Same-Day Discharge Safe in Lap. Hysterectomy

BY SHERRY BOSCHERT

FROM THE ANNUAL MEETING OF THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

SAN FRANCISCO — Only 0.6% of 528 women who were discharged from the hospital the same day that they underwent a laparoscopic hysterectomy were readmitted within 48 hours, and 3.8% were readmitted within 3 months, results of a retrospective study found.

Using previous large studies on hysterectomies as a reference, any readmission rate less than 6% could be considered acceptable, and readmission rates in the current study were significantly lower than that, Dr. Miya Yamamoto reported in a prize-winning poster. Same-day discharge after laparoscopic hysterectomy appears to be safe, and could significantly decrease costs and health care use by eliminating postprocedure hospital stays, she and her colleagues said.

Hysterectomy is the most common gynecologic surgery in the United States, and an increasing number are being performed laparoscopically. No previous large studies have evaluated the safety of same-day discharge after laparoscopic hysterectomy. Many patients are admitted for an overnight hospital stay after the procedure, but a growing number are discharged on the same day, they said.

Dr. Yamamoto of Oakland, Calif., and her associates at Kaiser Permanente Northern California studied records on women at their institutions who underwent a laparoscopic hysterectomy for benign indications in 2007-2009 and were discharged the same day. The surgeries were performed by generalists in ob.gyn. and included 287 supracervical laparoscopic hysterectomies and 241 total

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laparoscopic hysterectomies. Overall, 1.5% had urgent clinic visits after their hysterectomy and discharge. Four percent visited the emergency department within 48 hours of the procedure, mainly for nausea or vomiting, urinary retention, or pain.

Of patients who underwent supracervical laparoscopic hysterectomy, 0.7% were readmitted within 48 hours, and 3.4% within 3 months. In those who underwent total laparoscopic hysterectomy, 0.4% were readmitted within 48 hours, and 4.1% within 3 months. The two subgroups did not differ significantly in any outcomes.

Records from the hysterectomies showed a mean operating time of 157 minutes, a median estimated blood loss of 50 mL, and a mean uterine weight of 222 g. Hysterectomies were performed because of fibroids in 46% of patients, for menorrhagia in 27%, for pain in 15%, and for other reasons in 12%.

Patients in the current study had a median age of 45 years and a median body mass index of 28 kg/m^2; 35% had a BMI greater than 30. ■

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Major Finding: Among 287 patients who underwent supracervical laparoscopic hysterectomy, only 0.7% were readmitted within 48 hours, and 3.4% within 3 months. Among 241 patients who underwent total laparoscopic hysterectomy, only 0.4% were readmitted within 48 hours, and 4.1% within 3 months.

Data Source: Retrospective case series of all women undergoing a laparoscopic hysterectomy for benign indications, performed by ob.gyn. generalists.

Disclosures: None was reported.

Fortified OC Raised Blood Folate Levels

BY SHERRY BOSCHERT

FROM THE ANNUAL MEETING OF THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

SAN FRANCISCO — A folate-fortified oral contraceptive significantly improved folate levels in red blood cells and plasma compared with a conventional oral contraceptive after 24 weeks, in a preliminary randomized, double-blind trial of 379 healthy U.S. women seeking contraception.

The study randomized 94 women to take the oral contraceptive Yaz (ethinyl estradiol 0.02 mg plus 3 mg drospirenone) and 285 women to take an experimental version of Yaz that also contained 0.451 mg levomefolate calcium, the calcium salt of L-5-methyltetrahydrofolate, the most prevalent form of dietary folate. During each of six treatment cycles, they got fortified Yaz or conventional Yaz for 24 days, followed by 4 days of levomefolate calcium alone in the fortified group or placebo in the control group.

Seventy women in the control group and 203 in the fortified group completed the 24 weeks of treatment, at which time average red blood cell folate levels were 1,406 nmol/L in the fortified group and 1,024 nmol/L in the control group. Plasma folate levels averaged 61 nmol/L in the fortified group and 41 nmol/L in the control group, Dr. Stephan Bart reported at the meeting.

The differences between groups were statistically significant, said Dr. Bart, a contract researcher at SNBL Clinical Pharmacology Center, Baltimore. Overall rates of adverse events were similar between groups.

The study did not restrict the use of additional folate-containing supplements, and U.S. women generally consume folate-fortified foods, emphasizing that a folate-fortified contraceptive could increase folate levels even in populations already exposed to sources of folate, he noted.

"These results support the concept that folate-fortified oral contraceptives would improve the folate status of all women of childbearing potential," Dr. Bart said.

Among the women, aged 18-40 years, one or more adverse events were reported in 56% of the fortified group and 57% of the control group. Most adverse events were mild or moderate in intensity and consisted mainly of upper respiratory tract infections (10% of each group) or increases in low-density lipoprotein cholesterol (6% of the fortified group and 9% of the control group), Dr. Bart said. ■

Disclosures: *Bayer Healthcare Pharmaceuticals, which markets Yaz and is developing the folate-fortified version, funded the trial and Dr. Bart's travel to the meeting. His associates in the study all were employees of divisions of Bayer.*