Lin's self-retaining abdominal ultrasound probe method for hands-free ultrasound-guided hysteroscopic procedures: A single-operator study

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ABSTRACT

Introduction: Conventionally, an assistant would be required to hold the ultrasound probe during therapeutic hysteroscopy. To manage without a skilled assistant, Lin developed a self-retaining hands-free probe method that can be used to hold an abdominal ultrasound probe. One can now perform ultrasound guided hysteroscopic procedures single-handedly. The purpose of this study is to report the successful development of a method to keep an abdominal ultrasound probe self-retained without an assistant's help. Methods: A technique derived from improvisation with available equipment. Results: The hands-free ultrasound probe was used successfully in 2680 cases needing therapeutic hysteroscopy management for various endometrial pathologies. We only encountered one case of latex allergy, which serves as a reminder to ask about latex-allergy prior to the procedure. Upon notification, the handle can be improvised to a latex-free solution. Compression indentation marks were of negligible concern as they resolved spontaneously within 1-2 hours post-surgery. We have used this method successfully and to good effect, particularly in guiding us to avoid uterine perforations during dilation of the cervix as well during the therapeutic hysteroscopy surgery itself. This device facilitates efficient and safe therapeutic hysteroscopic surgeries. Additionally, this method encourages the reuse and recycling of plastic water bottles. Conclusions: Usage of Lin's self-retaining ultrasound probe method is practical, cheap, and not dependent on an assistant's participation during procedures.

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Postpartum intrauterine contraceptive device (PPIUD) – A retrospective study

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ABSTRACT

Introduction: Unplanned pregnancy and short interpregnancy interval have been associated with adverse maternal and perinatal outcome. Immediate postpartum intrauterine contraceptive device (PPIUD) is insertion of intrauterine contraceptive device (IUD) within 10 minutes of placental delivery up to 48 hours postpartum following vaginal birth or Caesarean section, before hospital discharge. PPIUD serves a strategic timing to provide a convenient, effective, long acting and reversible contraception to suitable women before discharge. Our aim was to study the clinical outcome of PPIUD insertion in Sarawak General Hospital (SGH) from January 2021 to May 2022. Methods: This is a retrospective analytical study done in SGH. 114 cases of vaginal and caesarean births with PPIUD insertions, over the 17-month period, were reviewed and compared for the outcomes to the factor of timing and route (vaginal versus caesarean) of insertion. Safety outcome examined include abnormal uterine bleeding, severe abdominal pain, and unusual vaginal discharge and infection. Efficacy outcome namely IUD expulsion, missing IUD thread, pregnancy, discontinuation is reviewed and the data is analysed using SPSS system. Chi square test is applied to calculate the various outcome in comparison to different categorial variables. Results: Overall PPIUD is safe. No serious complication of uterine perforation or infection or pregnancy is reported. The overall success rate is 62.3%. Post placental insertion success rate was 100%. Spontaneous expulsion occurred in 20% of cases. Conclusion: PPIUD provides immediate contraception and has low complication rate. PPIUD should be taught and made available in all hospitals.