pH Testing Guards Against Postsurgical Infection

BY KATE JOHNSON Montreal Bureau

ST. LOUIS — The presence of bacterial vaginosis at the time of pelvic surgery can be easily detected if a patient's vaginal pH is checked in the operating room on the day of surgery, according to S. Robert Kovac, M.D.

"BV is associated with a much higher degree of cuff cellulitis, but if we test a patient 2 months or even 2 weeks before surgery, we have no way of knowing if

she has been effectively treated or reinfected by the time she comes back for surgery," he said at the 14th International Pelvic Reconstructive and Vaginal Surgery Conference.

A pH of more than 4.5 on the day of surgery indicates an abnormality, which is most commonly BV, said Dr. Kovac of Emory University, Atlanta, which sponsored the conference, along with the Society of Pelvic Reconstructive Surgeons.

Such patients should be treated therapeutically with 500 mg of Flagyl orally, twice a day for 5 days, starting on the second day after surgery. They also should receive the standard prophylaxis at the time

Measuring vaginal pH is a simple method for detecting abnormalities, but it is rarely done, he said, adding that it would be a useful self-test for patients who suspect a vaginal infection. If a woman thought she had a vaginal infection and could measure her vaginal pH, it would avoid mistreatment for yeast infections and a missed diagnosis of BV.

"A vaginal yeast infection would have a pH of 4.5 or less, whereas with a reading of 5.5 or 6, this is usually BV," Dr. Kovac

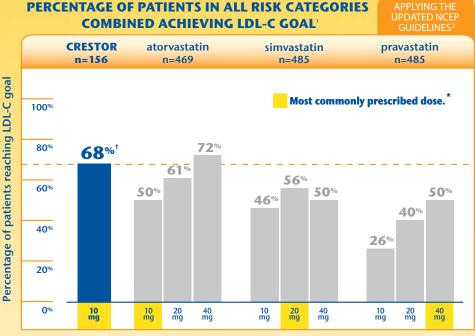
The pH test would also help physicians. "Many physicians even today don't look under the microscope in their own offices," he said.

"And even if they do, 50% of the time the bacteria that they expect to see may be there, but it is not detectable. The simplest thing to do is vaginal pH. It tells you a great deal," Dr. Kovac said.

MORE PATIENTS REACHED UPDATED LDL-C GOAL WITH CRESTOR

at a low 10-mg dose than atorvastatin 10 mg,

simvastatin 10 mg and 20 mg, and pravastatin 10 mg to 40 mg



LDL-C goal was <160 mg/dL, <130 mg/dL, <100 mg/dL, or <70 mg/dL, depending on individual risk factors.

Adapted from the STELLAR trial, part of the GALAXY clinical program for CRESTOR. STELLAR is a 6-week, multicenter, open-label, randomized, 15-arm trial comparing the efficacy and safety of CRESTOR with atorvastatin, simvastatin, and pravastatin in 2240 patients with Type IIa/IIb dyslipidemia.

*IMS National Prescription Audit; November 2003-October 2004.

P<.001 vs atorvastatin 10 mg; simvastatin 10 mg and 20 mg; pravastatin 10 mg to 40 mg.

PROVEN SAFETY similar to other leading statins⁴

- In preapproval clinical trials and postmarketing experience, CRESTOR has demonstrated a safety profile similar to other leading statins⁴⁻⁶
- Adverse reactions were usually mild and transient; the most frequent adverse events thought to be related to CRESTOR were myalgia (3.3%), constipation (1.4%), asthenia (1.3%), abdominal pain (1.3%), and nausea (1.3%)^{5,7}



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