

Research Article

Use of Laproscope in Pelvis Pain Patients

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ABSTRACT

OBJECTIVE: Laparoscopic evaluation in the chronic pelvic pain causes were the objective of our research, so to offer an appropriate treatment to the affected patients and reduce unnecessary hospital follow-up visits including reduced antibiotics use was the aim of this research.

DESIGN: Research design was descriptive.

PLACE AND DURATION: Research was carried out in the gynecology and ObstetricsOPD of Mayo Hospital Lahore in the time span of Oct, 2016 to Mar, 2017.

PATIENTS AND METHODS: Research relied on the convenience sample and it was carried out on the sample population of 4301 patients who visited the OPD of the said hospital. The research sample included OPD cases as 271 having an incidence of chronic pelvic pain. Interview was taken and investigation was made in those patients. Patients who failed to answer were treated with laparoscopy. After consent 33 cases were selected through including criteria for the laparoscopy. Necessary information and investigation was carried out in the patients. Serious cases of lung and heart, peritonitis, abdominal operations, intestinal obstruction and malignancy were not made a part of the research study. We also carried out diagnostic laparoscopy in the supervision of general anesthesia and operative outcomes were also observed in the prescribed form. SPSS-11 was used for data entry and analysis.

RESULTS: In the thirty-three cases, maximum were in the age group of 31 – 41 years as 17 cases (51.52%) the ratio of multi-parous was (57.58%). Deep and dull pelvic pain was observed in 17 cases (51.52%) including sharp occasional episodes. Hospitalization in the case of acute pain cases was required in 03 patients (9.1%). Sub-fertility was complained by 11 patients (33.33%), 7 cases were of dysmenorrhea (21.21%); whereas dysfunctional bleeding was observed in 05 patients (15.15%). Only 04 patients (12.12%) registered low back ache complain in the region of lumbosacral. No complain was observed in 7 patients (21.21%). Bulky uterus was observed in 11 patients (33.33%). We left the adnexal masses in 06 patients (18.18%); whereas, 05 cases (15.15%) were having nodularity in Douglas pouch. In terms of laparoscopic outcomes 11 patients (33.33%) were observed with chronic inflammatory pelvic disease. Different endometriosis degrees were also observed in 09 patients (27.27%). No abnormality was noticed in 04 patients (12.12%).

CONCLUSION: Our research puts force on the laparoscopy importance for the evaluation of chronic pelvic cause in the patients. This technique requires due consideration as it is very essential managerial investigation in the cases having unnecessary and repeated antibiotic use with associated avoidable drugs.

KEY WORDS: Laparoscopy, Antibiotics, Parity and Chronic pelvic pain.

INTRODUCTION

We can define Chronic pelvic pain (CPP) as a pain which involves pelvis and lower abdomen for a duration of six months, its severity rages and routine occurrence on intermittent grounds. Its association is made to sexual life or menstruation

causing sufficient psychological and physical suffering and adversely affects life quality. Frequently, CPP etiology is not apparent, and many reproductive disorders such as gastrointestinal, neurological and urological

systems can be linked to it. Therefore, it makes diagnostic through CPP difficult which demands comprehensive approach of various disciplines in a systematic way[1]. Traditionally, laparoscopy is important assessment instrument to evaluate CPP, having forty percent gynecological diagnostic laparoscopies are carried just for this purpose. It is also a less-invasive process than exploratory laparotomy in the patients of right upper quadrant and lower abdominal pain and discomfort in the event of failure of other techniques for its investigation. Laparoscopy is a reliable procedure for endometriosis, tubal patency and pelvic adhesions complications. It is also gold standard for the assessment of the common cause of CPP that is endometriosis. Patient's history can help in the performance of laparoscopy decision, physical examination and non-invasive test outcomes[2]. Many women having CPP (65%) experience laparoscopy at least once. It has secured a place in the reliable therapeutic and diagnostic modality in the practice of gynecology field. A survey forwards that 50% diagnostic in the case of CPP is carried out through laparoscopies. CPP pathogenesis is poorly comprehended and present treatment method includes psychotherapy and counseling, which is an attempt to reassure the provision of laparoscopy for the exclusion of desirous pathology[3]. Therefore, an in-time decision adds to the early diagnostic and management of the disease. Laparoscopic evaluation in the chronic pelvic pain causes were the objective of our research, so to offer an appropriate treatment to the affected patients and reduce unnecessary hospital follow-up visits including reduced antibiotics use was the aim of this research.

