



Dr Dana Moisuc

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Dear doctor,

Wishing you a happy Christmas and a peaceful festive season, with gratitude for your wonderful support throughout the year and for entrusting me with the specialist care of your patients. For a good New Year ahead and all the very best to your families and our community!

O&G NEWSLETTER

OBSTETRICS

PRECONCEPTION COUNSELLING

Prevention is better than treatment, and antenatal care is one area of medicine where this statement has indeed a lot of meaning.

Preconception care involving the reduction in maternal risk factors can achieve a healthier outcome for mother and baby. A recent study from Queensland looked at the benefits of implementing a preconception care clinic in a public setting, and observed that, indeed, a coordinated approach to pre-pregnancy care might make a difference to women across several health domains, therefore having an overall benefit of health promotion. We all know that strategies to promote a positive lifestyle change are typically ineffective or short-lived. Encouraging weight loss, cessation of smoking, adequate diet, folate and iodine supplementation, vaccination, consultation with a specialist for menstrual irregularities, suspected PCOS, endometriosis, STD's, as well as for other known medical conditions (respiratory, cardiac etc), mental health disorders, may be challenging for the general practitioner in terms of motivating the patients to pursue them.

The study mentioned, though, has shown that a wish for a healthy baby becomes a powerful motivator for those women exposed to preconception discussion, and in fact they are much more likely to change their behaviour as suggested. Interestingly, this study also revealed a lower rate of preterm births among the women who had received counselling as opposed to those who did not.

Although this study was not randomised controlled (which may be challenged by ethical issues), the hypothesis raised was that "there are significant differences in outcome between a discussion with a GP about a future pregnancy in a time-pressured 15 min consultation, and a multidisciplinary systematic approach to pre-pregnancy health provided in a dedicated preconception service", even more so for those women at potential obstetric risk, which includes various medical disorders, medications used, subfertility, past pregnancy loss and poor obstetric outcome.

GYNAECOLOGY

ASYMPTOMATIC THICKENED ENDOMETRIUM IN POSTMENOPAUSAL WOMEN

We all experience the pressure of patients requesting to perform various available medical investigations in the absence of symptomatology. Ordering pelvic ultrasounds is no different, especially more so in the context of cancer fear and litigation climate.

It is well established that postmenopausal bleeding is an important sign to investigate, and that an increased endometrial thickness above the expected values is a significant alarming bell. For a woman at menopause who is not using HRT, the cut-off value for this is 4 mm, while for one who is a hormone user it is 8 mm.

Less certain, though, is what to do with those women who have an incidental finding at ultrasound above these values. Studies to date are insufficient for a consensus, but one thing is clear: the incidence of pre/malignant lesions is low.

In a recent study looking at 268 women who underwent hysteroscopies for an endometrial thickness above 4 mm (which included women with postmenopausal bleeding), only 6 cases of pre and malignant conditions were found. No endometrial cut-off value showed an optimal diagnostic accuracy, but the best was a value above 8 mm with a sensitivity of 79% and specificity of 92%. For asymptomatic women the incidence is far lower further consistently in different studies, and the cut-off is accepted by most as being in fact 11 mm.

The criteria used to define high risk for asymptomatic women remains unclear and no standardised investigation guideline exists to date. Many such women are subject to unnecessary procedures such as hysteroscopy, with their associated risks and costs.

Until more data is available and consensus is reached, gynaecologists are starting to favour a more conservative observational approach, and even more so, overall, we should resist the urge to perform ultrasound as a screening test when not clinically indicated.

Spirit of Christmas

We endorse FreMo Medical and Birth Centre, Kawangware-Nairobi Kenya. Vicki Chan - Midwife has two raffles going... one with fabulous quilts; a crocheted blanket and the other a sewn patchwork quilt (\$5 or 3/\$10) The other raffle has a first prize of fabulous toys (\$2 or 3/\$5) If you want to buy tickets, Send \$\$ to Fremo Fundraising BSB 034243 Acc 285472 with your name and 'quilts' or 'toys'. Will be drawn for Christmas. Peace.

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