

Gynaecology

Current Awareness Newsletter

March 2017

(Bimonthly)



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Training Calendar 2017

All sessions are 1 hour

<u>April</u>	(12pm - 1pm)
Thurs 6th	Literature Searching
Mon 10th	Critical Appraisal
Tues 18th	Interpreting Statistics
Thurs 27th	Literature Searching

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Latest Evidence

NICE National Institute for
Health and Care Excellence

No new evidence



[Fresh versus frozen embryo transfers in assisted reproduction](#)

Kai Mee Wong, Madelon van Wely, Femke Mol, Sjoerd Repping, Sebastiaan Mastenbroek

Online Publication Date: March 2017

Review

A full review, complete with results and discussion, possibly including meta-analyses to combine results across studies.

Intervention

A systematic review of studies assessing an intervention for a health problem.

[Glucocorticoid supplementation during ovarian stimulation for IVF or ICSI](#)

Theodoros Kalampokas, Zabeena Pandian, Stephen D Keay, Siladitya Bhattacharya

Online Publication Date: March 2017

A full review, complete with results and discussion, possibly including meta-analyses to combine results across studies.

Intervention

A systematic review of studies assessing an intervention for a health problem.

[Risk of endometrial cancer in women treated with ovary-stimulating drugs for subfertility](#)

Alkistis Skalkidou, Theodoros N Sergentanis, Spyros P Gialamas, Marios K Georgakis, Theodora Psaltopoulou, Marialena Trivella, Charalampos S Siristatidis, Evangelos Evangelou, Eleni Petridou

Online Publication Date: March 2017

Review

A full review, complete with results and discussion, possibly including meta-analyses to combine results across studies.

Intervention

A systematic review of studies assessing an intervention for a health problem.

[Washout policies in long-term indwelling urinary catheterisation in adults](#)

Ashley J Shepherd, William G Mackay, Suzanne Hagen

Online Publication Date: March 2017

New search

A new search for studies has been conducted.

Review

A full review, complete with results and discussion, possibly including meta-analyses to combine results across studies.

Intervention

A systematic review of studies assessing an intervention for a health problem.

[Non-contraceptive oestrogen-containing preparations for controlling symptoms of premenstrual syndrome](#)

Bushra Naheed, Jan Herman Kuiper, Olalekan A Uthman, Fidelma O'Mahony, Patrick Michael Shaughn O'Brien

Online Publication Date: March 2017



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Contributor Disclosures

All topics are updated as new evidence becomes available and our [peer review process](#) is complete.

Literature review current through: Mar 2017. | **This topic last updated:** Apr 14, 2017.

The following represent additions to UpToDate from the past six months that were considered by the editors and authors to be of particular interest. The most recent What's New entries are at the top of each subsection.

OFFICE GYNECOLOGY

IUD use does not impact human papillomavirus infection (March 2017)

A reduction in cervical cancer rates among intrauterine device (IUD) users has been observed and attributed to favorable effects of the device on human papillomavirus (HPV) clearance. However, a prospective cohort study that controlled for sexual and behavioral confounders reported no difference in HPV acquisition or clearance among women and girls with or without an IUD [23]. Thus, IUD use does not appear to impact HPV infection. (See ["Intrauterine contraception: Devices, candidates, and selection", section on 'IUDs cause infection'.](#))

USPSTF statement on routine pelvic examination (March 2017)

Routine pelvic examination in asymptomatic women is controversial. The US Preventive Services Task Force (USPSTF) recently published a statement that evidence is insufficient to assess the balance of benefits and harms of performing screening pelvic examinations in asymptomatic, nonpregnant adult women [24]. In 2014, the American College of Physicians (ACP) recommended against such examinations. In 2012, the American College of Obstetricians and Gynecologists (ACOG) recommended annual pelvic examination in nonpregnant women age 21 years or older and is now reviewing its policy in response to the USPSTF statement. As few data about the benefit and harms of routine pelvic examinations are available, we suggest shared decision-making between the patient and clinician. (See ["The gynecologic history and pelvic examination", section on 'Indications and frequency for examination'.](#))

