

# GYNAECOLOGY & OBSTETRICS UPDATE

Website for Doctors [MarkMalak.com](http://MarkMalak.com)

Website for Patients [MrMalak.com](http://MrMalak.com)

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**HOSPITAL  
DOCTOR**

**AWARD**

1st runner up

**UK best  
Continence Team**

**Eastbourne  
Urogynecology  
Team**

M Malak, A Grimston,  
J Andrews, N Lawton,  
A Spirou, W Fletcher

**Integrated manage-  
ment of pelvic floor  
disorders: Prolapse,  
urinary incontinence  
(Iry & recurrent),  
frequency, urgency  
and recurrent cystitis**

**NHS Clinical  
Excellence  
Award  
2005 2006 2007  
2008 2009  
(achieving the highest  
local Award)**

## The 103<sup>rd</sup> Issue

**Progress and Summary  
of clinical management over  
100 "Update" issues**



### ***Iron therapy in pregnancy***

The first Update issue was a summary of Cochrane database findings, 1997 which is supported by NICE, 2008. **Iron supplementation should not be offered routinely to all pregnant women.** When there is a suspicion of iron deficiency (**11 g/100 ml at first contact and 10.5 g/100 ml at 28 weeks**), **serum ferritin** is the most sensitive test to detect adequate iron stores (cut-off of 30 micrograms/litre) [**Issues 1 & 88**]

### ***Urogynaecology: Integrated management of prolapse, urinary incontinence, sexual dysfunction, pelvic pain***

The first & only Urogynaecology unit in Eastbourne has been established by Author. His team [A Grimston, J Andrews, N Lawton, A Spirou, W Fletcher] was awarded the second place in the prestigious "Hospital Doctor" award for the best continence team in UK (unique one-stop multidisciplinary clinic & innovative service). **16 issues** on this topic: ++ **Primary Care Management and Referral Pathway** established by the Author in 1996 [**Issue 8, 1999**] is similar to that of NICE produced 10 years later (2006). ++ **Prolapse and urinary incontinence are present together in up to 60%** of patients. Patients presenting with either problem **should be assessed to determine the extent of the other problem to be treated together for the best results** (*This is the scope of Urogynaecology subspecialty*) [**Issue 9, 81 & 82**]. Major savings of management cost of prolapse and urinary incontinence has recently presented by the Author because of the unique one-stop multidisciplinary approach of both problems together. Saving per patient **£400** for conservative management (in comparison to community-based management) and **£1174** for surgical treatment [future issues] ++ Different types of **Tension free Vaginal Tape surgery** for urinary stress incontinence have been introduced by Author. Personal results showed **satisfaction rate of 97% (complete cure of 94%)** (similar to the best result reported in the literature). It is a day case with minimal recovery. The procedure is NICE-approved and remains the gold standard for surgical treatment of stress incontinence [**Issue 10, 26 & 46**]. ++ **Duloxetine should not be used for primary or secondary management of urinary stress incontinence** [**Issue 41 & 58**].

### ***Cystitis***

Cefalexin 500 mg BD remains the empirical antibiotic of choice for UTI in pregnant women [**Issue 86 & 94**]