

Day Care in Obstetrics and Gynaecology

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The Only Limit to our Realization of Tomorrow will be our Doubts of Today

- Franklin D Roosevelt

Introduction

Day care has become increasingly popular all over the world, in all specialities of medicine. It has also established its place in gynaecology and is here to stay.

Many factors have contributed to the change in scene i.e. from many days in the boring hospital room after a surgery to home on the same day in the evening.

The most important factors are 1) advances in the technology such as instruments for minimally invasive surgery and 2) availability of better anaesthetic medication which allows complete recovery in short time.

Current scene

Day care with instruments for minimally invasive surgery has revolutionized the management of various gynaecological problems.

Table 1 illustrates some of the problems and the treatment options in past and currently for the same.

The above are only a few examples and these treatment modalities are well established and have reduced the hospital stay, and morbidity.

Changing trends

DUB is a common problem in women especially above 40 years of age. It is also

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one of the commonest reasons for which the hysterectomy is done. Conventional hysterectomy (vaginal and abdominal) involves minimum hospital stay of two nights and three days, average is 3 nights and 4 days.

In present times modern modalities are available that are simple, safe, effective and day care procedures that do not require even one night stay in the hospital.

LNG-IUS (Levonorgestrel Intrauterine system)

This is a T shaped intra uterine system that is loaded with Levonorgestrel. It releases 20 micrograms of Levonorgestrel daily in the uterine cavity thereby leading to decidualization followed by atrophy of the endometrium. It has a life of 5 years and cost about Rs 8000/-. It is used very effectively in the management of DUB. It is inserted at the time of a diagnostic hysteroscopy and curettage. The entire procedure is done under general anaesthesia, takes about less than half an hour and the patient is able to go home on the same day. This procedure can avoid hysterectomy in 70-80% cases of DUB. An important pre-requisite is that the endometrial cavity should be uniform. An added advantage of LNG-IUS is that it is an effective contraceptive and the menstrual blood loss reduces considerably.

Thermal Balloon Ablation (TBA)

This is a silicone catheter that is connected to a central heating unit. The balloon is inserted into the uterine cavity, inflated to a pressure of 160-180 and then heated to a temperature of 87 degrees centigrade for 8

Table 1

Diagnosis	Treatment in the past	Treatment option with minimally invasive surgery
Uterine septum	Metroplasty via laparotomy. Pt would require a caesarean, if pregnant in the future	Hysteroscopic resection of the septum. Pt can have normal vaginal delivery as neither the abdomen nor the uterus is opened.
Bicornuate uterus	Metroplasty via laparotomy.	Laparoscopic unification of the two horns.
PCOS	Wedge resection via laparotomy	Laparoscopic ovarian drilling
Ectopic pregnancy	Laparotomy	Laparoscopic surgery, or management with Methotrexate.
Endometriosis	Laparotomy and removal of the endometriomas	Same are now removed with the laparoscope

minutes. It leads to thermal ablation of the endometrium. The procedure can be done under intravenous sedation and local anaesthesia or general anaesthesia. The operation time is approximately 30 minutes and patient is able to go home on the same day. A success rate of 90% over three years and a long term success rate of 80% have been reported. The randomized control trials comparing LNG-IUS and TBA have reported similar results for both procedures. The only stumbling block in providing this state of the art technology for the treatment of DUB is the formidable cost of the balloon. But one can definitely offset it against the cost of the three day hospital stay and loss of working days when recuperating from major surgery.

Trans cervical resection of the endometrium

This is electrosurgical resection of the endometrium with a loop under hysteroscopic vision. This procedure too is day care but under certain circumstances can require one night stay in the hospital. It is done under

general anaesthesia. the procedure has a longer learning curve. It is an acceptable treatment for DUB with a long term success of 80%.

The future

Hysterectomy is still the last answer for DUB, and one of the commonest surgeries performed by the gynaecologist. Breakthrough advances have taken place in vessel sealing i.e. haemostatic devices that are used during laparoscopic surgery. The optics have also improved dramatically over the years. Therefore it may not be too long before hysterectomy is done laparoscopically and patient is discharged on the same day.

Conclusion

In modern times women need not be drained with DUB and need not have a radical hysterectomy. The scientific and judicial use of modern technology i.e. LNG-IUS, TBA and minimally invasive surgery can bring relief to millions of women with DUB; and this can be done in just one afternoon.