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Journal Tables of Contents

Click on the hyperlinked title (+ Ctrl) for contents. If you would like any of the papers in full then please email the library: library@uhbristol.nhs.uk

Journal	Month	Volume	Issue
British Journal of Obstetrics and Gynaecology	March 2017	124	4
International Journal of Gynaecology and Obstetrics	March 2017	136	3
Obstetrics and Gynaecology	March 2017	129	3
International Urogynecology Journal	March 2017	28	3
Gynecologic Oncology	March 2017	144	3
Human Reproduction Update	Mar/Apr 2017	23	2



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Health Education England

Exercise: Sensitivity and Specificity

Sensitivity:

If a person has a disease, how often will the test be positive (true positive rate)?

If the test is highly sensitive and the test result is negative you can be nearly certain that they don't have disease.

Specificity:

If a person does not have the disease how often will the test be negative (true negative rate)?

If the test result for a highly specific test is positive you can be nearly certain that they actually have the disease.

Quick Quiz:

1. A very sensitive test, when negative, helps you:

- a: Rule-in disease
- b: Rule-out disease
- c: Confuse medical students
- d: Save money

2. A test which is highly specific, when positive, helps you:

- a: Rule-in disease
- b: Rule-out disease
- c: Confuse medical students
- d: Save money

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Current Awareness Database Articles

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1. Surgical treatment of adhesion-related chronic abdominal and pelvic pain after gynaecological and general surgery: a systematic review and meta-analysis.

Author(s): van den Beukel, Barend A; de Ree, Roy; van Leuven, Suzanne; Bakkum, Erica A; Strik, Chema; van Goor, Harry; Ten Broek, Richard P G

Source: Human reproduction update; Mar 2017 ; p. 1-13

Publication Date: Mar 2017

Publication Type(s): Journal Article

Abstract:BACKGROUND Chronic pain is a frequent post-operative complication, affecting ~20-40% of patients who have undergone surgery of the female genital or alimentary tract. Chronic pain is an important risk factor for diminished quality of life after surgery. Adhesions are frequently associated with chronic post-operative pain; however, surgical treatment of adhesion-related pain is controversial.OBJECTIVE AND RATIONALE The aim of this study was to investigate the efficacy and harms of surgical interventions for chronic post-operative pain attributable to adhesions.SEARCH METHODSDSA search was conducted using PubMed, EMBASE and CENTRAL, without restrictions pertaining to date, publication status or language. Randomized trials and cohort studies from all surgical interventions for chronic post-operative pain were considered eligible. Patients with a concomitant diagnosis that could cause chronic pain (e.g. endometriosis or inflammatory conditions) were excluded. Outcome measures were graded according to clinical relevance, with improvement of pain at long-term follow-up regarded as most clinically relevant.OUTCOMESA total of 4294 unique citations were identified, of which 13 studies met the criteria for inclusion. Two of the analysed studies were randomized trials, of which one had a low risk of bias. Only one trial, randomizing between laparoscopic adhesiolysis without an adhesion barrier and diagnostic laparoscopy, reported improvement of pain at long-term follow-up. In this trial, pain improved in 55.8% of patients after adhesiolysis and in 41.7% of patients in the control group; however, the difference was not significant (relative risk (RR) 1.34; 95% CI: 0.89-2.02). Most non-randomized studies had mid-length follow-up (6-12 months). In pooled analyses of trials and non-randomized studies, improvement of pain was reported in 72% of patients who underwent adhesiolysis (95% CI: 61-83%) at any follow-up longer than 3 months. The incidence of negative laparoscopies was 20% (95% CI: 10-30%). The overall incidence of complications following laparoscopic adhesiolysis was 4% (95% CI: 1-6%).WIDER IMPLICATIONSLaparoscopic adhesiolysis reduces pain from adhesions in ~70% of patients in the initial phase after treatment. However, there is little evidence for long-term efficacy of adhesiolysis for chronic pain. Other drawbacks of laparoscopic adhesiolysis are the high rate of negative laparoscopies and the risk of bowel injury. At present, there is little evidence to support routine use of adhesiolysis in treatment for chronic pain. New research is needed to investigate whether the results of adhesiolysis can be improved with new techniques for diagnosis and prevention of adhesion reformation.

