Editorial

›› **Robert L. Barbieri, MD** Editor in Chief

2 AM, and obgfindit.com is on the job with you

A search engine developed and sponsored by the editors of OBG MANAGEMENT improves the care you provide like few other resources can

CASE

You are at the hospital at 2 AM, managing a nulliparous patient in the second stage of labor. Because of the mother's exhaustion after 2 hours of pushing, you're considering beginning vacuum-assisted vaginal delivery.

But it's been a few months since you last performed a vacuum delivery. Optimally, you want to review the steps you'll use to perform the operative delivery, plus the indications, contraindications, and necessary equipment.

You also realize that operative delivery may increase the risk of a third- and a fourth-degree perineal tear. You want to review the proper suturing and other steps for repairing a fourth-degree laceration.

No other physician is in the hospital at this hour to discuss these matters, so you head to a workstation and turn to the World Wide Web for assistance. But where will you search for answers to these questions that are so important in your care of this patient and her baby?

What Web site helps you most with providing care?

Instant Poll

on page 14

What do you do in the middle of the night when you're alone on labor and delivery and want quick access to practical, authoritative clinical advice on how to treat your patient? This problem is a common one for all obstetricians.

Luckily, with the availability of searchable Web sites focused on obstetrics and gynecology, advice is a moment away, 24 hours a day. On the other hand, the vast storehouse of information on the Web is of variable quality, and it can be difficult to quickly find a relevant piece of information when you're pressured to take immediate action.

Thinking about the difficulty of identifying useful clinical information fast led me to review several professional Web sites (and one general site) and their search engines by focusing on specific challenges presented in the case I've described. My choice of sites was based on personal experience and familiarity. I found that a few sites provide high-quality advice more quickly and reliably than several others (**TABLE**, page 13).

Different searches yield different results

Among the obstetrics and gynecology Web sites that I searched for clinical advice on how to perform a vacuum delivery and how to repair a third- and a fourth-degree perineal laceration, the Web sites of **1)** The American College of Obstetricians and Gynecologists and **2)** OBG MANAGEMENT (including its so-called vertical, or specialty-specific, search engine site, www.obgfindit.com) provided thorough advice on these topics.

The *Contemporary OB/GYN* Web site had valuable material on counseling but lacked thorough advice on how to perform a vacuum delivery or how to repair a third- and a fourth-degree laceration.

The Web site of *The Female Patient* contained an archive of past published issues but was not searchable.

The *Ob.Gyn. News* Web site had an excellent short article that provided clinical pearls about performing a vacuum delivery but did not contain substantive material on how to repair a laceration.

A search of OBGYN.net did not yield detailed information about how to perform a vacuum-assisted vaginal delivery or how to repair a third- or fourth-degree laceration.

A Google search identified myriad potentially relevant sites, but most were little help to an experienced clinician. The Google search also failed to return results for the OBG MANAGEMENT and ACOG Web sites near the top of list.

(Note: The **TABLE** on page 13 provides the Web site addresses for

CONTINUED FROM PAGE 10

TABLE Information, please! (Now.)

I searched* Web sites sponsored by several publications and organizations for specific advice on 1) how to perform a vacuum delivery and 2) how to repair third- and fourth-degree perineal lacerations—and made these observations. ›› RLB

Web site (sponsor)	Material directly pertinent to performing a vacuum delivery?	Material directly pertinent to repairing a third- or fourth-degree perineal laceration?
www.acog.org (The American College of Obstetricians and Gynecologists)	**Yes;** PowerPoint presentation	**Yes;** substantial educational material on repair and on episiotomy
http://contemporaryobgyn.modernmedicine.com (*Contemporary OB/GYN*)	**No** direct advice on performing operative delivery (advice available on which patients to select for operative delivery)	**No** direct advice on repair (advice available on counseling patients with previous severe perineal laceration on management of subsequent delivery)
www.femalepatient.com (*The Female Patient*)	**Not searchable;** provides an archive of past articles	
www.google.com (Google)	**Yes,** but most practice-relevant articles are not listed at top of search results; requires significant searching, and identifying relevant articles is time-consuming	
www.obgfindit.com (OBG MANAGEMENT)	**Yes;** easily accessible, authoritative, substantive material with detailed discussion and figures	
www.obgyn.net (OBGYN.net)	**No** article focused on performing an operative delivery	**No** article that provides clear, stepwise advice
www.obgynnews.com (*Ob.Gyn. News*)	**Yes;** focused article on key relevant clinical points	**No** detailed discussion

*November 12, 2008
Note: This listing is alphabetized by sponsor.

all these sources of information and serves as a reference list for my comments.)

