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Letters to the Editor – Correspondence

Re: Vaginal birth after prior myomectomy

Dear Editor:

We read with interest the article "Vaginal birth after prior myomectomy" by Gambacorti-Passerini, a retrospective review of patients with previous myomectomy via laparoscopy or laparotomy who subsequently became pregnant [1]. The study contacted patients with previous myomectomies to query their later pregnancy outcomes. The conclusion of the article was "*A successful vaginal delivery was accomplished by 90.4% of women who had TOLAM* (trial of labor after myomectomy), without *any case of UR* (uterine rupture) *or severe maternal and perinatal complications*."

Our concern is that the subjects included in the study are not representative of many pregnancies with a prior myomectomy. It is likely that the patients who were allowed to TOLAM were patients felt to be at lower risk for uterine rupture, due to their myomectomy having more superficial or fewer disruptions of the myometrium during myomectomy. The incidence of cavity entry in the study was 33.3% (8/24) in those delivered via scheduled cesarean delivery, but only 1.4% (1/73) in those attempting TOLAM ($p < 0.001$). It also does not comment on the depth of uterine diruption when the cavity was not entered, the number of uterine incisions or where the uterine incisions occurred, fundal versus lower segment [2].

It is our opinion that based upon the authors' conclusions, many clinicians may incorrectly interpret the study as applicable for all pregnancies with prior myomectomy and inappropriately allow higher risk patients to TOLAM without the data actually supporting this.

References

[1] Gambacorti-Passerini ZM, Penati C, Carli A, Accordino F, Ferrari L, Berghella V, et al. Vaginal birth after prior myomectomy. Eur J Obstet Gynecol Reprod Biol 2018;231(December):198–203.

[2] American College of Obstetricians and Gynecologists. ACOG Practice bulletin no. 115: vaginal birth after previous cesarean delivery. Obstet Gynecol 2010;116 (August (2 Pt 1)):450.

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Response to Editor: European Journal of Obsterics and Gynecology and Reproductive Biology 2019 Mar; 234:49-52. Review Article: Managing pain after synthetic Mesh implants in pelvic surgery, Philip Tooz-Hobson, Linda Cardozo, Timothy Hillard

May we comment on Tooz-Hobson et al paper on the management of pain after synthetic mesh implants in pelvic surgery.

Since March 2018 we have seen patients referred from the Whorell Unit, St. Mary's Hospital, Manchester Foundation Trust into our pelvic pain clinic. We agree that patients of pain and subsequent management the author have described, reflect our clinical experience as well.

These patients have been referred either for pain (related and unrelated to mesh) or for optimisation for surgery for explantation of mesh. Another group of patients with localised muscular or neuropathic pain symptoms are treated by symptom specific intervention e.g. obturator internus muscle injection, trigger point injection. Some patients had extra pelvic causes of pain (unrelated to mesh) e.g. maignes syndrome.

Patients who had preoperative pain either systemic (e.g. Fibromyalgia) or regional pelvic pain have a higher chance of developing persistent post operative pain. So far those group of patients moving on to mesh explantation if pain DETECT score is above 19/38, we use pre-operative cover of pregablin for two weeks before and six weeks after surgery. We also use pain DETECT scores at 6/52 post operative to decide carrying on at the same dose, increase dose or drug to be weaned.

For those patients who are undecided we give them an individualised health assessment and education with an assurance that they will be reviewed on a regular basis usually by telephone.

The impact of psychological stressors cannot be underestimated.

The role of pelvic pain management and specialised physiotherapy is critical for recovery of function and quality of life.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

The authors declare the following financial interests/personal relationships which may be considered as potential competing interests:

I / we have no conflict of interest to declare.

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