

Monssel's Paste After LEEP: Good Results, Low Cost

BY JANE SALODOF MACNEIL
Southwest Bureau

SCOTTSDALE, ARIZ. — Monssel's paste produced less pain and worked faster than fulguration by a ball electrode in a randomized clinical trial comparing the two methods for achieving hemostasis after the loop electrosurgical excision procedure; the statistical advantages were not clinically significant, however.

"It basically comes down to either method is acceptable," Dr. Gary H. Lipscomb said at the annual meeting of the Central Association of Obstetricians and Gynecologists.

Dr. Lipscomb, director of the division of gynecologic specialties at the University of Tennessee Health Science Center in Memphis, and his coinvestigators compared the two methods in 100 women who underwent the loop electrosurgical excision procedure (LEEP) for cervical dysplasia.

They randomized the women by computer-driven numbers placed in sealed envelopes that were opened only after each patient agreed to participate in the study. Six patients (two randomized to Monssel's paste and four to ball electrode) required additional hemostasis with an alternative method.

In 47 women treated with Monssel's paste, physicians were able to stop bleeding in 118.7 seconds on average. Fulguration with 50 watts of modulated current passing through a 5-mm ball electrode took significantly longer at 207.5 seconds for 53 women in the other cohort. Dr. Lipscomb said the time difference, being little more than a minute, did not matter clinically.

Similarly, even though women randomized to Monssel's paste had significantly less pain statistically, he said neither group experienced much pain during the procedures. The average scores on a 100-mm visual analog scale were 2.2 with Monssel's paste and 11.1 with ball electrode. In both groups, the standard anesthesia protocol for the LEEP procedure called for 1% lidocaine with 1:100,000 epinephrine.

Although blood loss was slightly higher with fulguration at 20 mL, compared with

15 mL with Monssel's paste, the difference was not statistically significant. Vaginal discharge was similar with the two techniques. Follow-up information was available for less than a quarter of the patients, but no difference was observed in the recurrence of abnormal Pap smears.

Based on these outcomes, Dr. Lipscomb said physicians could feel comfortable choosing either Monssel's paste or ball electrode. He suggested the paste might have an additional advantage, not covered

in the study, because it is "dirt cheap."

Discussant Dr. Linda Brubaker congratulated Dr. Lipscomb for "a simple and sweet study" with an impact on a decision clinicians make every day.

Dr. Brubaker, director of female pelvic medicine and reconstructive surgery at Loyola University Medical Center in Maywood, Ill., said the trial "demonstrated the clinical utility of two common hemostatic techniques that most of us use based on training or habit." ■

Good Pregnancy Rates Seen After Tubal Surgery

SAN DIEGO — Pregnancies in 51% of 155 women surveyed after laparoscopic tubal reconstructive surgery suggest a success rate comparable with that seen after laparotomy to repair tubes, Dr. Liselotte Mettler said at an international congress of the Society of Laparoendoscopic Surgeons.

The responses came from 195 women who were sent questionnaires in June 2003, after undergoing laparoscopic tubal surgery during the period between 2000 and 2002. The surgeries were performed by two ob.gyn. specialists and five residents at one institution to treat ectopic pregnancy, unilateral or bilateral tubal occlusions, or tubes needing alteration, she said.

Six of eight patients who underwent tubal end-to-end anastomoses became pregnant after the tubal reversals, for a 75% success rate, "which I think is pretty good," said Dr. Mettler of the University of Schleswig-Holstein, Kiel, Germany.

The surgeries also included 64 salpingotomies, 74 salpingectomies, 25 salpingostomies, and 24 fimbrioplasties.

—Sherry Boschert

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[†]In 1 or more clinical trials, patients reported significant improvement for these secondary end points at various measurement intervals using a visual analogue scale (VAS) (PA0.05).

^{††}Statistical significance was not observed consistently for every secondary end point at each point of measurement across all studies.

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