

Proximal Tubal Cannulation-An Audit

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Introduction:

- Tubal disease is the cause of subfertility in approximately 30% of women and 10-25% of these are due to proximal tubal obstruction. False-positive diagnosis of proximal tubal obstruction can be as high as 50%.
- A decrease in expertise in tubal microsurgery has resulted largely from the use of IVF as the treatment option for most causes of infertility and more specifically for tubal factor infertility.
- Selective salpingography and tubal cannulation have a unique role in the management of tubal infertility and should be offered to selected candidates prior to IVF.
- Tubal cannulation can be used effectively to restore patency in a proportion of cases of proximal tubal obstruction thus probably avoiding the need for high cost assisted reproductive techniques

PTC Pathway:

- All fertility patients are offered a tubal patency test (HSG as first choice)
- Cases with suspected proximal tubal block are offered combined laparoscopy , hysteroscopy and attempt of proximal tubal cannulation.
- Selective tubal cannulation and Dye test plus the use of the guidewire to unblock intramural and isthmical tubal block.

Objective:

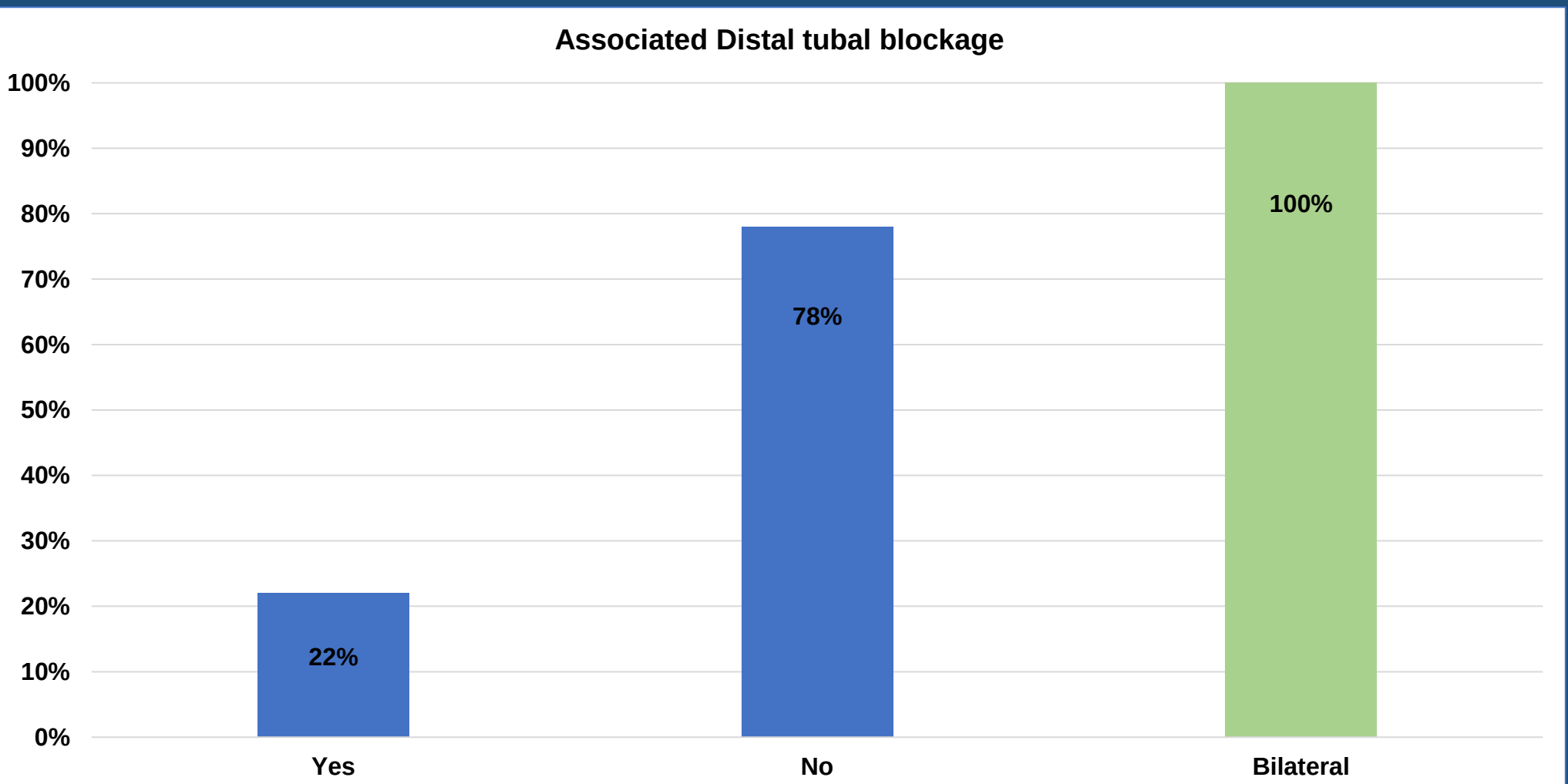
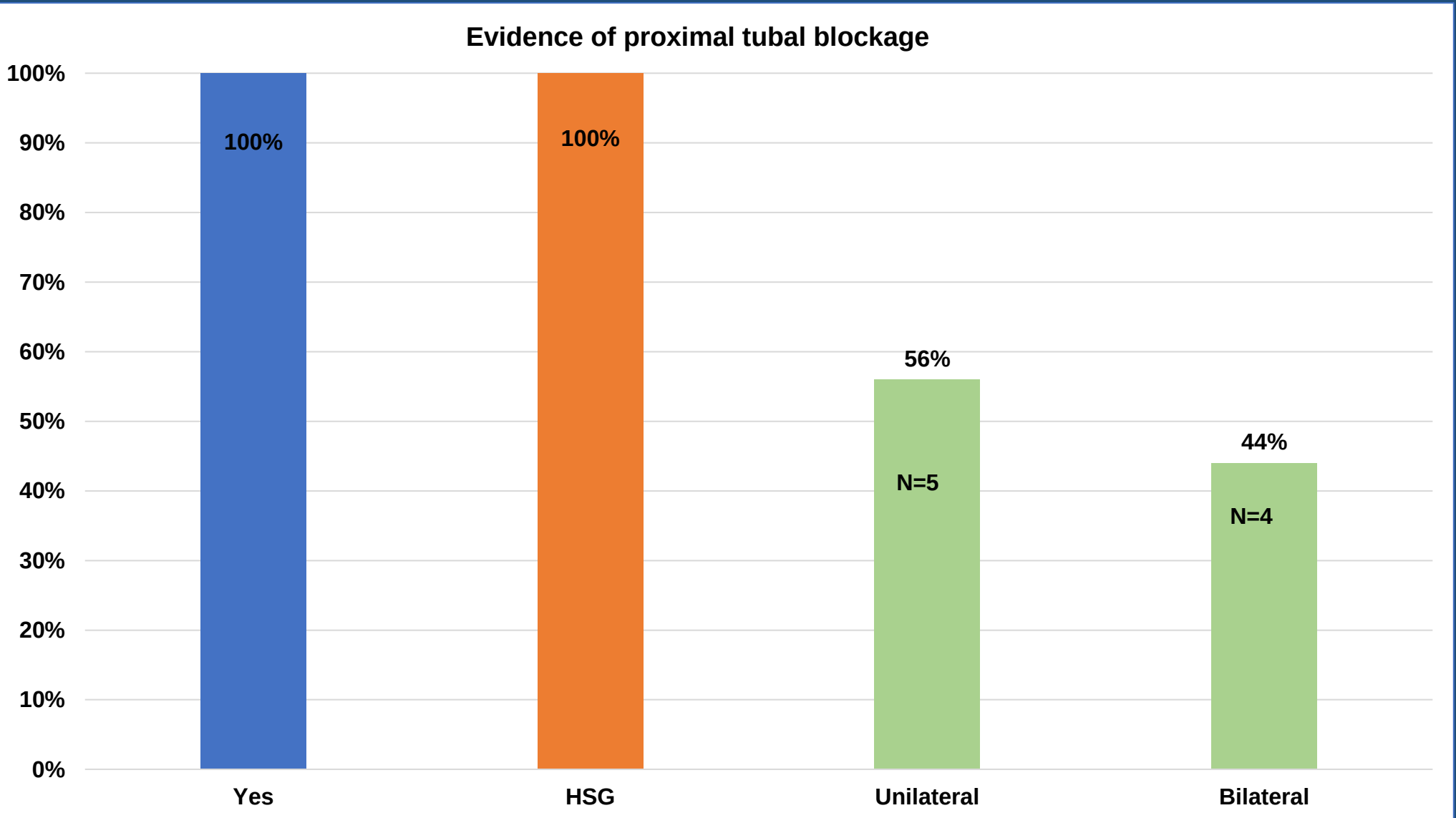
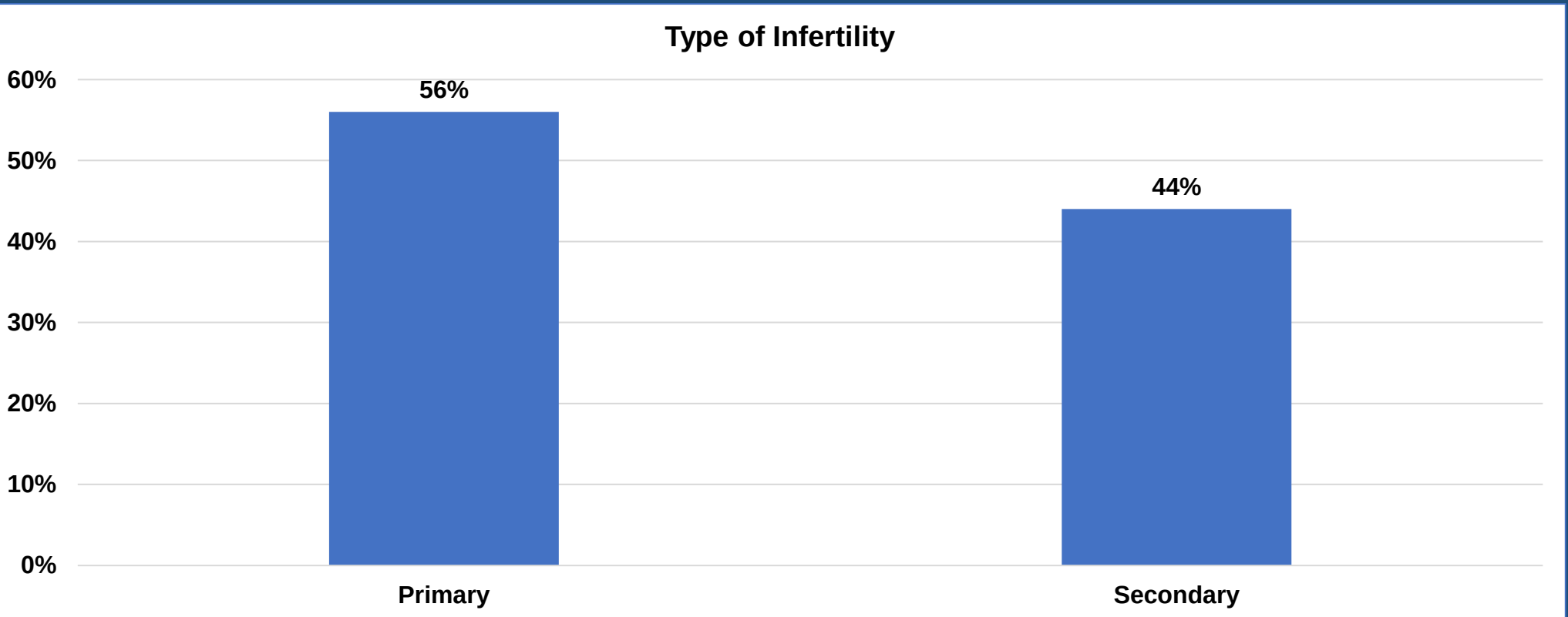
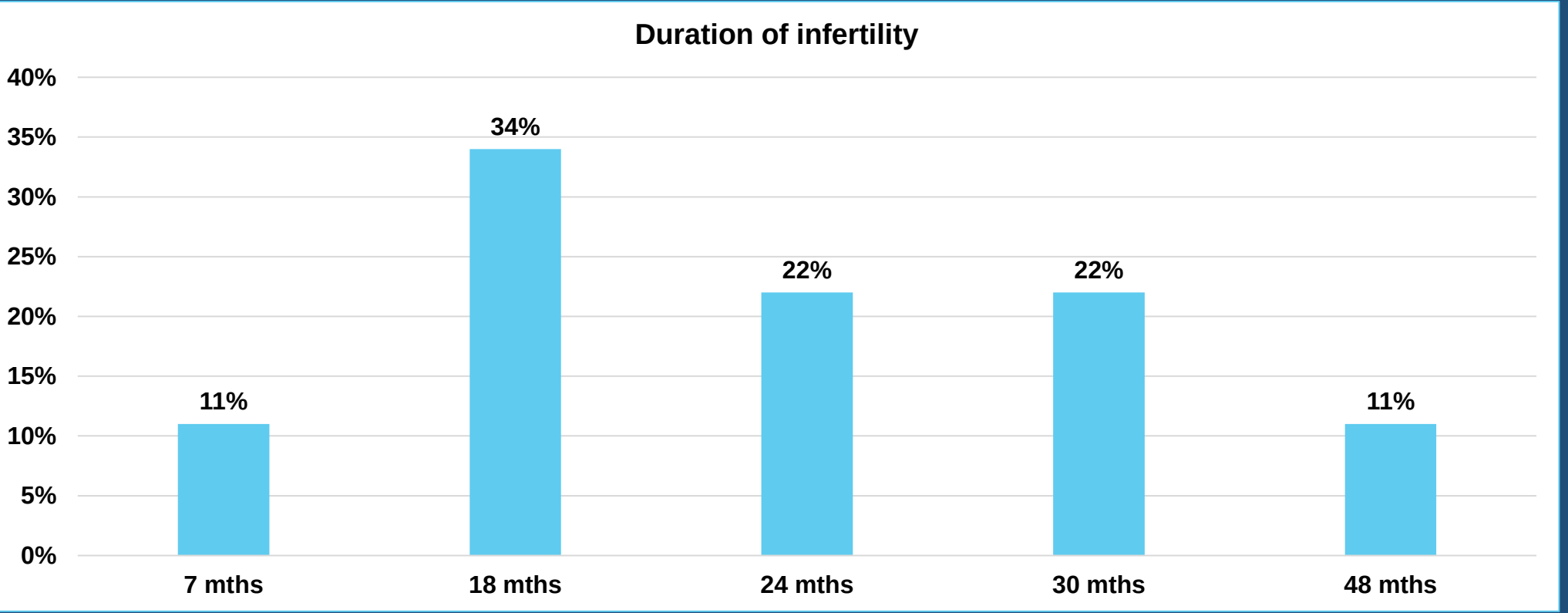
To examine the success rate of proximal tubal cannulation, associated complications and identify areas for improvement, and to compare the current practice to NICE guidance (CG 156)

