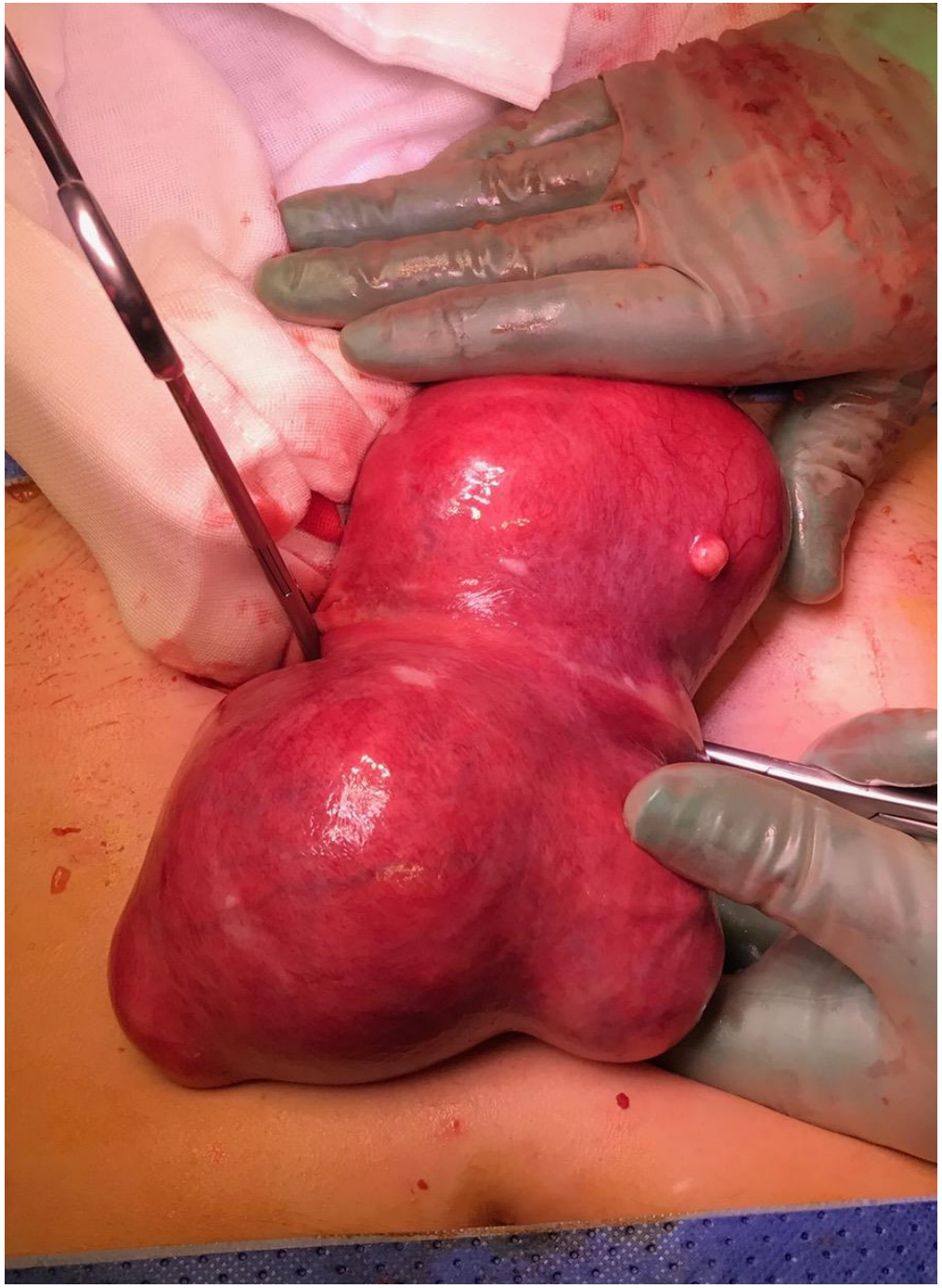

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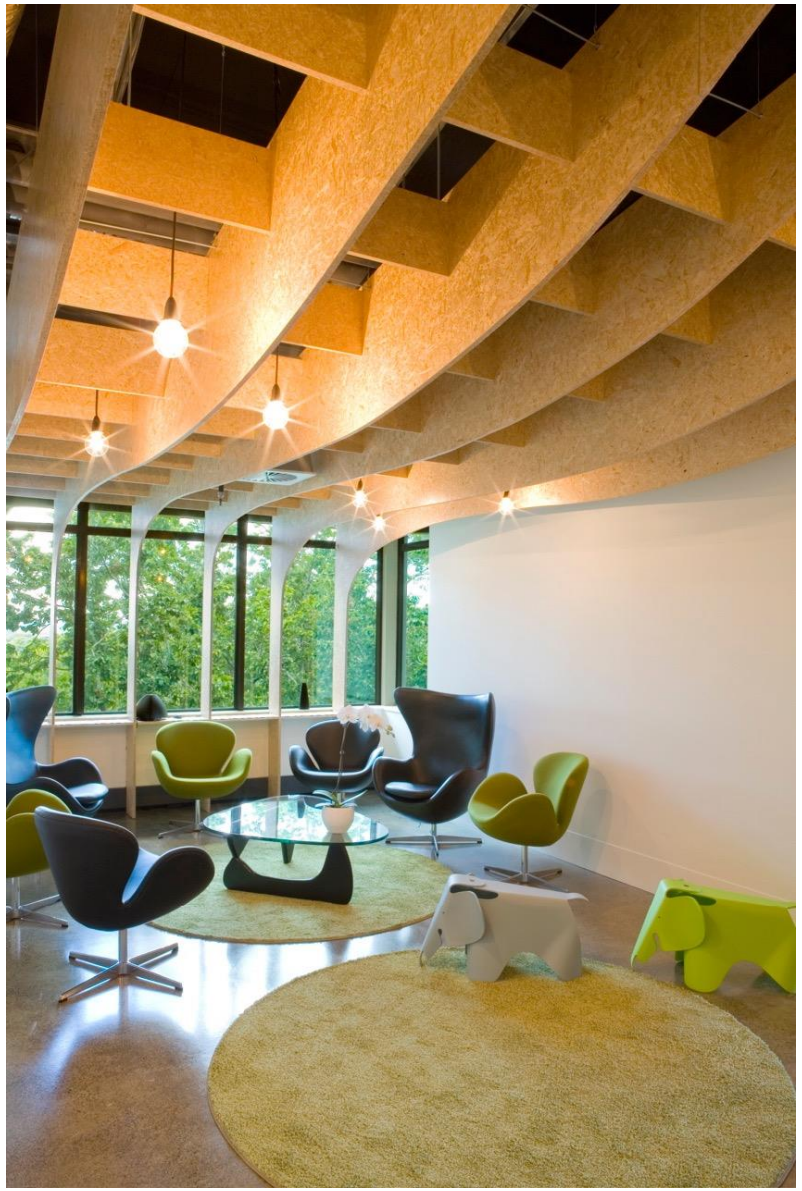
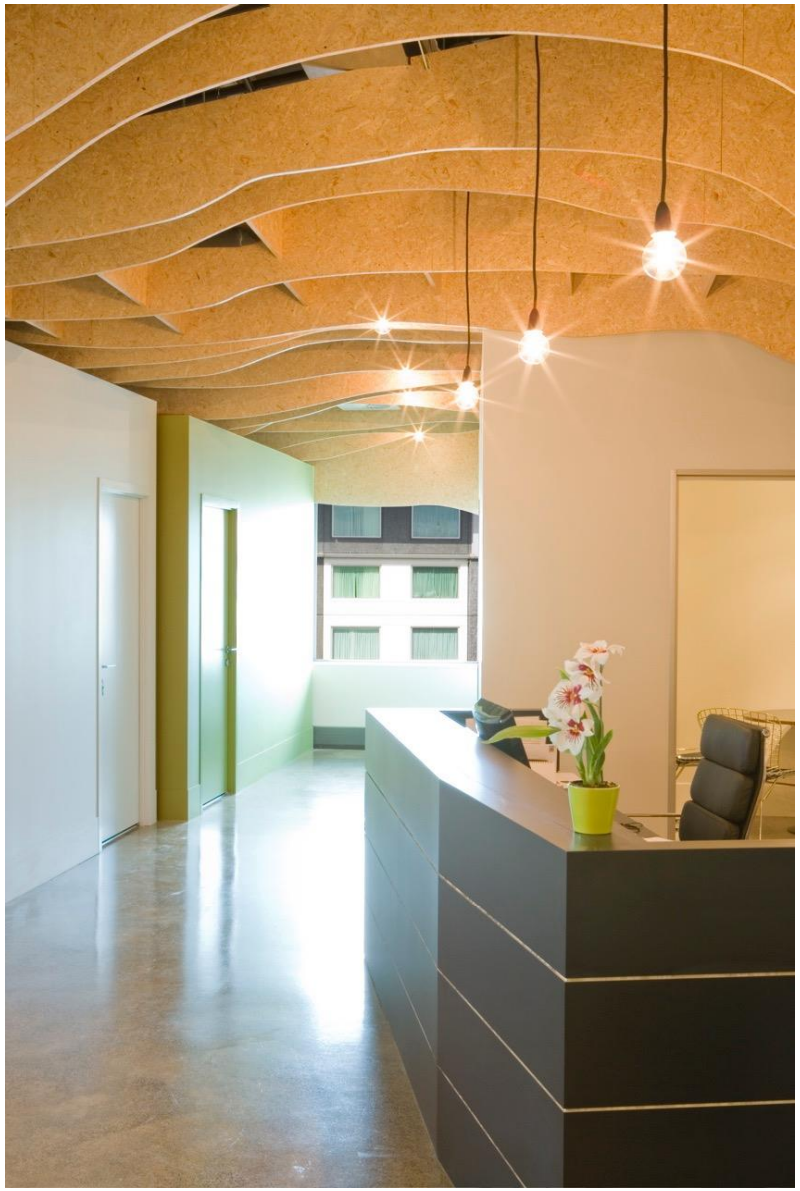
Hysterectomy
VH, LAVH, TAH, LH, Robotic

- Major operation
- ?7-10% increased risk of prolapse
- BSO?
- Morcellation / FDA
- 2-4% earlier menopause?
- However 100% cure rate for HMB





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