

Pipelle Sampling and Mirena Insertion

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Rotorua, June 2009

Indications for Pipelle sampling

- Any abnormal bleeding > 40y

 - Abnormal bleeding < 40y if high risk
 - Anovulation
 - Obese

 - Postmenopausal bleeding
 - On Tamoxifen
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Time to sample

- Not when bleeding ideally
 - Second half cycle (luteal phase)
 - Can tell if ovulating or not
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Show and tell

- ❑ Show device to woman, explain how it works
- ❑ Tell her it's passage through the cervix is an **OUCH** moment
- ❑ Explain that sometimes it wont go in.



Get the gear ready

- Speculum
 - Tenaculum
 - Sponge forceps
 - Pipelle
 - Histology pot
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Examine

- Abdomen
 - Pelvis - bimanual
 - Anteverted - forwards
 - Retroverted - backwards
 - Axial- straight
 - What size speculum to use
-

Once you see the cervix: plan A

- Insert Pipelle through the cervix
 - Pass up to fundus
 - Withdraw white thingy at end
 - Rotate and jiggle device up and down
 - Remove
 - Place sample in histology pot
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What if it won't go in; plan B

- Grasp cervix with tenaculum
 - Pull down on tenaculum
 - Reduces kink between cervix and body of uterus
 - Cervix doesn't run away
 - Insert pipelle etc
 - Make sure you are aiming the right way
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What if it still won't go in; plan C

- Pull down on tenaculum on cervix
 - Hold Pipelle in sponge forceps 4 cm from tip
 - Gives more oomph
 - Attempt to insert pipelle again
 - Make sure you aim the right way
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What if it still won't go in.

There is no plan D

Scan

Refer

Trouble shooting

- It only goes in 2 to 3 cm
 - Probably not through internal os
 - Try again

 - It's gone in but you can't get any tissue back
 - Might not be any in there - PMB, immediately after a period
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Trouble shooting

- Cervix bleeds from tenaculum
 - That's why you don't use it unless you have to
 - Apply Silver Nitrate sticks to the bleeding points
 - Grab and squeeze with sponge forceps (ouch)
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Mirena Insertion

- Up to date with smear
 - Endometrial sampling if required
 - Swabs - be careful
 - Chlamydia - use PCR if you are going to test for this because others have 50% false positive if low pretest probability
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Show and tell

- Give info leaflet
 - Warn about side effects of spotting etc first 3 months, might take 6 to 12 months to work
 - Warn some get progesterone symptoms in first few months
 - Summarise insertion and tell about the **OUCH** moments
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When to insert

- At period time is easier
 - Cervix is open
 - Not during torrential bleeding
 - Won't be pregnant
 - Midcycle (exclude pregnancy)
 - Anytime if vaginal deliveries in the past
 - ?give NSAID 1 to 2 hours before
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Get the gear ready

- Speculum
 - Tenaculum
 - Sponge forceps
 - Chlorhexidine wash
 - Uterine sound
 - Scissors (make sure they are sharp)
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- Experienced practitioner to help with first few?
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Local or no local?

- I don't unless I need to dilate cervix
 - Fiddly
 - Cx Bleeds
 - Sore
 - Side effects

 - Anticipate difficulty in nulliparous, all prev LSCS

 - Start off by timing insertion with period until you get slick and quick.
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Examine

- Abdomen
 - Pelvis - bimanual
 - Anteverted - forwards
 - Retroverted - backwards
 - Axial- straight
 - What size speculum to use
-

Once you see the cervix

- Wash cervix with chlorhexidine
 - Grasp anterior lip of cervix with tenaculum
 - Pull down on tenaculum
 - Pass sound through cervix to fundus
 - Steady, no jerking
 - Gently but firmly
 - Aim in the right direction
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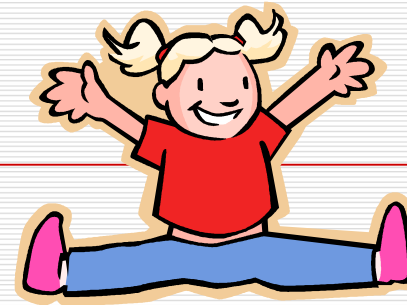
What if the sound won't go in?

- Are you aiming the right way
 - Gently try a different angle of insertion

 - GOOD job you haven't opened the Mirena yet!!

 - Decide whether to
 - Insert local and try to dilate cervix
 - Give up gracefully
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Sound successful



- Note cavity length
 - Open Mirena
 - Use sterile gloves from now OR
 - Careful not to touch bits that go inside
 - Set guard on device to cavity length
 - Insert Mirena
 - Release arms and push up to fundus
 - Withdraw sheath
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What if the Mirena won't go in?

Why?

- Bigger than the sound
- Not as rigid

Double check angle of insertion

- Put sound back in if nesc

Push more firmly

Consider local and dilation

Finishing a job well done

- Trim strings to 3 to 4 cm
 - Make sure scissors are sharp
 - Make sure strings have been cut through before you remove the scissors from vagina or the Mirena will accompany them
 - Take tenaculum off and deal with any bleeding on cervix.
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Way to go!

