

# GYNAECOLOGY & OBSTETRICS UPDATE

Issue 24

December , 2002

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## Christmas Quiz



**A patient has a prolapse and urinary incontinence; which of the following is true?**

1. The prolapse is the cause of her incontinence.
2. Operations for prolapse are the most successful treatment for incontinence.
3. The best approach is to treat the prolapse first and then the incontinence.
4. It is better to treat the incontinence first and then the prolapse.
5. Prolapse operations may increase the severity or initiate urinary incontinence.

(Answers: False-False-False-False-True) (Update issue 9 at <http://www.markmalak.com>)

Prolapse and incontinence are manifestation of weakness of **different components** of the supportive mechanism of the pelvic floor. Women may suffer from either or both according to which component is weak. They should be investigated and treated **together** to ensure high success rate as a second pelvic surgery is always less successful. Prolapse operations are the **least successful** to treat incontinence (not surprisingly as the cause is different) with reported success rate as low as 30% immediately after operation and 0% after one year (in comparison to 95% and 95% for TVT operation). Incontinence may occur for the first time in up to **35%** of continent women following anterior vaginal repair. This can be explained by the fact that with a large prolapse of the bladder a urethral kinking may occur masking an associated incontinence (like stopping the water flow in a hose by kinking it). When the prolapse is corrected surgically, urethral kinking is corrected unmasking incontinence.

**A scan for pelvic pain showed polycystic ovaries; which of the following is true?**

1. This is a diagnostic of PCOS (Polycystic Ovarian Syndrome)
2. You should establish if there are abnormal periods or evidence of high androgen (e.g. hirsutism)
3. Fasting blood glucose, insulin, lipids and androgens should be checked for patients with PCOS
4. If there is no infertility, patients with PCOS do not need further management.

(Answers: False-True-True-False) (Update issue 19 at <http://www.markmalak.com>)

**As regards precancerous lesions of the cervix, which of the following is true?**

1. The current cervical smear method detect more than 90% of these lesions.
  2. LLETZ and LASER are synonymous of the same procedure for their treatment.
  3. The recent vaccine against HPV (human papilloma virus) successfully prevents cervical cancer
- (Answers: False-False-False). The current (slide) smear method miss 15-50% of the pre/cancerous lesions of the cervix. "LLETZ" is an abbreviation of "Large Loop Excision of Transformation Zone". It treats precancerous lesion by excision of a cone-like biopsy from the cervix. It has the advantage that the excised biopsy is histologically examined to confirm the diagnosis, detect any missed lesions and to assess the completeness of the excision on which follow up relies upon. LASER (rarely used for cervix) is the destruction of the lesions with heat therefore no biopsy can be obtained. There is a vaccine currently under evaluation and the early results shows it can prevent cancer that related to HPV subtype 16 **only**. Cervical cancer can be caused by other subtypes of HPV (e.g. 18 and 11).

*I wish you all a very Merry Christmas and a Happy New Year*



**Merry Christmas**