Spire Healthcare

Spire Regency Hospital
Macclesfield

GP Newsletter

Spire Regency welcomes the North West Gynaecology Group

North West Gynaecology, is a group of Consultant Gynaecologists, formed in 2007, offering a unique service to the women of Manchester & Cheshire.

Nowadays, no gynaecologist can be an expert in all sub-specialist areas, but how can a GP know which areas a specialist covers and potentially save their patient a wasted consultation?

Gynaecological problems can be a source of significant anxiety. Covering the complete spectrum of gynaecological problems, NWG provide a unique service making sure that your patient sees the right gynaecologist to treat her particular problem.

NWG provide subspecialist gynaecological care throughout the North West and both privately insured and self-funding patients can now be seen and treated quickly at Spire Regency Hospital in Macclesfield.

Gynaecological problems covered

- Abnormal cervical smears and colposcopy
- Contraception
- Endometriosis and pelvic pain
- Fertility investigations and IVF
- Gynaecological cancers
- Heavy menstrual periods and pre-menstrual syndrome
- Prolapse and urinary incontinence
- Menopause and post menopausal bleeding
- Vaginal spasm
- Miscarriage
- Ovarian cysts and uterine fibroids
- Paediatric and Adolescent
- Pelvic inflammatory disease
- Polycystic ovary syndrome and excessive hair growth

Urogynaecology update

Two issues which have been much discussed in urogynaecology during the last decade are the use of urodynamics and the surgical treatment of stress incontinence(SUI).

- NICE recommends that women who have any symptoms of overactive bladder (OAB) should have urodynamics before surgery for stress incontinence. In practice 95% women with SUI have some OAB symptoms so in practice virtually all women undergoing surgery should have pre-operative urodynamics.
- The introduction of mid-urethral tapes has not only reduced the surgical morbidity associated with this type of surgery but has led to more women seeking a surgical solution for their stress incontinence. Over 80% women can expect a good outcome following a mid-urethral tape but a recent publication from the MHRA and Department of Health has highlighted concerns about post-operative pain and mesh erosion and only surgeons with suitable training and experience and a sustained caseload should perform this surgery.

Retropubic tape

Transobturator tape

Mid-urethral tapes

The original mid-urethral tape, the TVT ("tension free vaginal tape") is placed through the retropubic space. The second generation of mid-urethral tapes has employed the transobturator route. This route has the advantage that, in avoiding the retropubic space, the risk of bladder, bowel and major vessel injury is reduced and it has become the preferred route for many gynaecologists and urologists although patients should be advised that there is still no long term data on the efficacy of trans-obturator tapes.

All tapes now use macroporous,, monofilament polypropylene which is believed to be the optimal material. There is a risk of erosion, most commonly through the vaginal epithelium, of approximately 5% and the erosion may occur many years after insertion. It is often the sexual partner who is first aware of the tape erosion into the vagina. If new urinary symptoms develop in a patient who has previously had a tape inserted mesh erosion into the urethra or bladder should be considered.

Single incision tapes

The next generation of mid-urethral tapes is the single incision tape(SIS). As the name implies this type of tape is inserted through a single vaginal incision and there is no second outlet incision (suprapubic or perineal). SIS studies have reported a lower success rate and unless this can be improved it should not be used in routine clinical practice.

Conclusions

- Pre-operative urodynamics assessment is mandatory in the majority of women to exclude abnormal bladder function and voiding dysfunction.
- The mid-urethral tapes appear to be a significant advance in the surgical treatment of stress incontinence. There are three different approaches; retropubic, transobturator and single incision. Trials into which approach is most suitable for the individual patient are still being performed.
- The risk of tape erosion should always be considered in a patient presenting with new symptoms after a tape has been inserted even when occurring years after the surgery.

Meet the Consultants

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1. Dr. Rick Clayton In his NHS practice, Dr. Clayton works at St. Mary's and Christie's Hospitals in Manchester as a gynaecological oncologist.

2. Dr. Edmond Edi-Osagie Having undergone further training in Reproductive Medicine and Surgery, is now the lead fertility specialist at St. Mary's and also runs the fertility service at Spire Regency Hospital.

3. Dr. Tony Smith His research & clinical training focussed on the causes & treatment of genito-urinary prolapse and urinary incontinence / pelvic floor disorders. He has been at the forefront of developments of laparoscopic techniques in the surgical treatment of prolapse and incontinence.

4. Dr. Gail Busby is a Gynaecology consultant at St Mary's Hospital where she leads the Emergency Gynaecology Service and is also the lead for Paediatric and Adolescent Gynaecology.

5. Dr. Kristina Naido set up the first "one stop" menstrual problem and post-menopausal bleeding clinics in the north west of England in which she performs ultrasound scanning, hysteroscopy and biopsy where appropriate in the OPD setting thus avoiding hospital admission and a general anaesthetic.

Private referrals should be faxed to **01625 501800**
To make an outpatient appointment, insured patients should call **01625 505494 or 505493**
Self-funding patients should call **01625 505412** for a quote or to make an outpatient appointment.

For more information on the North West Gynaecology group, please visit their website at
www.northwestgynaecology.co.uk