Misoprostol use in medical evacuation of spontaneous abortion: Drug use evaluation study at woman’s hospital in Qatar

Samah ElSalem
Hamad Medical Corporation, Qatar

Objectives: To conduct a drug-use evaluation by investigating indications, appropriateness of dosing, and clinical outcome of misoprostol-only regimen when used for medical evacuation of spontaneous abortion.

Method: A retrospective descriptive drug-use evaluation was conducted on women with spontaneous abortion who received misoprostol for medical evacuation during August 2013. The current practice at Women’s Hospital was compared with World Health Organization (WHO) recommendation. Patients were stratified into three groups based on weeks of amenorrhea.

Results: One-hundred and seven patients received misoprostol during August 2013. Thirty-three patients (31%) were included. In these patients, the main indication for using misoprostol was missed abortion (54.5%). In the group of ≤9 weeks, 80% of them received an initial dose of 800 mcg, 80% received frequency within WHO recommendation, and most of them had surgical evacuation (80%). In the group of 10 to 12 weeks, more than 80% received an initial dose of 800 mcg, 6% received frequency as WHO recommendation, and more than 75% had successful medical evacuation. In the group of 13 to 22 weeks, more than 80% of them received an initial dose of 400 mcg, more than 80% received frequency within WHO recommendation, and 54% of them had successful medical evacuation. Overall, more than 70% of patients received ≤3 total doses of misoprostol and more than 60% had successful medical evacuation as a clinical outcome.

Conclusions: Despite the current practice at Women’s Hospital not always in accordance with WHO recommendation, successful medical evacuation was achieved in most patients.

Safe dispensing of chemotherapy for pharmacists

Sonia Amin Thomas
Philadelphia College of Osteopathic Medicine, USA

Healthcare workers are exposed to chemotherapy during preparation and administration of hazardous drugs including chemotherapy. This has been an ongoing concern for years in the healthcare industry. Various studies showing contamination in preparation area, long-term chromosomal abnormalities, biological marker changes in workers, long-term effects on reproduction, hair loss, rashes, miscarriages and birth defects and cancers due to chemotherapy exposure make this concern legitimate. There are guidelines for safe handling of both intravenous and oral chemotherapy from the American Society of Health-System Pharmacists (ASHP), the Oncology Nursing Society (ONS) and the Occupational Safety and Health Administration (OSHA) which all discuss how to prepare, handle and administer chemotherapy safely.

Notes: