PAPAYA WORKSHOP HANDOUT

- Learning Objectives: Use papaya model to review
    - Public health aspects of unintended pregnancy, abortion, miscarriage
    - MVA and equipment pros & cons for outpatient setting
    - Prevention of risks of instrumenting the uterus
    - No-touch technique
    - Para-Cervical Block techniques
    - Understand MVA: syringe parts, charging, discharging vacuum
        - Head, Plunger, Barrel, Collar, O rings (help to seal), Lubricant
        - Align plane of valves, barrel, plunger; start closed & pull open
    - Dilation technique

- Good evidence simulation increases speed of learning (Hefler 2012, Ziv 2003)
- Papaya is memorable model for both MVA & para-cervical training (Paul, 2005)
- Pitaya is useful model for both MVA and simulated complication training (Goodman)
- Model evaluation: low cost ($7-42), satisfaction (32% more), confidence (275% inc)

- List of equipment: (1 set per 2-3 trainees, plus 1 for demo)
    - Smaller papaya
    - MVA
    - Cannula - size 8, 9, or 10
    - Dilators (up to 8, 9 or 10 Denniston or Pratt alternative)
    - OR entire AB pack - (speculum, tenaculum, dilators, gauze, container)
    - Syringe (10-20 cc), needle, sharps container (if PCB training)

- Suggestions:
    - Purchase small size fruit, not too firm or too ripe, 1 per 2-3 trainees
    - Remove stems (but don't cut out)
    - Seeds of papaya can usually be suctioned through size 8 or 9 cannula

- Case Reviews

1. You are performing an abortion for an anxious 20-year old G_1P_0 patient at six weeks gestation. You complete the cervical block and have the tenaculum in place. As you attempt to introduce the smallest dilator, you are unable to advance the dilator through the internal os. After readjusting the speculum and the tenaculum, you again find that there is severe resistance as you attempt to advance the dilator into the cervical canal; it feels dry, gritty and tight, and does not have the "normal" feel of the dilator tip advancing through the cervical canal.

    a. **What is the differential diagnosis?**

    b. **What would you do next?**

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TEACH
Training in Early Abortion for Comprehensive Healthcare

TEACHING POINTS

1a. What is the differential diagnosis?

False passage or perforation due to:

- Acute flexion of the uterus.
- Congenital or acquired uterine abnormalities
    - fibroid in the lower uterine segment.
    - uterine anomaly
    - cervical stenosis from prior cone biopsy
- Error in assessment of uterine position

1b. Change angle of dilator.

- Try flexible plastic sound or os finder.
- Change tenaculum location (posterior lip if retroflexed uterus).
- If acutely flexed cervix, try widening the speculum blades.
- Use transabdominal US guidance.
- Repeat pelvic exam.
- Consider shorter wide speculum.
- Try misoprostol & reattempt dilation in 1.5 - 3 hours.
- Consider having a more experienced provider finish the procedure