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If you require full articles please email: library@uhbristol.nhs.uk
### New Nice Guidance

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### Systematic Reviews from the Cochrane Library

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Nothing relevant to report
What is OpenAthens?
OpenAthens is a way of authenticating that you have permission to access our subscription e-resources. To access our electronic resources you will need a UH Bristol Athens username/password.

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Gynaecological Malignancies

Title: Elderly ovarian cancer patients: An individual participant data meta-analysis of the North-Eastern German Society of Gynecological Oncology (NOGGO).


Author(s): Woopen, H, Inci, G, Richter, R, Chekerov, R, Ismaeel, F, Sehouli, J

Abstract: Barriers for optimal treatment and enrolment in clinical trials are the physicians’ perceptions towards age, comorbidities and fear of toxicity as well as the eligibility criteria of clinical trials. There is a high need to gain more knowledge about this patient group in order to optimize treatment. We aimed to evaluate the influence of age above 65 years on comorbidities, comedication, grade III/IV toxicity, prior discontinuation of chemotherapy and survival. An individual participant data meta-analysis of three phase II/III studies (‘Tower’, ‘Topotecan phase III’ and ‘Hector’) of the North-Eastern German Society of Gynecological Oncology including 1213 patients with recurrent ovarian cancer was conducted using logistic regression and Cox regression analysis. Median age at diagnosis was 59 years. The patient group ≥65 years included 349 versus 864 patients younger than 65 years. Cardiovascular disease and diabetes were more frequent in the older age group (p < 0.001 and p = 0.001). Haematological and cardiovascular grade III/IV toxicities were more often seen in patients above 65 years, while non-haematological toxicity was not (p = 0.03, odds ratio [OR] 1.35; p = 0.04, OR 1.83; and p = 0.90, OR 0.98, respectively). There was no difference in prior discontinuation of treatment in multivariate analysis. Cox regression showed a trend towards poorer progression-free survival (p = 0.053, hazard ratio 1.143) in the older age group. Haematological and cardiovascular toxicities are more frequent in elderly patients. However, this did not influence prior discontinuation of therapy. Elderly patients should not be deprived of adequate chemotherapy or excluded from clinical studies just because of their age. Thorough geriatric assessment and monitoring is mandatory. Copyright © 2016 Elsevier Ltd. All rights reserved.

Source: Medline

Title: Two cases of compartment syndrome of the lower extremities during surgery for gynecological malignancies.

Citation: Journal of anesthesia, Jun 2016, vol. 30, no. 3, p. 481-485, 1438-8359 (June 2016)

Author(s): Kikuchi, Toshihiro, Maeda, Hiroyuki

Abstract: Two cases of compartment syndrome of the lower extremities occurring during surgery for gynecological malignancies are reported. In addition to the risk from being in the lithotomy position for over 4 h, these two cases were believed to have been caused by the combined use of a disposable wound retractor and abdominal retractors to secure the operative field. This conclusion is based on the fact that an abrupt increase in partial pressure of end-tidal CO2 (ETCO2) was observed when wound drapes and abdominal retractors were removed approximately 4 h after the start of surgery. Prolonged compression of the external iliac vein by a disposable wound retractor and
abdominal retractors is believed to have induced congestion of the lower extremities, eventually resulting in compartment syndrome. To verify this, during subsequent surgeries of the same type, changes in the diameters of femoral arteries and veins when a disposable wound retractor and abdominal retractors were used were monitored using an ultrasound device, and the findings confirmed that changes in vascular diameter do occur.

**Source:** Medline

**Title:** MRI and FDG-PET/CT imaging in gynecological malignancies: the radiation oncology perspective.

**Citation:** The quarterly journal of nuclear medicine and molecular imaging : official publication of the Italian Association of Nuclear Medicine (AIMN) [and] the International Association of Radiopharmacology (IAR), [and] Section of the Society of Radiopharmaceutical Chemistry and Biology, Jun 2016, vol. 60, no. 2, p. 117-123, 1827-1936 (June 2016)

**Author(s):** Fennell, Jamina, Scholber, Jutta, Grosu, Anca L, Volegova-Neher, Natalja, Henne, Karl, Langer, Mathias, Meyer, Philipp T, Gitsch, Gerald, Bartl, Nico

**Abstract:** MRI and FDG-PET imaging plays an important role in diagnosis, monitoring and follow-up of gynecological cancer. The goal of this paper was to summarize data of the literature about sensitivity and specificity of MRI and FDG-PET/CT for detection of primary tumor, lymph nodes invasion and metastases in cervix and endometrial cancer and to discuss their implication for radiation treatment planning and monitoring.

