Gynecology 101:
Two Simple Procedures for Your Office

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Office gynecologic procedures are being increasingly encouraged in our contemporary medical practice with a view to making a timely diagnosis, thereby instituting prompt treatment. Dilatation and curettage, which used to be regarded as the gold standard in the management of abnormal uterine bleeding, has now been replaced by office pipelle endometrial biopsy, with an accuracy rate of 65% to 90%, from most recent studies. Recent advancements in technology have renewed the interest of patients and their physicians in the use of intrauterine contraceptive use. This simple office procedure should be performed by trained physicians so as to reduce the workload on the gynecologist.

Table 1

Indications

- Abnormal bleeding
- Post-menopausal bleeding
- Infertility
- Abnormal thickening of the endometrium

Endometrial biopsy

Endometrial sampling is a rapid, simple, safe and inexpensive procedure. It is a common procedure that can be performed in the office. A 65% to 90% accuracy rate has been quoted when compared to the gold standard, which is dilatation and curettage. Endometrial biopsy could involve techniques that abrade, brush or aspirate the endometrium.

Issues in practice

All primary-care physicians are encouraged to perform endometrial sampling in the office, as it is simple and non-invasive and avoids a delay of diagnosis

Contraindications

Relative contraindications, such as acute pelvic inflammatory disease, profuse bleeding and the possibility of intrauterine pregnancy, exist.

Technique

Initial bimanual examination to assess the size and position of the uterus should be done.

Kemi's case

- Kemi, 58, is post-menopausal and presents with a six-month history of on-and-off vaginal bleeding.
- She emigrated from Ibadan, Nigeria, four years ago, but has had regular PAP smears.
- An endometrial office biopsy is performed by her physician.
- Diagnosis of endometrial carcinoma is established and Kemi agrees to see a gynecologist for prompt surgical management.

For more on Kemi, go to page 76.

Clean the cervix with antiseptic solution. A single-toothed tenaculum may be used to stabilize the uterus. When local anesthesia is required in difficult cases, such as cervical stenosis, referral to a gynecologist should be made.

Complications

Complications of endometrial biopsy include:

- uterine perforation

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Managing Kemi

- She was referred to a gynecologist who performed a total abdominal hysterectomy, bilateral salpingo-oophorectomy and pelvic lymphadenectomy.
- The pathology report was that of endometrioid adenocarcinoma FIGO Stage 1.
- Her post-operative recovery was uneventful with no further treatment required.

(exceedingly rare),
- infection and
- bleeding.

Intrauterine device

The intrauterine contraceptive device (IUD) has a high level of effectiveness (a failure rate of less than 1%), lacks systemic metabolic changes and requires one or two visits at the most.[1] IUDs are among the most cost-effective devices for a five-year period of use, and only involve an annual visit to a health-care facility. Pregnancy rates are directly related to the skills of the clinician who inserts the IUD.

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Time of insertion

Traditionally, insertion takes place during the last few days of the menstrual period; however, it is possible at the postpartum visit, post-abortal, post-delivery or any other time of the month.[2]

Procedure

Aseptic measures should be adopted. Clean the vulva, vagina and the cervix. Local infiltration with anesthetics or a 5% lidocaine gel is optional. Hold the cervix with a tenaculum (sounding of the uterus is optional). Cut the thread, leaving about 2 cm of length.

Contraindication

Caution is to be taken with young, nulliparous women, women who have multiple sexual partners and women who often have an increased risk of expulsion and pelvic inflammatory disease. Risk of pelvic inflammatory disease exists, but has been considerably reduced with the monofilaments that are on the market.

Contraindications include:
- acute liver disease/liver carcinoma,
- breast carcinoma,
- confirmed or suspected pregnancy,
- copper allergy/Wilson's disease,
- jaundice and
- undiagnosed genital tract bleeding.

Table 2

Myths

- IUDs are abortifacients[4]
- IUDs cannot be used by a woman who has not had a baby
- IUDs increase the risk of infertility
- IUDs increase the risk of ectopic pregnancy

Complications

Complications of IUD insertion include:
- pain during insertion,
- heavy menstral periods and cramping,[2]
- perforation of the uterus (uncommon) and, rarely, the cervix, and
- possibility of increased infection.[3] Dx

References
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2. Physicians Desk Reference. 58th Edition. Thomson PDR, Montvale, 2004.
3. Grimes DA, Schulz KF: Antibiotic prophylaxis for intrauterine contraceptive device insertion. Cochrane Database Syst Rev 2001; (1):CD001327. Update in: Cochrane Database Syst Rev 2001; (2):CD001327.
4. Markku Seppala: Pregnancy-specific beta-glycoprotein and chorionic gonadotropin-like immunoreactivity during the latter half of the cycle in women using intrauterine contraception. Journal of Clinical Endocrinology and Metabolism 1978; 47(6):1216.