Office microlaparoscopy under local anesthesia for chronic pelvic pain  
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Record Status
This is a critical abstract of an economic evaluation that meets the criteria for inclusion on NHS EED. Each abstract contains a brief summary of the methods, the results and conclusions followed by a detailed critical assessment on the reliability of the study and the conclusions drawn.

Health technology
Office microlaparoscopy under local anesthesia (OLULA) for the evaluation of chronic pelvic pain (CPP) or infertility.

Type of intervention
Diagnosis.

Economic study type
Cost-effectiveness analysis.

Study population
Patients with CPP or infertility requiring diagnostic laparoscopy.

Setting
Office-based free-standing faculty practice at a tertiary care referral centre and hospital. The economic study was carried out in New Haven, Connecticut, USA.

Dates to which data relate
The effectiveness data for the CPP group were collected between February and June 1995. The dates related to effectiveness data for the fertility group and resource utilisation and prices used were not specified.

Source of effectiveness data
The evidence for the final outcomes was derived from a single study.

Link between effectiveness and cost data
The costing was undertaken prospectively on the same patient sample as that used in the effectiveness study.

Study sample
The study sample consisted of a cohort of women (11 in the CPP group) with a history of CPP who required diagnostic laparoscopy and a cohort of women (16 in the infertility group) undergoing office diagnostic laparoscopy for the evaluation of infertility. Power calculations to determine the sample study were not given.

Study design
Nonselected cohort study. The duration of the follow-up was 4 months. No loss to follow-up was reported.
Analysis of effectiveness
It was not explicitly stated whether the analysis of the clinical trial was based on intention to treat or on treatment completers only. The primary health outcomes used in the analysis were operative time, recovery time, pain scale score, time to normal activity, time to return to work, time to resume intercourse, and tolerance. The groups were shown to be comparable.

Effectiveness results
The operative time was estimated to be 23.91 minutes and 18.75 minutes in the CPP group and infertility group, respectively (p-value, NS). The recovery time was estimated to be 51.64 minutes (CPP) and 51.67 minutes (infertility group), (NS). The pain scale score was estimated to be 7 in the CPP group and 5.04 in the infertility group,(p<0.05). The time to normal activity was estimated to be 1.73 days and 2.01 days in the CPP group and infertility group, respectively (NS). The time to return to work was estimated to be 2.23 days (CPP) and 1.29 days (infertility group), (p<0.05). The time to resume intercourse was estimated to be 5.42 days and 4.21 days in the CPP group and infertility group, respectively (NS). Two patients could not tolerate the procedure.

Clinical conclusions
Office laparoscopy under local anesthesia is safe and effective. Although the procedure is better tolerated by women undergoing infertility evaluation, it was well tolerated by both groups. Conscious pain mapping helps identify potential areas of pelvic pain and helps further characterise patients with CPP.

Measure of benefits used in the economic analysis
No summary benefit measure was identified in the economic study, and only separate clinical outcomes were reported.

Direct costs
Total patient charges for office laparoscopy under local anesthesia were included in the analysis. Quantities/costs were not reported separately. The quantity/cost boundary adopted was not specified. The date to which the price data referred was not stated.

Indirect Costs
Not stated.

Currency
US dollars ($).

Sensitivity analysis
Not stated.

Estimated benefits used in the economic analysis
Not applicable.

Cost results
The average total patient charges for OLULA were estimated to be $1,700 versus $7,500 for operating room laparoscopy.

Synthesis of costs and benefits
A synthesis of the estimated benefits and costs was not possible since costs and benefits were not assessed for the same comparator.

**Authors' conclusions**
Office laparoscopy under local anesthesia is safe and effective and it is less expensive than traditional laparoscopy. Although the procedure is better tolerated by women undergoing infertility evaluation, it was well tolerated by both groups. Conscious pain mapping helps identify potential areas of pelvic pain and helps further characterise patients with CPP.

**CRD COMMENTARY - Selection of comparators**
The comparator for the effectiveness study was performing the same health technology (OLULA) for the evaluation of infertility, whilst, for the cost analysis, it was assumed to be "traditional laparoscopy in the operating room under general anesthesia (gold standard)". No justification was given for the choice of two different comparators in the analysis.

**Validity of estimate of measure of benefit**
The internal validity of the effectiveness results is questionable due to lack of randomisation and small sample size.

**Validity of estimate of costs**
The resource quantities were not reported separately from the prices. Adequate details of methods of quantity/cost estimation were not given.

**Other issues**
Given the absence of randomisation, sensitivity analysis, and statistical analysis of the costs, the results need to be treated with caution. The authors' conclusions may not be justified, given the uncertainties in the data. The issue of generalisability to other settings or countries was not addressed. Given that costs and benefits were not assessed for the same comparator, no synthesis of the estimated benefits and costs was possible.

**Source of funding**
None stated.

**Bibliographic details**

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