**Source:** Medline

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**Title:** Pitfalls in [18F]FDG PET imaging in gynecological malignancies.

**Citation:** The quarterly journal of nuclear medicine and molecular imaging : official publication of the Italian Association of Nuclear Medicine (AIMN) [and] the International Association of Radiopharmacology (IAR), [and] Section of the Society of Radiopharmaceutical Chemistry and Biology, Jun 2016, vol. 60, no. 2, p. 124-138, 1827-1936 (June 2016)

**Author(s):** Hernandez Pampaloni, Miguel, Facchetti, Luca, Nardo, Lorenzo

**Abstract:** Gynecologic malignancies are the leading causes of cancer in women and they represent about 10 to 20% of all solid tumors. During the past few decades, technological advancements in the detection and staging have gained a pivotal role in all oncological processes, including the gynecological ones. Beyond ultrasound, computed tomography (CT) and magnetic resonance (MR) imaging that are conventionally used for anatomical imaging, [18F]FDG imaging and its hybrid further development as PET/CT has become a crucial tool due of its ability to combine functional metabolic and anatomic information, and the ability to image the entire whole body in a single examination. Since the introduction of integrated hybrid PET/CT systems into clinical practice the accurate analysis of the images has detected a number of limitations and pitfalls. The purpose of this review was to describe in detail the different pitfalls related to the use of [18F]FDG PET/CT in the gynecological malignancies, providing imaging examples and discussing possible ways to avoid misinterpretations.

**Source:** Medline
Title: New radiotracers in gynecological cancer: beyond 18F-FDG.

Citation: The quarterly journal of nuclear medicine and molecular imaging : official publication of the Italian Association of Nuclear Medicine (AIMN) [and] the International Association of Radiopharmacology (IAR), [and] Section of the Society of Radiopharmaceutical Chemistry and Biology, Jun 2016, vol. 60, no. 2, p. 139-153, 1827-1936 (June 2016)

Author(s): Challapalli, Amarnath

Abstract: Imaging plays an important role in the management of gynecological cancers. There is a clinical need for noninvasive prognostic biomarkers to provide more detailed tumor characterization at the baseline and/or early during therapy, which may potentially improve outcomes and enable a personalized treatment approach. Imaging parameters derived from PET/CT techniques are emerging as promising imaging biomarkers. This review details the current evidence and future potential of functional imaging using non-2-deoxy-2-[18F]fluoro-D-glucose (FDG) tracers in gynecological cancers.

Source: Medline
**Gestational Diabetes**

**Title:** Screening for gestational diabetes in Europe: where do we stand and how to move forward?: A scientific paper commissioned by the European Board & College of Obstetrics and Gynaecology (EBCOG).

**Citation:** European journal of obstetrics, gynecology, and reproductive biology, Jun 2016, vol. 201, p. 192-196, 1872-7654 (June 2016)

**Author(s):** Benhalima, Katrien, Damm, Peter, Van Assche, André, Mathieu, Chantal, Devlieger, Roland, Mahmood, Tahir, Dunne, Fidelma

**Abstract:** The incidence of gestational diabetes (GDM) is rising globally and it represents an important modifiable risk factor for adverse pregnancy outcomes. GDM is also associated with negative long-term health outcomes for both mothers and offspring. Acceptance and implementation of the 2013 World Health Organization (WHO) criteria varies globally and within Europe. There is at present no consensus on the optimal approach to GDM screening in Europe. More uniformity in GDM screening across Europe will lead to an opportunity for more timely diagnosis and treatment for GDM in a greater number of women. More targeted research is necessary to evaluate optimal screening strategies based on the 2013 WHO criteria across different European populations with a focus on implementation strategy. Future research should address these important questions so that solid recommendations for GDM screening can be made to European health organizations based on screening uptake rates, maternal well-being, maternal and neonatal health outcomes, equity and cost-effectiveness. Here we describe the ongoing controversy on GDM screening and diagnosis, and provide an overview of important topics for future research concerning GDM screening in Europe. Copyright © 2016 Elsevier Ireland Ltd. All rights reserved.

