

BULLET POINTS REGARDING LAPAROSCOPIC ABDOMINAL CERCLAGE

1. Incidence – between 1/100 to 1/200 pregnancies have incompetent cervix
Incompetent cervix is almost always found by losing one infant at 16 – 23 wks gestation.
2. Vaginal cerclage has at least a 15% failure rate.
3. Abdominal cerclage has a 97 -99 % success rate (1-3% failure rate)
4. Laparoscopic abdominal cerclage vs open laparotomy abdominal cerclage is superior in results, cost, complication rates, and recovery time.
5. Laparoscopic abdominal cerclage can be done between pregnancies, early in pregnancy, or as a rescue cerclage when early dilatation has started.
6. Rescue cerclage has a much higher failure rate and is very dependent on how dilated the cervix is. This makes rescue cerclage very time sensitive and an urgent or emergency procedure.
7. Laparoscopic abdominal cerclage in pregnancy is more technically challenging and the difficulty increases with advancing pregnancy duration.
8. There are very limited locations that have significant experience and perform this procedure. The locations for cerclage during pregnancy are further limited and rescue cerclage are even further diminished.
9. As more patients discover the advantages of laparoscopic abdominal cerclage through forums such as Abbyloopers.com, the demand has been growing.
10. There is no CPT code for laparoscopic abdominal cerclage and insurance reimbursement has been very limited and unpredictable.