DESIGN: Research design was descriptive.

PATIENTS AND METHODS

A descriptive research was carried out in the gynecology and Obstetrics OPD of Mayo Hospital Lahore in the time span of Oct, 2016 to Mar, 2017. Research relied on the convenience sample and it was carried out on the sample population of 4301 patients who visited the OPD of the said

hospital. The research sample included OPD cases as 271 having an incidence of chronic pelvic pain. Interview was taken and investigation was made in those patients. Patients who failed to answer were treated with laparoscopy. After consent 33 cases were selected through including criteria for the laparoscopy. Necessary information and investigation was carried out in the patients. Serious cases of lung and heart, peritonitis, abdominal operations, intestinal obstruction and malignancy were not made a part of the research study. Mandatory assessment of hemoglobin, urine analysis and blood grouping were also carried out. We also carried out diagnostic laparoscopy in the supervision of general anesthesia and operative outcomes were also observed in the prescribed form. SPSS-11 was used for data entry and analysis.

RESULTS

In the 4301 patients 271 were short listed for the procedure of laparoscopy. Few of the patients were excluded because of invasive properties of process, requires hospital admission and general anesthesia including few other reasons such as non-consent, family issues and financial status. Procedure was performed on 33 patients. Maximum of the patients were in the age group of 31 -41 years 17 patients (51.52%) as shown in Table-I. Number of multi-parous women as 19 cases (57.58%) were in the sample and they were experiencing hospital admission and other related CPP treatments such as herbal and vaginal medicines. Null multi-parous were 14 women (42.42%). Majority of the cases were facing deep and dull pelvic pain 17 cases (51.52%); whereas, 03 cases (9.1%) were admitted in the hospital because of an acute pain, parenteral fluids, injectable antibiotics and analgesics as shown in Table-II. The pain duration was observed in the range of six months to two years. Factors like standing, walking, bending and lifting may aggravate pain. Analgesics and Lying down are helpful for the women. Stress, tension and excitement were the reasons of pain exacerbation in negative laparoscopy outcomes

and in case of pathological lesion if any. Infertility was complained in 11 patients (33.33%), dysmenorrhea was observed in 7 patients (21.21%) and dysfunctional bleeding in 05 cases (15.15%). In case of excessive activity and work 4 cases (12.12%) complained pain in the backache low down lumbo-sacral region as shown in Table-III.No complain was observed in 7 patients (21.21%). Bulky uterus was observed in 11

patients (33.33%). We left the adnexal masses in 06 patients (18.18%); whereas, 05 cases (15.15%) were having nodularity in Douglas pouch. In terms of laparoscopic outcomes 11 patients (33.33%) were observed with chronic inflammatory pelvic disease. Different endometriosis degrees were also observed in 09 patients (27.27%). No abnormality was noticed in 04 patients (12.12%) as shown in Table-IV.

TABLE I: Age Distribution Of Patients with CPP At The Time Of Laparoscopy (N=33)

Age (years)	Number	Percentage
< 20	4	12.12
21-30	10	30.3
31-41	17	51.52
> 41	2	6.06

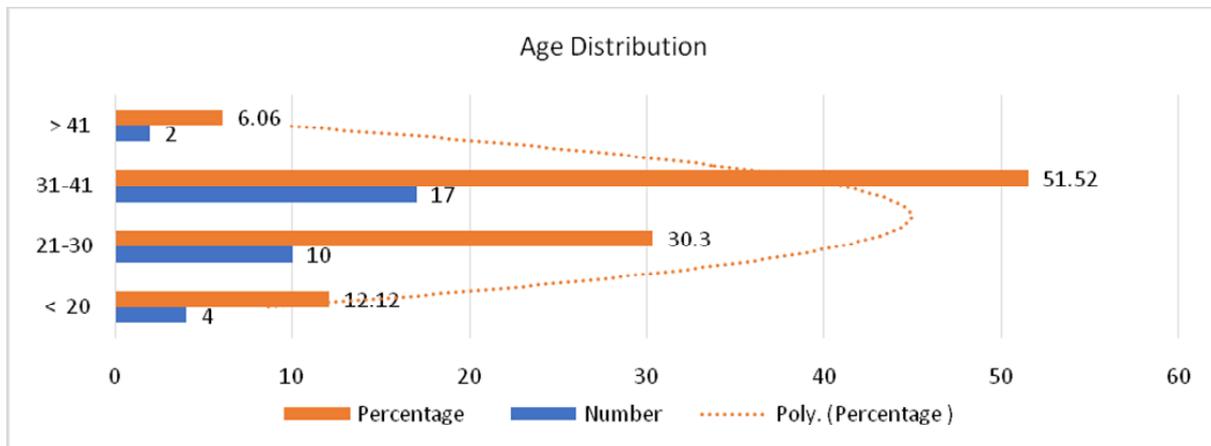


TABLE II: Nature of Pain in Patients with CPP (N=33)

