

# OFIS HİSTEROSKOPİNİN GENİŞLEYEN ENDİKASYONLARI

MD PhD Erhan ŞİMŞEK

HYTEROSCOPY

GOLD STANDART

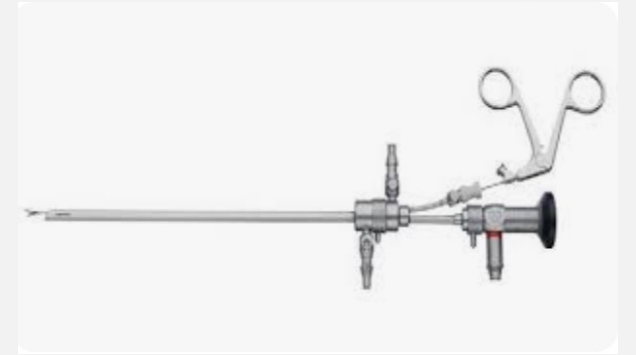
for uterine cavity evaluation

# OFFICE HYSTEROSCOPY

- 5 mm or less in diameter
- Ambulatory
- No anaesthesia
- See & Treat policy



- Rigid Hysteroscopes
- Flexible Fiberoptic Hysteroscopes
- Digital hysteroscopes



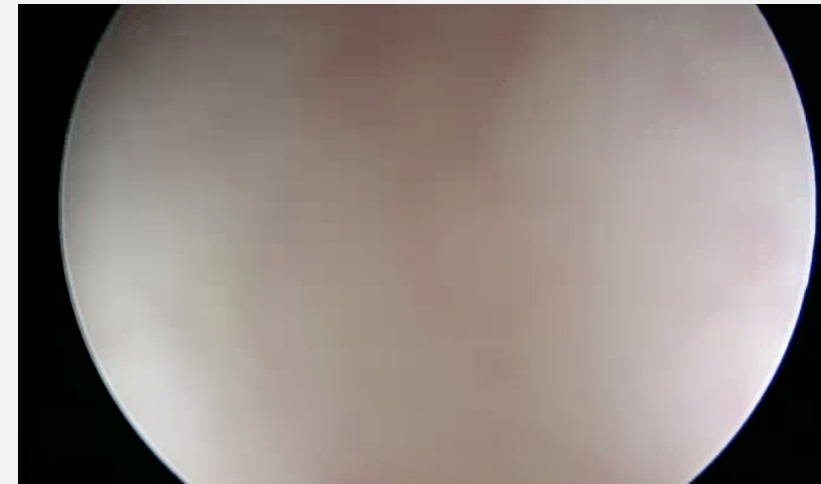
# OFIS HISTEROSKOPI

## ADVANTAGES

- Without Anesthesia and related risks
- Omits Operation room distress
- No Speculum & Teneculum
- No Cervical Dilatation
- “see and treat” option
- “Fast track” to daily routine

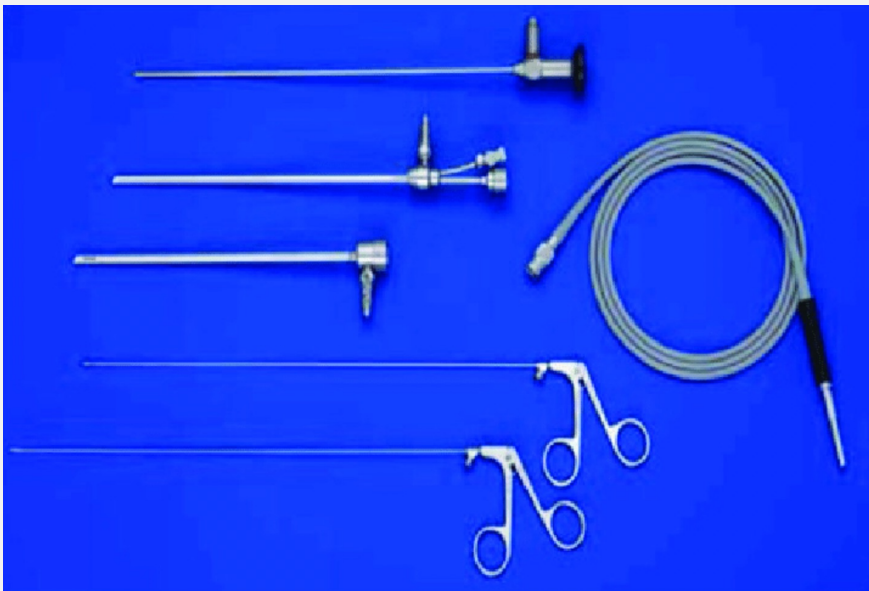
## DISADVANTAGES

- Instrument limitations
- Failed procedures due to
  - Pain
  - Access to the cavity
- Pain

