

# Less Nausea With Intraabdominal Uterine Repair

BY KATE JOHNSON  
Montreal Bureau

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



With the Pap alone, you don't see the complete picture.

Even newer liquid-based cytology techniques can miss as much as 35% of CIN 3 or cancer.<sup>1</sup> But a Pap combined with the Digene® HPV Test\* detects the cause of high-grade cervical disease and cancer with sensitivity as high as 100%.<sup>2</sup> It can also identify women at risk of developing disease in the future.<sup>3</sup> So if you're not supplementing the Pap with the Digene HPV Test in women age 30 and older, imagine what you might be missing.


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

2. Lorincz AT, Richart RM. Human papillomavirus DNA testing as an adjunct to cervical screening programs. *Arch Pathol Lab Med.* 2003;127:959-968.

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.

\* “The Digene® HPV Test” was approved by the US FDA and is also known to laboratories and physicians as the “Hybrid Capture 2 High-Risk HPV DNA Test” and the “DNAwithPAP test.” This does not refer to the Digene® product that tests for several types of the virus commonly referred to as “low-risk” HPV, which is not associated with cervical cancer.

Digene and The Digene HPV Test are registered trademarks of Digene Corporation. DNAwithPAP and hc2 High-Risk HPV DNA Test are trademarks of Digene Corporation. © March 2006. Digene Corporation. 800-DIGENE1 • www.digene.com

 Digene  
**HPVtest™**  
Reduce the risk.