Pain Nature	Number	Percentage
Dull and sharp	17	51.52
Dull ache	13	39.39
Acute / severe episodes	3	9.1

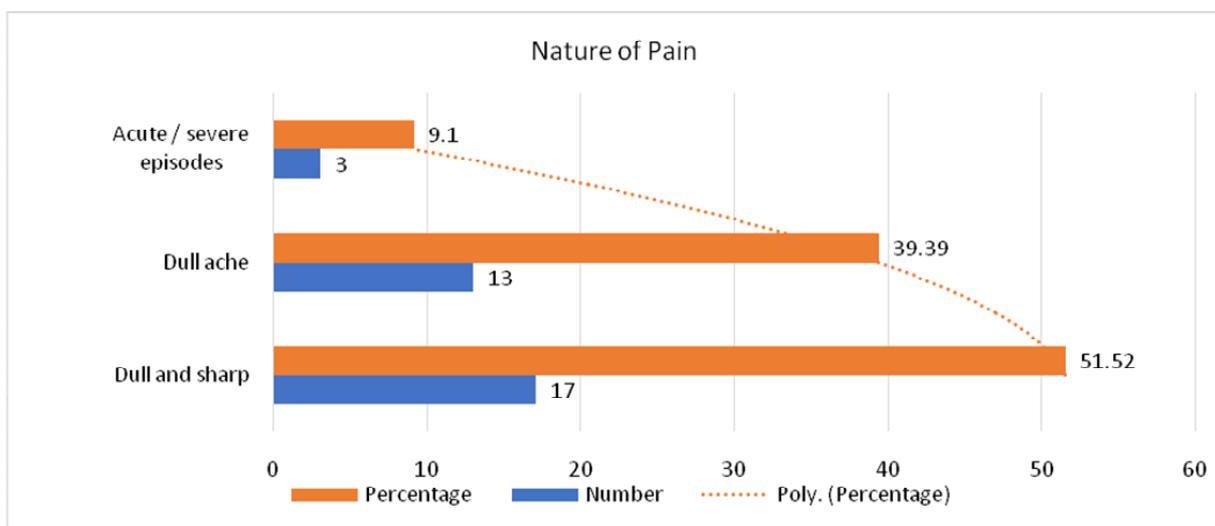


TABLE III: Associated Symptoms /Problems in Patients with CPP (N=33)

Symptom	Number	Percentage
Infertility	11	33.33
Dysmenorrhea	7	21.21
Dyspareunic	3	9.1
Dysfunctional uterine bleeding	5	15.15
Backache	4	12.12
Vaginal discharge	2	6.06
Cyclic leg pain	1	3.03

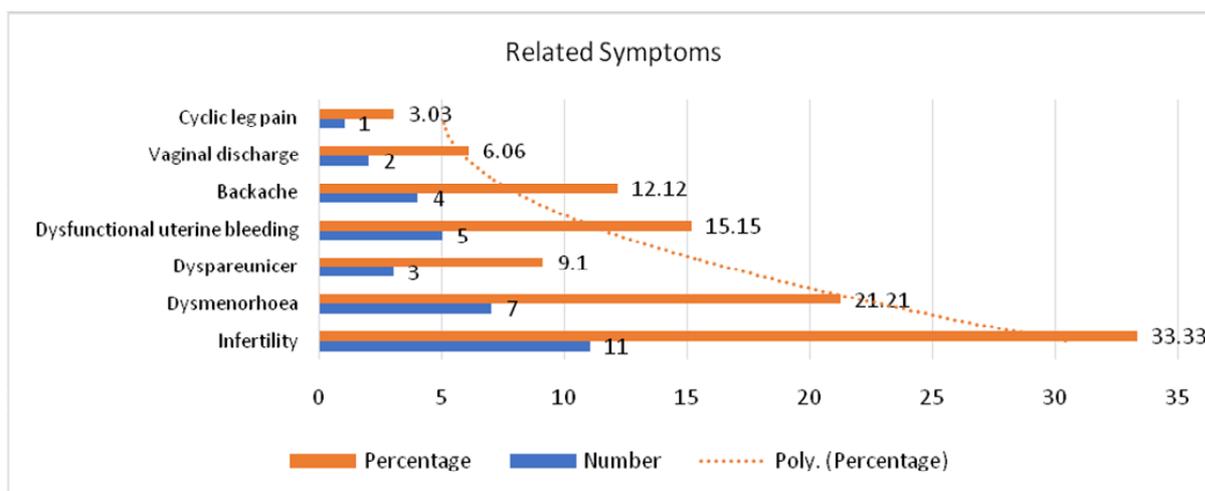


Table IV: Associated Signs in Patients with CPP (N=33)