**Source:** Medline

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**Title:** Survey by the European Board and College of Obstetrics and Gynaecology on screening for gestational diabetes in Europe.

**Citation:** European journal of obstetrics, gynecology, and reproductive biology, Jun 2016, vol. 201, p. 197-202, 1872-7654 (June 2016)

**Author(s):** Benhalima, Katrien, Mathieu, Chantal, Van Assche, André, Damm, Peter, Devlieger, Roland, Mahmood, Tahir, Dunne, Fidelma

**Abstract:** More uniformity is necessary in screening and diagnosis for gestational diabetes (GDM) across Europe. The European Board and College of Obstetrics and Gynaecology (EBCOG) has recently recommended to use the 2013 World Health Organization (WHO) criteria for the diagnosis of GDM. We evaluated the uptake of these EBCOG recommendations in guidelines for GDM screening across Europe. Between September and November 2015, an online survey on the current national or regional recommendations for GDM screening was directed to the 33 European countries that are members of EBCOG. There was a response rate of 84.8% (28 countries). From Belgium, data were separately obtained from the Dutch- and the French-speaking parts and from the UK data were also obtained from Scotland, leading to data from 30 responders. The response rates were high in Central Europe (100%), Northern Europe (100%) and Southern Europe (85.7%) with lower response rates in Eastern Europe (71.4%). 82.1% of guidelines recommend screening for unknown diabetes at first prenatal visit and 67.9% recommend to screen for GDM before 24 weeks of pregnancy. All guidelines recommend to screen for GDM ≥24 weeks, based on risk factors in 64.3% and by universal screening.
in 35.7%. The most commonly used diagnostic criteria for GDM are the 2013 WHO criteria in 67.9%, the 1999 WHO criteria in 10.7%, the European Association for the Study of Diabetes criteria in 7.1% and the Carpenter & Coustan criteria in 7.1%. Of all societies advising the use of the 2013 WHO criteria, 52.6% recommends this based on risk factors, 10.5% recommends universal screening in a two-step strategy and 36.8% recommends a universal one-step approach with a 75g OGTT. Our survey shows that the majority of European societies now advise to use the 2013 WHO criteria for GDM. However, only 36.8% recommends a universal one-step approach with a 75g OGTT with the majority of societies recommending screening based on risk factors. The use of common diagnostic criteria for GDM by the majority of societies is an important first step towards achieving uniformity in GDM screening across Europe. Copyright © 2016 Elsevier Ireland Ltd. All rights reserved.

Source: Medline
**Obesity**

**Title:** Maternal obesity in Europe: where do we stand and how to move forward?: A scientific paper commissioned by the European Board and College of Obstetrics and Gynaecology (EBCOG).

**Citation:** European journal of obstetrics, gynecology, and reproductive biology, Jun 2016, vol. 201, p. 203-208, 1872-7654 (June 2016)

**Author(s):** Devlieger, Roland, Benhalima, Katrien, Damm, Peter, Van Assche, André, Mathieu, Chantal, Mahmood, Tahir, Dunne, Fidelma, Bogaerts, Annick

**Abstract:** Paralleling the global epidemic of obesity figures in the general population, the incidence of maternal obesity (BMI>30kg/m² at the start of pregnancy) has been rising over the last world. While most European countries do not systematically report obesity figures in their pregnant population, the prevalence of maternal obesity varies from 7 to 25% and seems strongly related to social and educational inequalities. Obesity during pregnancy represents an important preventable risk factor for adverse pregnancy outcomes and is associated with negative long-term health outcomes for both mothers and offspring. These effects are often aggravated by the high incidence of abnormal glucose tolerance and excessive gestational weight gain found in this group. The main controversies around the management of the obese pregnant women are related to (1) the value of repeated weighing during pregnancy, (2) the optimal gestational weight gain to advise and the lifestyle messages to deliver in order to achieve this, (3) the optimal strategy and timing of screening for gestational diabetes (GDM) and (4) the optimal timing and mode of delivery. These controversies are reviewed in this review, with the exception of screening for gestational diabetes that is discussed extensively elsewhere in this issue (Benhalima et al.). An agenda for research is proposed with the hope that it will catch the attention of policy-makers and funders and ultimately lead to the development of European-wide evidence-based guidelines for clinicians. Copyright © 2016 Elsevier Ireland Ltd. All rights reserved.

