

Management of Suspected Ovarian Torsion During the COVID 19 Pandemic

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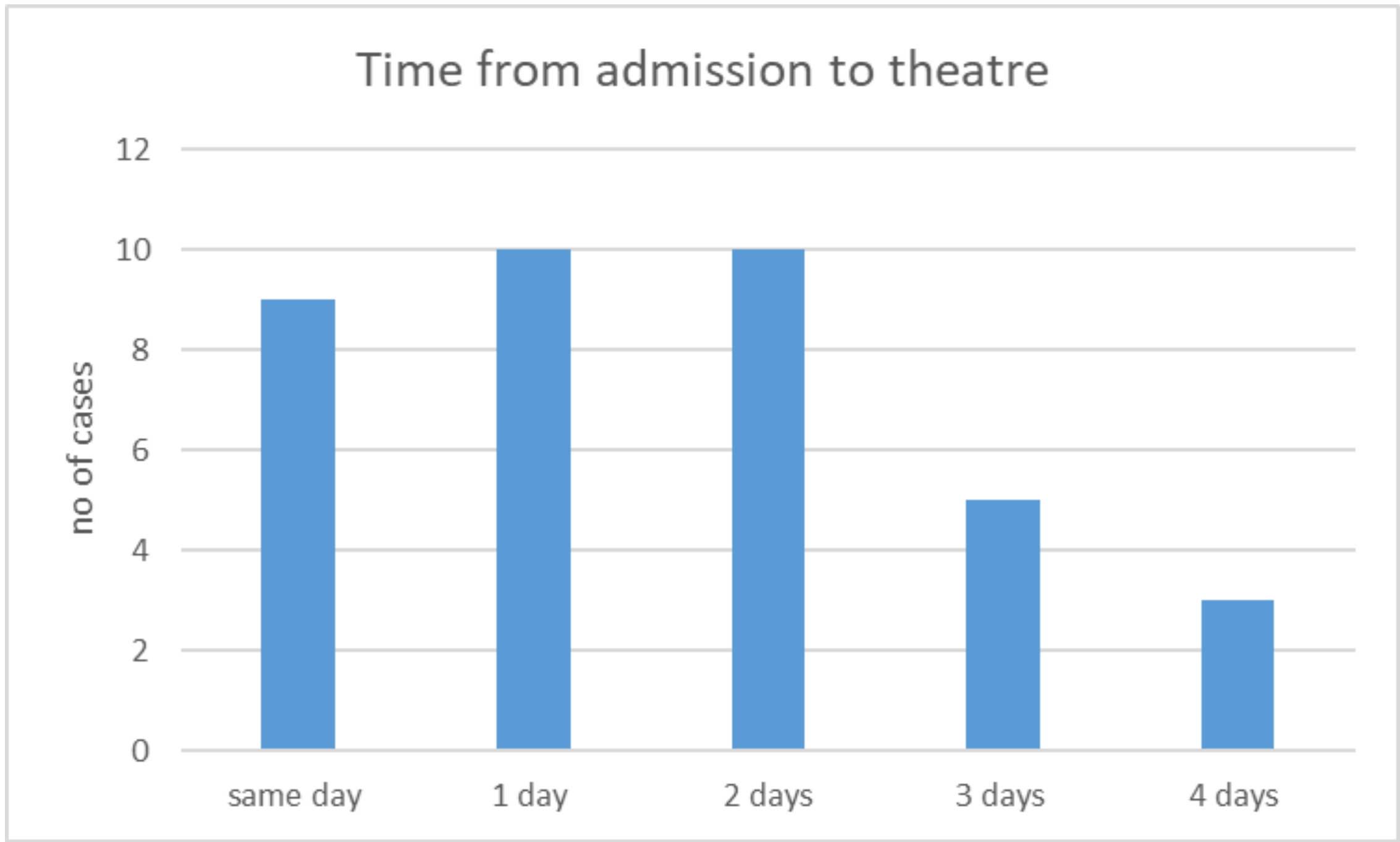
Introduction

The RCOG state that up to 1 in 10 women will need a surgical intervention for ovarian cysts in their lifetime (Ovarian cysts before the menopause patient information leaflet | RCOG). Laparoscopic management is preferred in patients without concerns regarding malignancy (https://rcog.org.uk/media/0mebp0mv/gtg_62.pdf).

