

GYNAECOLOGY & OBSTETRICS UPDATE

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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 management 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 104th Issue

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



Heavy Menstrual Bleeding

++ **Primary Care Management and Referral Pathway** established by the Author in 1996 [Issue 3, 1998] is similar to that of NICE produced 11 years later (2007).
++ The aim of **Endometrial Ablation** is to destroy the endometrium through, most commonly, application of heat. It should be considered where bleeding is having a severe impact on a woman's quality of life, and she does not want to conceive in the future (Women must be advised to avoid subsequent pregnancy). Ablation was not traditionally offered before using other less invasive methods (e.g. medications, Mirena), however, NICE confirmed that **ablation can be offered as first line treatment** after full discussion of the risks and the benefits with the patients. The Author introduced Microwave Endometrial Ablation and reported a **satisfaction rate of 93%** [Issue 13] an other methods of ablation discussed in **issues 66 & 67**.

Unscheduled Bleeding with Hormonal contraception

++ Initial assessment in **issue 83**
++ Medical management in **issue 84**

Premenstrual Symptoms

++ It is important to differentiate between **PMS** or **PMT** [mild symptoms occur in 95% of all women of reproductive age and **PMDD**; Premenstrual Dysphoric Disorder [severe debilitating symptoms occur in about 5% of women and are accompanied by impairment in social and/or occupational function] as the later requires treatment. Initial managements and **beneficial medications especially SSRI** are discussed in **issue 12**.

Endometriosis

++ Painful symptoms in women of childbearing age may be caused by endometriosis, particularly when the symptoms have a cyclical element. Doctors, therefore, should be alert to this possibility even when the patient presents with apparently non-gynaecological symptoms.

++ **The aim is to control the associated illness rather the disease itself**. Therefore if the symptoms can be controlled there is no need for referral to secondary care. Referral is indicated in presence of pelvic mass or if symptoms cannot be controlled.

++ Treatment strategies are discussed in **issue 20**.

Chronic Pelvic Pain

Endometriosis is one of the causes of chronic pelvic pain Initial management of which is discussed in **issue 40**