**Source:** Medline

**Title:** Impact of obesity on recovery and pulmonary functions of obese women undergoing major abdominal gynecological surgeries.

**Citation:** Journal of clinical monitoring and computing, Jun 2016, vol. 30, no. 3, p. 333-339, 1573-2614 (June 2016)

**Author(s):** Moustafa, Ahmed A M, Abdelazim, Ibrahim A

**Abstract:** To determine impact of obesity on recovery parameters and pulmonary functions of women undergoing major abdominal gynecological surgeries. Eighty women undergoing major gynecological surgeries were included in this study. Anesthesia was induced by remifentanil bolus, followed by propofol and cisatracurium to facilitate oro-tracheal intubation and was maintained by balanced anesthesia of remifentanil intravenous infusion and sevoflurane in oxygen and air. Time from discontinuation of maintenance anesthesia to fully awake were recorded at 1-min intervals and time from discontinuation of anesthesia until patient was transferred to post-anesthesia care unit (PACU) and discharged from PACU was also recorded. Pulmonary function tests were performed before surgery and repeated 4 h, days 1, 2 and 3 post-operative for evaluation of forced vital capacity, forced expiratory volume in 1 s and peak expiratory flow rate. Occurrence of post-operative complications, re-admission to ICU, hospital stay and morbidities were also recorded. Induction of anesthesia using remifentanil bolus injection resulted in significant decrease of heart rate and arterial pressures compared to pre-operative and pre-induction values. Recovery times were significantly shorter in obese compared to morbidly obese women. Post-operative pulmonary
function tests showed significant deterioration compared to pre-operative measures but showed progressive improvement through first 3 post-operative days. Hospital stay was significantly shorter for obese compared to morbidly obese women. Obesity delays recovery from general anesthesia, adversely affects pulmonary functions and increases post-operative complications. Remifentanil infusion and sevoflurane could be appropriate combination for obese and morbidly obese women undergoing major surgeries.

Source: Medline
Paediatric and Adolescent Gynaecology

Title: Growing the North American Society for Pediatric and Adolescent Gynecology-Thirty Years in the Making.

Citation: Journal of pediatric and adolescent gynecology, Jun 2016, vol. 29, no. 3, p. 211-213, 1873-4332 (June 2016)

Author(s): Sanfilippo, Joseph S

Source: Medline

Title: Does an Advanced Pelvic Simulation Curriculum Improve Resident Performance on a Pediatric and Adolescent Gynecology Focused Objective Structured Clinical Examination? A Cohort Study.

Citation: Journal of pediatric and adolescent gynecology, Jun 2016, vol. 29, no. 3, p. 276-279, 1873-4332 (June 2016)