It's findit that gets it

Acknowledging some bias about OBG MANAGEMENT as its Editor in Chief, I do know that the editorial staff, the publication's Board of Editors, and a team of consulting medical ontologists have worked hard—continue to work hard—to develop a fully searchable Web site that contains relevant material to help experienced clinicians at the point of care as they face difficult clinical demands. The obgfindit search engine, with its triple-pronged search "scope" (see the "Editor's note" at the end of the Editorial for an explanation) is a state-of-the-art system for quickly identifying relevant information. And part of that system is the quick-response ability of the editorial team to modify—add to, or delete from—entries in the collective ObGyn literature, far beyond just the OBG MANAGEMENT archive.

Here is what I found: At OBG MANAGEMENT, an obgfindit search that is narrowed to the publication's archive (to 2002) identified more than five articles written by internationally recognized experts directly pertaining to performing vacuum delivery. Each article is available in a pdf version for viewing, downloading, and printing. The articles contain high-quality figures that identify key anatomic landmarks and steps in operative delivery. Similarly, obgfindit identified two recent articles directly pertaining to the repair of severe perineal laceration, with the same pdf options. Furthermore, guidance on repairing severe perineal injury was provided by internationally recognized experts, including Drs. Abdul Sultan, Ranee Thakar, and Ruwan Fernando.

A 2-in-the-morning-alone-in-the-hospital virtual colleague

With a patient's problem on your hands, in late-night circumstances, obgfindit can be an especially good option for finding evidence and expert opinion to guide your clinical actions. Of course, the same benefit

Editorial

is true at your desk, apart from urgent circumstances, when you need resources to, say, interpret findings, create a management plan, or respond to a patient's question.

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EDITOR'S NOTE: obgfindit is a no-fee, no-registration service of OBG MANAGEMENT available to all women's health-care practitioners. The obgfindit search tool can be found at its own url, www.obgfindit.com, or atop the home page of obgmanagement.com. Users can set the limits of their search three ways: the OBG MANAGEMENT archive; a pool of more than 100 other selected ObGyn and women's health Web sites; and the full PubMed literature database of the National Library of Medicine.

Instant Poll

What Web site is most helpful to quickly locate information to provide better care?

- acog.org
- contemporaryobgyn.-modernmedicine.com
- femalepatient.com
- google.com
- obgmanagement.com/obgfindit.com
- obgyn.net
- obgynnews.com
- Other (specify) _____

Give up your source—take the Instant Poll at obgmanagement.com. See where your colleagues turn, when Instant Poll Results are published in an upcoming issue.

Comment & Controversy

"UPDATE ON PELVIC SURGERY,"
BY NAZEMA Y. SIDDIQUI, MD, AND CINDY L. AMUNDSEN, MD (OCTOBER)

More questions about the transobturator tape technique

Two serious concerns are implicit, but left unexplored in the Update on suburethral sling procedures:

- If the transobturator tape (TOT) sling is less effective than the retropubic tension-free vaginal tape (TVT) for intrinsic sphincter deficiency (ISD), and ISD increases with age, will we see increasing failure rates for TOT among women who have already undergone the procedure?
- If bladder perforation rates for TVT vary from zero in one study to 7% in another, is bladder perforation an intrinsic risk of the retropubic sling—or a preventable problem?

The study that compares the pubovaginal sling, TVT, and TOT for stress urinary incontinence with ISD is not the first to show that the transobturator approach is much less effective (35% cure at 2 years) than either TVT or the pubovaginal sling (87% each).[1] Another retrospective cohort study showed that failure was six times as common with TOT, compared with TVT, in patients who had borderline or low urethral closure pressure.[2] A study stratifying TOT outcomes by preoperative urethral function showed that TOT failed to cure incontinence in 67% of patients who had maximum urethral closure pressure <20 cm H_2O and Valsalva leak-point pressure <60 cm H_2O.[3] In contrast, several observational studies have showed cure rates from 73% to 86% for retropubic TVT in women who have ISD.[4–6]

Why the wide range of perforation rates?

As for bladder perforation, in the study comparing the pubovaginal sling, TVT, and TOT for stress urinary incontinence with ISD,[1] no perforation was reported in a total of 92 TVT procedures. In contrast, Barber and associates reported a 7% perforation rate with TVT, compared with 0% for TOT.[7] Other studies report TVT-related bladder-perforation rates ranging from 15% in a multicenter study[8] to 0.8% in a series by a single, experienced surgeon.[9] Why do bladder perforation rates differ so radically?

In my opinion, the study-to-study variability in the rate of perforation derives from three factors: **technique**, **training**, and **experience**. It is critical that surgeons learn to keep the TVT needle in immediate contact with the posterior surface of the pubic bone until the needle reaches the suprapubic skin incision at the superior edge of the bone, 2 cm lateral to the midline. If the bladder perforation rate for TVT can be minimized by correct technique, this would undermine one of the main arguments in favor of the transobturator approach.

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Dr. Flesh has no financial relationships relevant to his letter.

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