Database: Medline

2. Robot-assisted surgery in gynecological oncology: current status and controversies on patient benefits, cost and surgeon conditions - a systematic review.

Author(s): Kristensen, Steffen E; Mosgaard, Berit J; Rosendahl, Mikkel; Dalsgaard, Tórir; Bjørn, Signe F; Frøding, Ligita P; Kehlet, Henrik; Høgdall, Claus K; Lajer, Henrik

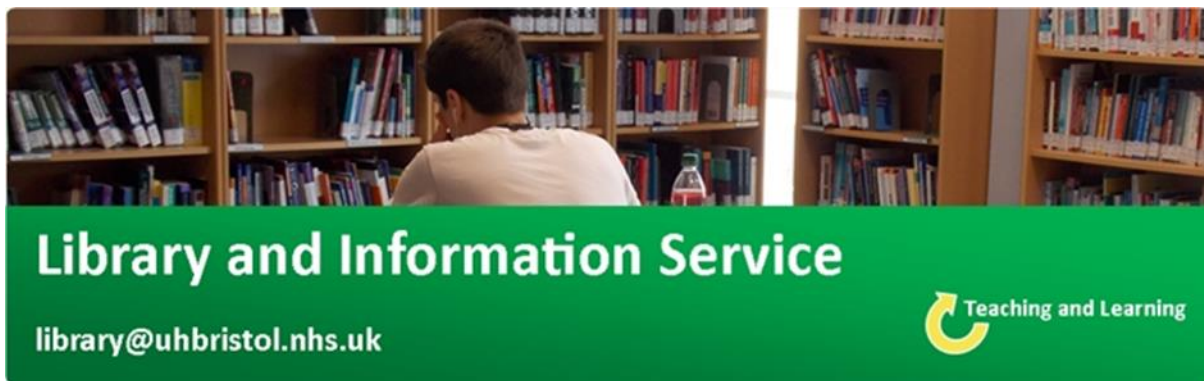
Source: Acta obstetricia et gynecologica Scandinavica; Mar 2017; vol. 96 (no. 3); p. 274-285

Publication Date: Mar 2017

Publication Type(s): Journal Article Review

Abstract:INTRODUCTIONRobot-assisted surgery has become more widespread in gynecological oncology. The purpose of this systematic review is to present current knowledge on robot-assisted surgery, and to clarify and discuss controversies that have arisen alongside the development and deployment.MATERIAL AND METHODS A database search in PubMed and EMBASE was performed up until 4 March 2016. The search strategy was developed in collaboration with an information specialist, and by application of the PRISMA guidelines. Human participants and English language were the only restrictive filters applied. Selection was performed by screening of titles and abstracts, and by full text scrutiny. From 2001 to 2016, a total of 76 references were included.RESULTS Robot-assisted surgery in gynecological oncology has increased, and current knowledge supports that the oncological safety is similar, compared with previous surgical methods. Controversies arise because current knowledge does not clearly document the benefit of robot-assisted surgery, on perioperative outcome compared with the increased costs of the acquisition and application.CONCLUSIONSThe rapid development in robot-assisted surgery calls for long-term detailed prospective cohorts or randomized controlled trials. The costs associated with acquisition, application, and maintenance have an unfavorable impact on cost-benefit evaluations, especially when compared with laparoscopy. Future developments in robot-assisted surgery will hopefully lead to competition in the market, which will decrease costs.

Database: Medline



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