Author(s): Dumont, Tania, Hakim, Julie, Black, Amanda, Fleming, Nathalie

Abstract: To determine the effect of an advanced pelvic simulation curriculum on resident performance on a pediatric and adolescent gynecology (PAG) focused objective structured clinical examination (OSCE). Obstetrics and gynecology residents in a single academic Canadian center participated in a PAG simulation curriculum. An OSCE on prepubertal vaginal bleeding was administered at the biannual OSCE examination 2 months before the simulation curriculum and again 3 months after the simulation curriculum. Academic half-day at the University of Ottawa Skills and Simulation Centre. Obstetrics and gynecology residents from the University of Ottawa. Participants completed 4 stations teaching PAG-appropriate history-taking, genital examination, Tanner staging, vaginal sampling and flushing, hymenectomy, vaginoscopy, laparoscopic adnexal detorsion, and approach to the child and/or adolescent. Advanced pelvic models were used for procedure-specific stations. The primary outcome measure was change in mean score on a prepubertal vaginal bleeding OSCE station. Secondary outcome measures were changes in individual component scores. Fourteen residents completed the simulation curriculum and the PAG OSCE at the 2 separate time points (before and after simulation curriculum). The mean OSCE score before the simulation curriculum was 54.6% (20.5 of 37) and mean score after the curriculum was 78.1% (28.9 of 37; P < .001). Significant score increases were found in history-taking, examination, differential diagnosis, identification of organism, surgical procedures, and identification of foreign body (P < .01 for all). This innovative PAG simulation curriculum significantly increased residents' knowledge in PAG history-taking, examination skills, operative procedures, and approach to the child and/or adolescent. Obstetrics and Gynecology Program Directors should consider incorporating PAG simulation training into their curriculum to ensure that residents meet their learning objectives and increase their knowledge and confidence, which will ultimately benefit patient care. Copyright © 2015 North American Society for Pediatric and Adolescent Gynecology. Published by Elsevier Inc. All rights reserved.

Source: Medline
Title: Pediatric and Adolescent Gynecology in Europe: Clinical Services, Standards of Care, and Training.

Citation: Journal of pediatric and adolescent gynecology, Jun 2016, vol. 29, no. 3, p. 299-303, 1873-4332 (June 2016)

Author(s): Richmond, Anna, Priyanka, Sweta, Mahmood, Tahir, MacDougall, Jane, Wood, Paul

Abstract: To identify current clinical services and training available across Europe within pediatric and adolescent gynecology (PAG) and establish the extent to which PAG services meet current European Board and College of Obstetrics and Gynecology (EBCOG) standards. Quantitative and qualitative questionnaire. European countries that are members of the EBCOG and the European Association of Pediatric and Adolescent Gynecology. Thirty-six countries that were approached beginning in September 2013; data were obtained from 27 countries. Questionnaires with 28 stems were sent to clinical leaders in 36 European countries. National society, national standards, legislation for female genital mutilation, protocols for transition to adult services, human papilloma virus vaccination programs, sex and contraception education, safeguarding, clinical leads for PAG, delivery of PAG services, and training available for PAG. Of 36 countries, 27 responded. Seventy-seven percent had a national PAG society but only 44% had national standards in PAG. There was agreement that PAG cases should be multidisciplinary but not all have clinical networks in place to facilitate this. Human papilloma virus programs are available in some European countries and not all have legislation against female genital mutilation. A significant proportion of cases continue to be seen in adult gynecology clinics as opposed to designated PAG clinics with only 41% with processes to transfer patients into adult care. In this article we provide a framework to explore areas for improvement within PAG services and training across Europe. The EBCOG standards of care are not being adhered to in many countries because processes and clinical networks are not in place to facilitate them. Crown Copyright © 2015. Published by Elsevier Inc. All rights reserved.

Source: Medline
Evaluation of an Electronic Consultation Service in Obstetrics and Gynecology in Ontario.

Citation: Obstetrics and gynecology, Jun 2016, vol. 127, no. 6, p. 1033-1038, 1873-233X (June 2016)

Author(s): Shehata, Fady, Posner, Glenn, Afkham, Amir, Liddy, Clare, Keely, Erin

Abstract: To describe the effectiveness of an electronic consultation (eConsult) service by examining the number of traditional referrals that were avoided as a result of the service, to characterize the type and content of the clinical questions being asked, and to describe the time required for the specialist to complete each eConsult. This is a retrospective electronic chart review study. All eConsults directed to obstetrics and gynecology from July 2011 to January 2015 were reviewed. Each eConsult was categorized by clinical topic and question type in predetermined categories. Mandatory post-eConsult surveys for primary care providers were analyzed to determine the number of traditional consults avoided and to gain insight into the perceived value of eConsults. The amount of time reported by the specialist to answer each eConsult was analyzed. A total of 394 of 5,597 eConsults were directed to obstetrics and gynecology (7.0%). In 34.3% of eConsults, primary care providers indicated that a traditional consult was avoided. Pregnancy issues and gynecologic cancer screening issues were the most common queries. Primary care providers highly valued the eConsult and the majority of eConsults were completed within 15 minutes (98.8%). Electronic consultations were effective at reducing the number of traditional consults requested over 3.5 years. This initiative has potential to reduce current wait times for traditional consultation in Canada and to make the consultation process more effective. The service was feasible and well-received by primary care providers.