Sign	Number	Percentage
Bulky uterus	11	33.33
No sign	7	21.21
Adnexal mass	6	18.18
Nodularity in POD	5	15.15
Retroverted uterus	5	15.15
Cervix excitation pain	5	15.15

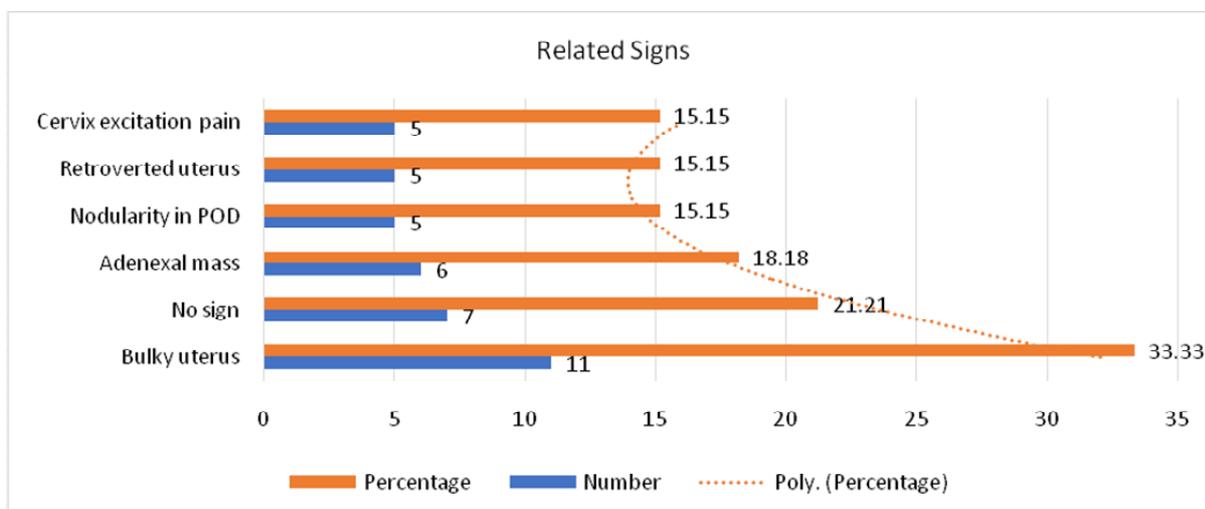
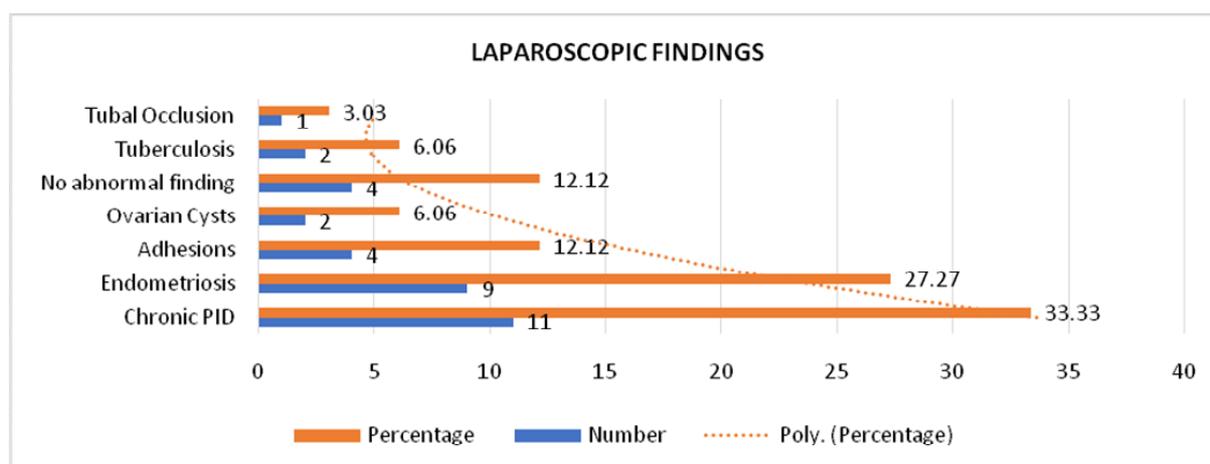


