Study Explores Laparoscopic Ligation of Varicosities

BY DOUG BRUNK
San Diego Bureau

SAN DIEGO — Laparoscopic ligation of broad ligament varicosities in the management of chronic gynecologic pelvic pain is a "safe and relatively simple" procedure, Mark Erian, M.D., reported at an international congress of the Society of Laparoendoscopic Surgeons.

"Unlike laparoscopic ligation of ovarian varicosities, laparoscopic ligation of broad ligament varicosities is uncommonly reported in the medical literature," said Dr. Erian, an ob.gyn. based in Brisbane, Australia.

From March 2000 to November 2004, 15 women with a mean age of 27 and a mean parity of two underwent video laparoscopy at the Royal Brisbane and Women's Hospital to treat unilateral or bilateral broad ligament varicosities. Dr. Erian and his associate, Glenda McLaren, M.D., employed a four-portal entry technique to allow for maximal access and maneuverability of instruments.

The women also underwent diagnostic hysterectomy and endometrial sampling to exclude unsuspected endometrial pathology.

Follow-up was conducted at 1 week, 6 weeks, 3 months, 6 months, and then at yearly intervals. "Adequate communication channels between the family physician and the gynecologic surgeon were maintained at all times," Dr. Erian said.

At baseline, all study participants reported symptoms of pelvic pain, which they described as heaviness that is present most of the time. The mean operative time was 19 minutes, and the mean estimated blood loss was 10 mL per patient.

Follow-up at 6 weeks and 4 years showed complete or partial resolution of pain to what Dr. Erian described as "a mild and well-tolerated level" in 13 of the 15 women. "In one case, the patient reported considerable midcycle ovulation pain that completely resolved by suppression of ovulation with combined oral contraceptive pills," he said. "In the last patient in this series, the pain was reported to have not changed. She was referred to a gastroenterologist and was diagnosed with irritable bowel syndrome, and the case was treated accordingly." ■

Warn About Risk of Irritative Bladder Symptoms After TVT

BY KATE JOHNSON
Montreal Bureau

MONTREAL — Patients undergoing tension-free vaginal tape procedures for stress urinary incontinence should know that although their quality of life will likely improve after the surgery, about one-fifth of them may experience postoperative irritative bladder symptoms, according to a Dutch expert.

In a study of 307 women undergoing a tension-free vaginal tape (TVT) procedure, 19% reported irritative bladder symptoms postsurgery, said Steven Schraffordt, M.D., of the Meander Medical Centre in Amersfoort, the Netherlands.

"All patients showed an improvement in quality of life … [but] … no specific [preoperative or operative] factors could be identified for changes in irritative symptoms after TVT," he reported at the annual meeting of the International Continence Society.

Until now, the rate of irritative bladder symptoms after TVT procedures has been difficult to determine because previous studies have not controlled for patients who have undergone concomitant surgery, said Dr. Schraffordt. His study selected women who were being treated for stress urinary incontinence (SUI) alone and who had received no previous urogynecologic surgery or medications for bladder symptoms.

The multicenter prospective study required patients to answer two questionnaires prior to surgery and again 36 months later. The Urogenital Distress Inventory (UDI-6) measures stress incontinence and irritative and obstructive discomfort, while the Incontinence Impact Questionnaire (IIQ-7) measures the implications of urinary incontinence for normal daily functioning.

Three years postsurgery, 59 of the 307 patients (19%) reported irritative symptoms in response to the question: "Do you experience, and if so, how much are you bothered by: frequent urination and leakage related to feelings of urgency?" However, no preoperative or intraoperative differences could be identified between this group and the remaining 248 (81%) patients who reported no irritative symptoms.

Even those who reported worsened irritative symptoms had significantly improved quality of life scores on the IIQ-7, with a drop from preoperative score of 50.96 to postoperative score of 23.7. Patients who did not experience irritative symptoms had a more dramatic quality of life improvement with a preoperative QII-7 score of 59.3, which dropped to a postoperative score of 10.7. A comparison of both groups found a significantly greater improvement in the nonirritative patients.

"It is impossible to predict preoperatively which patient is more at risk for developing irritative symptoms after a TVT," he commented. "Patients should therefore be informed preoperatively about the risk of developing these symptoms." ■

Study Supports Treating the Bladder Component of Pelvic Pain

SAN DIEGO — Using intravesical anesthetic treatment and pentosan polysulfate to treat chronic pelvic pain was linked to a significant improvement in symptoms 9 weeks after bladder rescue therapy, a study of 47 women has shown.

The finding "clearly demonstrates that treating the bladder component of pelvic pain can result in significant improvement of symptoms," Jackie Shriver, a certified registered nurse practitioner with the Lima, Ohio–based Midwest Center for Chronic Pelvic Pain and Bladder Control reported at an international congress of the Society of Laparoendoscopic Surgeons.

In a study led by the center's director, Maurice K. Chung, M.D., investigators conducted a prospective analysis of 47 women aged 21-74 who had a diagnosis of chronic pelvic pain and gynecologic-related symptoms for 6 months. At the initial visit, the women filled out questionnaires that included the Pelvic Pain and Urgency/Frequency (PUF) scale, the American Urological Association (AUA) score, and the Interstitial Cystitis Symptomatology Index (ICSI) score.

Six weeks later, all women underwent potassium sensitivity testing (PST) in the office and filled out the same questionnaires. Of the 47 women, 41 (87%) tested positive on the PST.

The women then underwent intravesical anesthetic treatment and pentosan polysulfate therapy for 9 weeks and filled out the same three questionnaires at the end of treatment.

Intravesical therapy was a solution of 10-cc lidocaine 1%, 10-cc bupivacaine 0.5%, 5-cc sodium bicarbonate, and 40,000-U/4-cc heparin, given biweekly for 3 weeks and then weekly for 6 weeks.

The dosage of pentosan polysulfate therapy was 200 mg b.i.d.

The average baseline scores were 14.8 for the PUF, 13.1 for the AUA, and 8.4 for the ICSI. The 6-week rescreening scores were similar: 15.2 for the PUF, 13 for the AUA, and 8.5 for the ICSI.

However, 9 weeks after bladder rescue therapy, the average scores were 11.1 for the PUF, 9.4 for the AUA, and 5.8 for the ICSI. This demonstrated "significant improvement in symptoms," Ms. Shriver said.

In an interview, Dr. Chung said wide adoption of this approach could reduce the number of hysterectomies performed in the United States each year. He estimated that 10%-20% of hysterectomies result from a diagnosis of chronic pelvic pain.

The study received an honorable mention by the meeting organizers.

—Doug Brunk