Source: Medline

Medical Device Approvals Through the Premarket Approval Pathway in Obstetrics and Gynecology From 2000 to 2015: Process and Problems.

Citation: Obstetrics and gynecology, Jun 2016, vol. 127, no. 6, p. 1110-1117, 1873-233X (June 2016)

Author(s): Walter, Jessica R, Hayman, Emily, Tsai, Shelun, Ghobadi, Comeron W, Xu, Shuai

Abstract: Recent controversies surrounding obstetrics and gynecology devices, including a permanent sterilization device, pelvic meshes, and laparoscopic morcellators, highlight the need for deeper understanding of obstetrics and gynecology medical device regulation. The U.S. Food and Drug Administration premarket approval database was queried for approvals assigned to the obstetrics and gynecology advisory committee from January 2000 to December 2015. Eighteen device approvals occurred in the time period studied. The most common clinical indications included endometrial ablation (33%), contraception (28%), and fetal monitoring (17%). The median approval time was 290 days (range 178-1,399 days). Regarding the pivotal trials leading to approval, there were 11 randomized controlled trials, one randomized crossover study, five nonrandomized prospective studies, and two human factor studies. Fourteen devices (78%) met their primary clinical efficacy endpoint. Only 12 of 18 devices were required to conduct postmarket surveillance. A significant proportion of devices (42%) were approved on the basis of nonrandomized controlled trials. Three devices have been withdrawn after approval, all of which were either not referred or
not recommended for approval by the obstetrics and gynecology advisory committee. Of the three devices withdrawn from the market, two failed to demonstrate clinical benefit in their pivotal trials. One device was not required to undergo postmarketing surveillance and was subsequently withdrawn as a result of patient safety concerns. Our results reveal significant weaknesses in the preapproval and postapproval regulation of high-risk obstetrics and gynecology devices. Greater specialty group involvement is necessary to ensure the development of safe and clinically effective devices.

Source: Medline

Full Text: Available from Ovid in Obstetrics and Gynecology

Title: Assessment of Sexual Function in Infertile Women in a Gynecological Care Setting.

Citation: The journal of sexual medicine, Jun 2016, vol. 13, no. 6, p. 938-944, 1743-6109 (June 2016)

Author(s): Lara, Lúcia Alves da Silva, Coelho Neto, Marcela de Alencar, Martins, Wellington de Paula, Ferriani, Rui Alberto, Navarro, Paula Andrea

Abstract: Infertility has a high prevalence worldwide. There is also a high prevalence of sexual problems, mainly in gynecological care settings, but many women are unlikely to discuss sexual problems with their physicians. To verify how second-year gynecology residents (SGRs) assess the sexual function of infertile women who are undergoing assisted reproductive techniques (ART) at a single infertility tertiary care center in Brazil. Medical records of patients. This retrospective cohort study evaluated all medical records of women who underwent in vitro fertilization (IVF) or intracytoplasmic sperm injection (ICSI) between January 2011 and December 2012 at a fertility clinic of the Hospital das Clinicas of Ribeirão Preto Medical School, University of São Paulo. A total of 616 women underwent ART during the study period. The mean patient age was 34.5 ± 4.4 years, mean weight was 65.6 ± 12.4 kg, mean height was 163 ± 0.6 cm, and mean body mass index (BMI) was 24.8 ± 4.3 kg/m². We classified the methods that medical residents used to assess the sexual frequency of these women as a numerical method, by categorization, or none (no assessment). A total of 26.7% (n = 166) of the SGRs did not assess female sexual function and 26.2% (n = 163) made assessments using categorization. SGRs who used a numerical method rather than categorization to classify the sexual frequency of their female patients were more likely to record answers to other questions on sexual desire, arousal, and orgasm. SGRs typically do not assess female sexual function in infertile couples. There was considerable heterogeneity among SGRs in their assessment of coital frequency and female sexual function. Copyright © 2016 International Society for Sexual Medicine. Published by Elsevier Inc. All rights reserved.