TABLE V: Laparoscopic Findings (N=33)

Finding	Number	Percentage
Chronic PID	11	33.33
Endometriosis	9	27.27
Adhesions	4	12.12
Ovarian Cysts	2	6.06
No abnormal finding	4	12.12
Tuberculosis	2	6.06
Tubal Occlusion	1	3.03



DISCUSSION

Recently, common diagnostic tool advised for CPP is laparoscopy in the women indicating infertility, suspected endometriosis and pelvic pain. Most functional and psychosomatic disturbances also manifest lower abdomen[3]. In the reoccurring symptoms laparoscopy becomes an important tool for diagnosis in case of small or absence of physical outcomes. In an undiagnosed pain in abdomen laparoscopy is successive and safe investigative instrument[4]. We observed parous case as 57.58%; whereas, according to Farook SM, multiparous and nulliparous cases were respectively 64% and 36%. In the current study, dull and deep pain was observed in 51.52% patients having occasional and sharp incidents, dull ache and acute pain was observed in 39.39% and 9.1% respectively[4]. However, according to Farook SM sharp and dull pain, dull ache and acute pain was observed respectively in 51.33%, 36% and 12.6%, these cases also required hospital

admission, injectable antibiotics and analgesics. Main symptoms as observed in the course of research were infertility and dysmenorrhea[5]. A research held in USA observed frequently repeated signs as dysmenorrhea, dyspareunia, CPP[6], genital tract endometriosis and infertility. We also observed that cases of adnexal mass, bulky uterus and Douglas pouch were respectively 18.18%, 33.33% and 15.15%[7]. According to the research of Farook SM bulky uterus and cervix excitation pain was noticed in respectively 60% and 46% of the patients. We observed once case of cervix excitation as (3.03%). Normal cases observed in this research were four (12.12%)[8]. Various laparoscopic observations have been noticed by various authors which specifies that gynecologist should recognize at first place that this is not the final diagnosis tool and also as a severe modality of the diagnostic in the patient of CPP as a negative outcome never means that there is no pain[9]. We confirmed and reconfirmed

negative outcomes of laparoscopy. Patients were satisfied about the treatment extended to them after extensive diagnosis. We observed 33.33% cases of chronic PID; whereas, Redecha M observed it as 18.6% [9]. According to Farook SM, PID frequency is 6.8%; whereas as per the observation of Rana T frequency of PID was 33.3%, near to ours. Endometriosis frequency was observed as 27.27% in our outcomes; whereas, Rana T reported the same as 8.2% and Farook SM reported it as 10% [10]. However, the Thai women suffer as 60.9% due to endometriosis. In the research outcomes of Services Hospital, Lahore 4.3% patients were observed with endometriosis and in C.

M.H Lahore the same was observed as 5.55%. According to our research outcomes in the case of confirm diagnosis treatment was suggested. Improvement was also observed in the one-month follow-up visits. Pelvic adhesions incidence was 12.12% in our results; whereas, Redecha M observed this frequency in 18.16% subjects of his research population [11]. CPP can be a result of an ovarian pathology which have been observed through various mechanisms including intermittent adnexal torsion in the absence of strangulation. Our research found the incidence of ovarian cyst in 2 patients (6.06%) the same was observed as 7% by Redecha M and Kontoravdis A [12].

We observed 3.03% tubal occlusion; whereas, in a Thai research it was 3.64%. Services hospital observed tubal blockage frequency as 20%. Laparoscopy diagnosed fifty percent of the CPP cases with a subsequent treatment of the disease [13]. An unexplained pelvic pain in the patients causes disturbance in the childhood, family environment and causes emotional disorder in the later part of the life of the patients [14].

In the presence of modern medical healthcare facilities there is no need in women to face laparotomy in the gynecological circumstances. Instead of clinical decisions we should not rely on the technical expertise.

CONCLUSION

Our research puts force on the laparoscopy importance for the evaluation of chronic pelvic cause in the patients. This technique requires due consideration as it is very essential managerial investigation in the cases having unnecessary and repeated antibiotic use with associated avoidable drugs.

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