Same-Day Discharge Safe in Lap. Hysterectomy

BY SHERRY BOSCHERT

FROM THE ANNUAL MEETING OF THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

SAN FRANCISCO — Only 0.6% of 528 women who were discharged from the hospital the same day that they underwent a laparoscopic hysterectomy were readmitted within 48 hours, and 3.8% were readmitted within 3 months, results of a retrospective study found. Using previous large studies on hysterectomies as a reference, any readmission rate less than 6% could be considered acceptable, and readmission rates in the current study were significantly lower than that.

Dr. Miya Yamamoto reported in a press viewing session at the annual meeting of the American College of Obstetricians and Gynecologists on July 28 that laparoscopic hysterectomy appears to be safe, and could significantly decrease costs and health care use by eliminating postprocedure hospital stays, and her colleagues at Kaiser Permanente Northern California studied records on women at their institutions who underwent a laparoscopic hysterectomy for benign indications in 2007 and 2009 and were discharged the same day. The surgeries were performed in 527 women and included 287 supracervical laparoscopic hysterectomies and 241 total hysterectomies.

PREMARIN® (CONJUGATED ESTROGENS) VAGINAL CREAM

Important Information

In the absence of comparable data, these risks should be assumed to be similar for other doses of CE and MPA complex and dosages of estradiol and norethindrone.

Menopause

In the WHI estrogen-alone substudy, the risk of VTE (DVT and pulmonary embolism [PE]) was increased for women taking placebo (18 versus 10 per 10,000 women-years). The risk of DVT and PE increased in the WHI estrogen plus progestin substudy, with rates of 18 versus 10 per 10,000 women-years. Women taking estrogen plus progestin had a significant increase in the risk of VTE compared with women taking estrogen alone. In the WHI estrogen plus progestin substudy, a statistically significant 2.1-fold increase in rate of VTE was reported in women receiving daily CE (0.625 mg) plus MPA (2.5 mg) compared to women receiving placebo (7 versus 3.5 per 10,000 women-years). After an average follow-up of 5 years, the relative risk for women taking CE plus MPA versus placebo was 1.55 (95 percent CI 1.05-2.30). The absolute risk of VTE per 10,000 women-years for estrogen plus progestin therapy was reported to range from 2 to 5, compared to 1 per 10,000 women-years for estrogen therapy alone. In a 52-week clinical trial using PREMARIN Vaginal Cream alone (0.5 g inserted twice weekly or daily for 21 days of treatment), a statistically significant 30 percent increase in the risk of VTE (DVT and PE) was reported.

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Fortified OC Raised Blood Folate Levels

BY SHERRY BOSCHERT

FROM THE ANNUAL MEETING OF THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

SAN FRANCISCO — A folate-forti
cled oral contraceptive significantly im
proved folate levels in red blood cells and plasma compared with a conventional oral contraceptive after 24 weeks, in a preliminary randomized, double-blind trial of 379 healthy U.S. women seeking contraception.

The study randomized 94 women to take the oral contraceptive Yaz (ethinyl estradiol 0.02 mg plus 3 mg dros
pinenol) and 85 women to take an ex
perimental version of Yaz that also con
tained 0.45 mg levomefolate calcium, the calcium salt of L-5-methyltetrahy
drofolate, the most prevalent form of di
etary folate. During each of six treat
ment cycles, they got fortified Yaz or conventional Yaz for 24 days, followed by 4 days of levomefolate calcium alone in the fortified group or placebo in the control group.

Seventy women in the control group and 203 in the fortified group completed the 24 weeks of treatment, at which time average red blood cell folate levels were 1,406 nmol/L in the fortified group and 1,024 nmol/L in the control group. Plasma folate levels averaged 61 nmol/L in the fortified group and 41 nmol/L in the control group. Dr. Stephan Bart reported at the meeting.

The differences between groups were statistically significant, said Dr. Bart, a contract researcher at SNBL Clinical Pharmacology Center, Baltimore. Overall, all rates of adverse events were similar between the groups.

The study did not restrict the use of ad
ditional folate-containing supplements, and U.S. women generally consume fo
late-fortified foods, emphasizing that a 
folate-fortified contraceptive could increase folate levels in women already exposed to sources of folate, he noted.

“These results support the concept that folate-fortified oral contraceptives would improve the folate status of all women of childbearing potential,” Dr. Bart said.

Among the women aged 18-40 years, one or more adverse events were reported in 56% of the fortified group and 57% of the control group. Most adverse events were mild or moderate in inten
sity and consisted mainly of upper respir
atory tract infections (10% of each group). One or more adverse events of low
ergy lipoprotein cholesterol (6% of the forti
fied group and 9% of the control group),
Dr. Bart said.

Disclosures: Bayer Healthcare

Pharmaceuticals, which markets Yaz and is developing the folate-fortified version, funded the trial and Dr. Bart’s travel to the meeting. His associates in the study all were employees of divisions of Bayer.