Source: Medline
Title: Hysterectomy for benign disease: clinical practice guidelines from the French College of Obstetrics and Gynecology.


Author(s): Deffieux, Xavier, Rochambeau, Bertrand de, Chene, Gautier, Gauthier, Tristan, Huet, Samantha, Lamblin, Géry, Agostini, Aubert, Marcelli, Maxime, Golfier, François

Abstract: The objective of the study was to draw up French College of Obstetrics and Gynecology (CNGOF) clinical practice guidelines based on the best available evidence concerning hysterectomy for benign disease. Each recommendation for practice was allocated a grade, which depends on the level of evidence (clinical practice guidelines). Hysterectomy should be performed by a high-volume surgeon (>10 hysterectomy procedures per year) (gradeC). Stimulant laxatives taken as a rectal enema are not recommended prior to hysterectomy (gradeC). It is recommended to carry out vaginal disinfection using povidone-iodine solution prior to hysterectomy (grade B). Antibiotic prophylaxis is recommended during hysterectomy, regardless of the surgical approach (grade B). The vaginal or laparoscopic approach is recommended for hysterectomy for benign disease (grade B), even if the uterus is large and/or the patient is obese (gradeC). The choice between these two surgical approaches depends on other parameters, such as the surgeon's experience, the mode of anesthesia, and organizational constraints (duration of surgery and medical economic factors). Vaginal hysterectomy is not contraindicated in nulliparous women (gradeC) or in women with previous cesarean section (gradeC). No specific hemostatic technique is recommended with a view to avoiding urinary tract injury (gradeC). In the absence of ovarian disease and a personal or family history of breast/ovarian carcinoma, the ovaries should be preserved in pre-menopausal women (grade B). Subtotal hysterectomy is not recommended with a view to reducing the risk of peri- or postoperative complications (grade B). The application of these recommendations should minimize risks associated with hysterectomy. Copyright © 2016 Elsevier Ireland Ltd. All rights reserved.

Source: Medline

Title: Effectiveness of local anesthetic on postoperative pain in different levels of laparoscopic gynecological surgery.

Citation: Archives of gynecology and obstetrics, Jun 2016, vol. 293, no. 6, p. 1279-1285, 1432-0711 (June 2016)

Author(s): Selcuk, Selcuk, Api, Murat, Polat, Mesut, Arinkan, Arzu, Aksoy, Bilge, Akca, Tijen, Karateke, Ates

Abstract: The aim of this study was to assess the effects of preemptive and preclosure analgesia on postoperative pain intensity in patients undergoing different levels of laparoscopic surgery. Two hundred and twenty-six patients who underwent laparoscopic gynecological surgery were enrolled in this quasi-randomized, prospective, placebo controlled study. The operations were classified as level 1 or level 2 according to the extent of the surgery. Lidocaine 1 % was administered at the port sites before making the incision in the preincisional study group. In preincisional control group, same amount of saline was infiltrated in same manner. Lidocaine 1 % was infiltrated at the port site immediately after removing the trocars in preclosure study group. In preclosure control group, the same amount of saline was infiltrated in the same manner. Postoperative pain intensity was evaluated by linear visual analogue scale. It was found that preclosure lidocaine infiltration was more effective on postoperative pain intensity than its placebo group in level 1 and level 2 surgery.
groups at 1 and 2 h postoperatively. The administration of preincisional lidocaine improved postoperative pain scores significantly more than its placebo group in level 1 laparoscopic surgery group at 1 and 2 h postoperatively and in level 2 laparoscopic surgery group at 1 h postoperatively. Lidocaine infiltration at port sites had beneficial effects on pain intensity in the early postoperative period after laparoscopic gynecological surgery. However, the results of present study showed that the analgesic effect mechanism of local anesthetic was unrelated to the preemptive analgesia hypothesis.

