

Adnexal Torsion: are we identifying

and saving at risk ovaries?

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Objectives

To review our performance in the management of patients with surgically diagnosed ovarian torsion. There is currently no guideline for emergency work up, investigations, timing of surgery and procedure.

Ultimately our aim is to

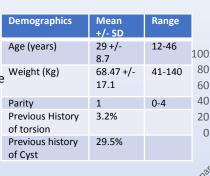
write such a guideline to speed up the definitive management of these patients. To install uniformity to the work up and management. Ultimately provide best practice and to avoid unnecessary oophorectomy.

Methods

We used keyword search for 'Torsion" in TMS theatre reporting system during a set time period. We then conducted a paper chart review. Details were manually inputted into an Excel spreadsheet. Data analysis used







Results

Our study found 100% of patients presented with pain, 74% of those requiring opiate analgesia. Only a small number had a palpable mass on bimanual, however bimanual examination was only carried out in 20% of cases. 92% of the study group underwent a pelvic ultrasound scan with the most common finding of 57% having a mass >5cm. Time from presentation to theatre was favorable, the mean being 9.4 hours. However, time from onset of symptoms to theatre was a much lengthier 32 hours, likely reflecting the 74% interhospital transfer rate. The oophorectomy rate of 34% is less than that reported in

similar studies.



■ Number ■ Percentage

Conclusion

Our findings correlated with that of other similar studies in that the presentations were varied and workup differed, although pelvic ultrasound was almost uniform. We found our oophorectomy rate to be satisfactorily low. Implementing a guideline would help to streamline patient management.

	Mean	Range
Time from symptoms to presentation (hours)	32.3	3-336
Time from presentation to surgery (hours)	9.46	2-48
Total hospital stay (days)	2.72	1-6

References

Houry D, Abbott J. Ovarian Torsion: A fifteen Year Review. Annals of Emergency Medicine 2001;38(2):156-159
Bar-On at al. Emergency laparoscopy for suspected ovarian torsion: are we too hasty to operate. Fertility and Sterility 2010; 93(6) 2011-2014