Method:

- Retrospective review of notes of all infertility patients in a hospital in North East of England who underwent proximal tubal cannulation for a suspected unilateral/bilateral proximal tubal block, over 3 years, was done.
- Cases were identified via inpatient records and theatre reports. Sample size was 9.
- Main problems encountered were Identification of cases being very time consuming due to coding issues and the small number of cases.

Results:

- Duration of infertility was 7 to 48 months. Primary infertility was found to be 56% and Secondary infertility was 44%
- Male factor infertility was identified in 56%.
- Evidence of tubal blockage confirmed on HSG was 100% in the selected cases ; unilateral 56%, bilateral 44%.
- Associated distal tubal block was found in 22% of cases, all bilateral.
- Successful tubal cannulation was performed in 78% of the cases with dye test positive being positive in 71% of cases No major complication was observed.



Discussion:

- No controlled studies available.
- In 2 different studies successful cannulation was found to range between 77% (total 417) to 75%(total 234).
- No complications detected with a 100% safety profile.
- In the studies identified, the rate of tubal perforation ranged from 1% (4/417) to 11% (4/38), and the rate of tubal pregnancy from 0.4% (1/234) to 8% (3/38).
- Other reported complications were sepsis in 0.9% (2/234) of patients, and pain requiring medication in 3% (7/234 and 4/150) of patients.

Conclusion:

- Our results are consistent with the international practice: 78% cannulated vs dye test positive 71%.
- The procedure (proximal tubal cannulation) should be continued to be offered due to good efficacy and low complications.
- Areas of good performance are Safety and success rate. However areas requiring improvement are patient literature and coding. A patient information leaflet was developed and published for the said procedure as part of action plan.