**Title**: Osteopathic manipulative treatment in gynecology and obstetrics: A systematic review.

**Citation**: Complementary therapies in medicine, Jun 2016, vol. 26, p. 72-78, 1873-6963 (June 2016)

**Author(s)**: Ruffini, Nuria, D'Alessandro, Giandomenico, Cardinali, Lucia, Frondaroli, Franco, Cerritelli, Francesco

**Abstract**: The aim of the review was to evaluate the effects of the osteopathic manipulative treatment (OMT) on women with gynaecological and obstetric disorders. An extensive search from inception to April 2014 was conducted on MEDLINE, Embase, the Cochrane library using MeSH and free terms. Clinical studies investigating the effect of OMT in gynaecologic and obstetric conditions were included as well as unpublished works. Reviews and personal contributions were excluded. Studies were screened for population, outcome, results and adverse effects by two independent reviewers using an ad-hoc data extraction form. The high heterogeneity of the studies led to a narrative review. 24 studies were included (total sample=1840), addressing back pain and low back functioning in pregnancy, pain and drug use during labor and delivery, infertility and subfertility, dysmenorrhea, symptoms of (peri)menopause and pelvic pain. Overall, OMT can be considered effective on pregnancy related back pain but uncertain in all other gynaecological and obstetrical conditions. Only three studies (12.5%) mentioned adverse events after OMT. Although positive effects were found, the heterogeneity of study designs, the low number of studies and the high risk of bias of included trials prevented any indication on the effect of osteopathic care. Further investigation with more pragmatic methodology, better and detailed description of interventions and systematic reporting of adverse events are recommended in order to obtain solid and generalizable results. Copyright © 2016 Elsevier Ltd. All rights reserved.

**Title**: Position statement from the European Board and College of Obstetrics & Gynaecology (EBCOG): The use of medicines during pregnancy - call for action.

**Citation**: European journal of obstetrics, gynecology, and reproductive biology, Jun 2016, vol. 201, p. 189-191, 1872-7654 (June 2016)

**Author(s)**: Van Calsteren, Kristel, Gersak, Ksenija, Sundseth, Hildrun, Klingmann, Ingrid, Dewulf, Lode, Van Assche, André, Mahmood, Tahir

**Abstract**: Less than 10% of medicines approved by the FDA since 1980 have provided enough information as regards risks for birth defects associated with their use (Adam et al. (2011) [1]). Nevertheless, it is estimated that over 90% of pregnant women take over-the-counter (OTC) or prescription medication (Ke et al., 2014 [2]). Considering the fact that the use of medication in the period before conception and during lactation can also influence the development of the child, information on the impact of their usage during reproductive life is important for everyone. The lack of clear information on this topic results in situations where life-saving medication is discontinued, withheld or used in a reduced dosage by pregnant women, while on the other hand medicines with (potential) toxic effects are taken. This is unacceptable and it is a major public concern that must be
addressed. Currently, Europe lacks a robust and comprehensive information system about medication use in reproductive life (from preconception, during pregnancy and during lactation). In order to improve maternal health, and subsequently the health of our next generation, reliable and up to date information should be made available. It should be readily accessible for both health care providers and women who are considering getting pregnant or who are already pregnant. In order to tackle this gap in public health, this paper describes current knowledge of the use of medicines before and during pregnancy. It calls upon all stakeholders involved in medical care, research and medicine regulation, such as policy makers, regulators and governmental agencies, to take action to protect patients and improve public health. Copyright © 2016 Elsevier Ireland Ltd. All rights reserved.

Source: Medline
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<th><strong>Evidently Cochrane</strong></th>
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<td>Women’s Health topic aims to make Cochrane evidence really accessible, and to encourage discussion about it, through weekly blogs, which usually feature new or updated Cochrane reviews on a health topic. Sometimes we have a special week with multiple blogs on one topic. It is for everyone who is interested in finding and using the best quality evidence to inform decisions about health.</td>
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Quick Exercise

Match the diagrams to the corresponding research designs.

1. Group of interest (e.g. smokers) Follow over time
   Comparison group (e.g. non-smokers) Follow over time
   Compare outcomes

2. Treatment Group Follow-up
   Control Group Follow-up
   Random assignment
   Compare results

3. Group of interest (e.g. cancer patients)
   Take histories
   Compare histories
   Draw conclusions
   Take histories

A: Randomised Controlled Trial
B: Cohort Study
C: Case-control Study

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