

Less Nausea With Intraabdominal Uterine Repair

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BANFF, ALTA. — Compared with extraabdominal uterine repair after cesarean section, the intraabdominal technique is associated with significantly less nausea and should be considered as the primary method for uterine repair, according to Dr. Jeanette Lager of the University of North Carolina at Chapel Hill.

“Uterine exteriorization is advantageous when exposure is difficult and many surgeons believe it is easier and more efficient,” said Dr. Lager, who presented her findings at the annual meeting of the Society of Obstetric Anesthesia and Perinatology. Opposition to uterine exteriorization centers on concerns about hemodynamic instability, possible trauma to the uterine structures, and the poten-

tial for increased nausea, she said.

In her double-blinded, randomized trial, Dr. Lager found no difference between the two techniques in hemodynamic stability and estimated blood loss, although the intraabdominal technique was associated with a slightly longer operative time. “However, the difference was 7 minutes from skin [incision] to skin [closure] and 1 minute for uterine closure, so one could argue whether this is actually clinically significant,” she commented.

In terms of nausea, measured on a visual analog scale (VAS) ranging from 0 to 10, with 0 representing no nausea, mean nausea scores were considerably less in the 35 patients randomized to intraabdominal repair (2.3), compared with the 36 who received external repairs (4.6), she said. In addition, the rate of moderate to severe nausea was significantly lower in the intraabdominal group (35% vs. 67%). The intraabdominal group also used fewer antiemetics (18% vs. 23%) although this

was not statistically significant, and VAS pain scores also showed a nonsignificant trend favoring the intraabdominal group, Dr. Lager said.

“Nausea is one of the most common concerns during cesarean delivery, second only to pain, and can interfere with uterine repair” if the patient is retching, she said, noting that according to an informal review at her hospital, 40% of women are pretreated or require treatment for nausea intraoperatively. ■

Thimerosal in Pregnancy Not Tied to Autism

Exposure to thimerosal-containing Rh immunoglobulin during pregnancy is not associated with an increased risk of having a child with an autism spectrum disorder, said Dr. Judith H. Miles and T. Nicole Takahashi.


Overall, 214 mothers of 230 children receiving treatment for an autism spectrum disorder at the autism clinic at the University of Missouri–Columbia were not more likely to be Rh-negative than were 65 mothers of children receiving other medical genetic treatment there (15.4% vs. 15.4%), said Dr. Miles and Ms. Takahashi of the university (*Am. J. Med. Genet. A* 2007;doi:10.1002/ajmg.a.31846).

The proportion of Rh-negative women was similar among other controls, including 15.2% among all patients at the university hospital whose blood was typed between April 1, 2005, and March 31, 2006, and 17.7% among blood donors at the Missouri Illinois Regional Red Cross in calendar year 2005, they reported.

Mothers of children with an autism spectrum disorder were also not more likely than the control patients receiving other medical genetic treatment to have been exposed to antepartum thimerosal-containing Rh immunoglobulin (13.9% vs. 14.8% of those pregnant prior to 2002) or to have an Rh-incompatible pregnancy (61% vs. 50%).

These findings provide further evidence that exposure to ethylmercury in thimerosal does not explain the increased prevalence of autism in recent years, the authors said. “We hope this report ... will offset some of the decreased compliance with immunization recommendations which is known to increase morbidity and mortality from childhood infectious diseases.” They also noted the importance of these findings for the international use of thimerosal-containing vaccines, which are more affordable because they allow the preservation of multidose vials.

—Melinda Tanzola



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1. ACOG Practice Bulletin, Clinical management guidelines for obstetrician-gynecologists. Number 61, April 2005. Human Papillomavirus. *Obstet Gynecol.* 2005;105:905-918.

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3. Wright TC, et al. Interim guidance for the use of human papillomavirus DNA testing as an adjunct to cervical cytology for screening. *Obstet Gynecol.* 2004;103:304-309.

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