The aim of our project was to review the surgical management of suspected ovarian torsion cases within NHS Lanarkshire during the COVID-19 pandemic. We performed a retrospective case note review of cases from March 2020 to September 2021 using the surgical database. This identified 83 patients. We excluded elective and oncology cases, leaving 37 cases. We reviewed their demographics, diagnosis, time to theatre, management and possible delays in their management.

Of the overall 37 cases:

- 16 cases had confirmed ovarian torsion
- 17 had a known ovarian cyst prior to admission
- 7 had previous admissions under gynaecology with cyst issues
- 13 had previously attended gynaecology outpatient clinic
- 2 had been seen with persistent ovarian cysts but no definitive management planned
- 8 waited more than 2 days from admission for their surgical procedure
- 3 were delayed in surgical management due to activity in emergency theatre



Surgical techniques:

- 33/37 were managed laparoscopically
- 4/37 were completed as open cases
 - 1 due to concerns about malignancy, 1 due to size of cyst (21cm)
 - 2 of these were started laparoscopically
 - 1 converted due to adhesions, 1 converted due to bowel perforation secondary to abscess
- 12 cases were managed with salpingo-oophorectomy
- 6 cases were managed as bilateral salpingo-oophorectomy
- 7 cases were managed as ovarian cystectomy
- 1 had partial oophorectomy and ovarian cystectomy
- 1 was managed as a salpingectomy

Oophorectomy cases.

7 Women aged less than 50 years old with an ovarian torsion were managed with oophorectomy

- None were previously seen in GOPD
- 1 was seen as emergency and been planned for elective surgery but presented with torsion 3 weeks later
- 4 patients were admitted under surgeons - 2 at a different hospital
- Ovary noted to be necrotic/non viable in 4
 - 1 no mention reason for oophorectomy
 - 1 had large cyst with no ovarian tissue separate
 - 1 torted x 3 but unclear why proceeded straight to oophorectomy

Delays

- 8 patients waited more than 2 days from admission to surgery due to:
 - pre-op optimisation (3 cases)
 - attempts at conservative management (2cases)
 - delay to gynaecology review (2 cases)
 - delay getting theatre time (1 case)
- No cases of ovarian torsion waited >2 days.
- 3/37 had delays due to activity in emergency theatre.
- 1 was awaiting elective surgery. COVID rescheduling delay resulted in an acute presentation
- 1 was admitted with ?intermittent torsion and was discharged following issues getting theatre space - represented
- 1 had been admitted under the surgical team with delay in performing gynaecology review.

Covid-19

- 2 cases were Covid-19 positive, 2 were not tested, 33 cases were negative at admission
- No cases had their surgical management changed due to concerns about COVID-19
- 1 patient covid-19 positive had oophorectomy –delay to theatre but not due to covid-19 status
- 1 case had been listed electively but presented as torsion -?delay with listing due to lack of theatre lists in COVID times
- Of 8 of 13 patient seen in clinic within a known cyst
 - 4 had phone appointment
 - 3 had face to face appointment
 - 1 was admitted straight from clinic
- All 8 patient’s were admitted as an emergency for surgery

Discussion

- Despite COVID-19 concerns, most cases were still managed laparoscopically (89%) and no delays were due to COVID-19
- Delays were more likely to be due to lack of space in emergency theatre or presenting to a hospital where there was no inpatient gynaecology service
- Patients with ovarian cysts presenting acutely with pain /suspected torsion should have their surgery in the same admission due to delays in elective surgery during the COVID pandemic. All cases represented within 7 days of the previous admission
- We should have low threshold for operating promptly on premenopausal women to reduce the rate of oophorectomy and improve attempts at detorsion and documentation of this.
- To reduce the number of cases presenting acutely, we should consider definitive surgical management for those with persistent cysts.
- Delays in access to timely emergency theatre have been highlighted to senior management to improve patient safety.