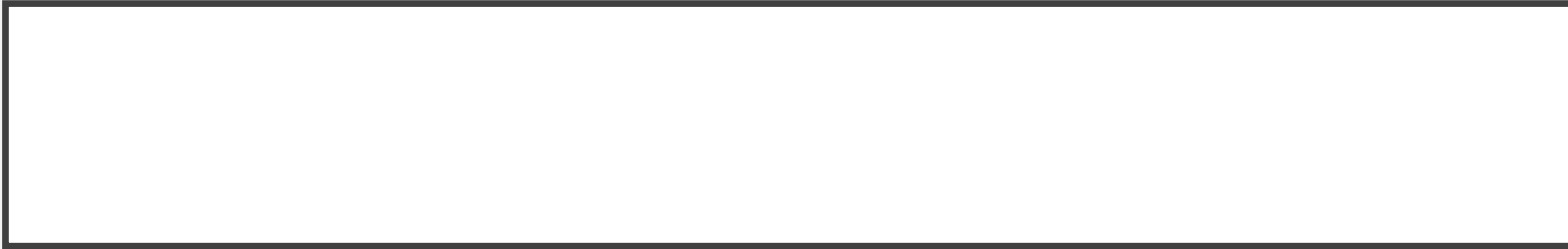


# HYSTEROSCOPIC 5 FR INSTRUMENTS

- Punch biopsy forceps
- microscissors
- HS Teneculum
- Bipolar electrodes







- 15-25% of US gynecologist perform office hysteroscopy procedures

2018 JMIG

Salazar CA

- Those who do not offer ;
  - Not examining targeted patient population
  - Cost and reimbursement issues
  - Lack of Hysteroscopy experience
  - Concerns of pain and complication management



# OFFICE HYSTEROSCOPY

- Diagnostic hysteroscopy
- Endometrial biopsy
- IUD removal
- Endometrial polypectomy
- Intrauterine adhesiolysis
- Submucous myomectomy
- Removal of Retained Product of Conception (RPOC)
- Uterine metroplasty (Septum, dysmorphic U)

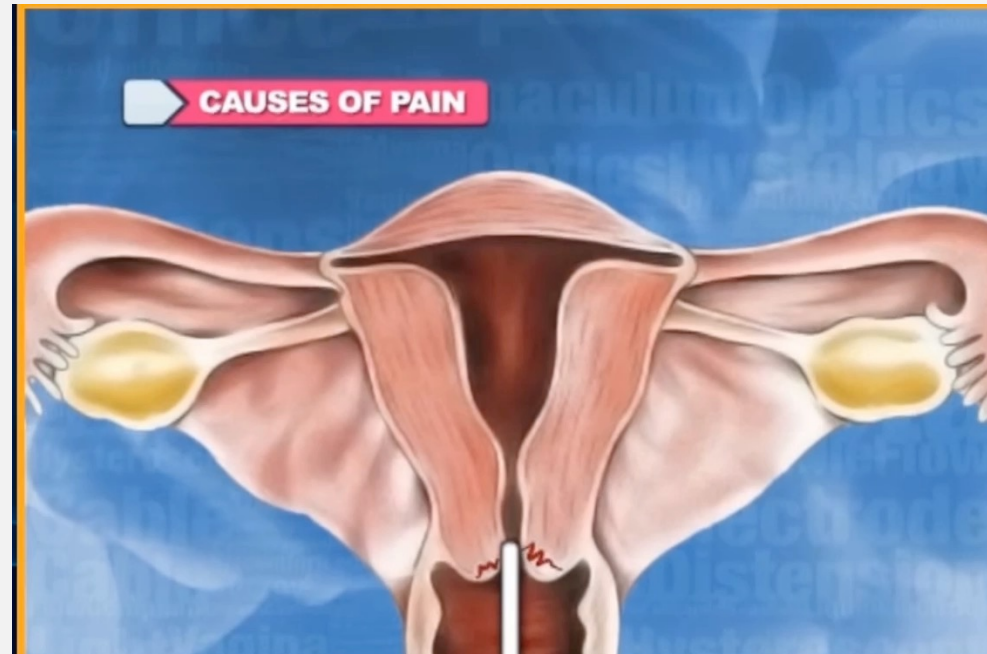
## MAJOR OBSTACLES

Cervical Stenosis

- &

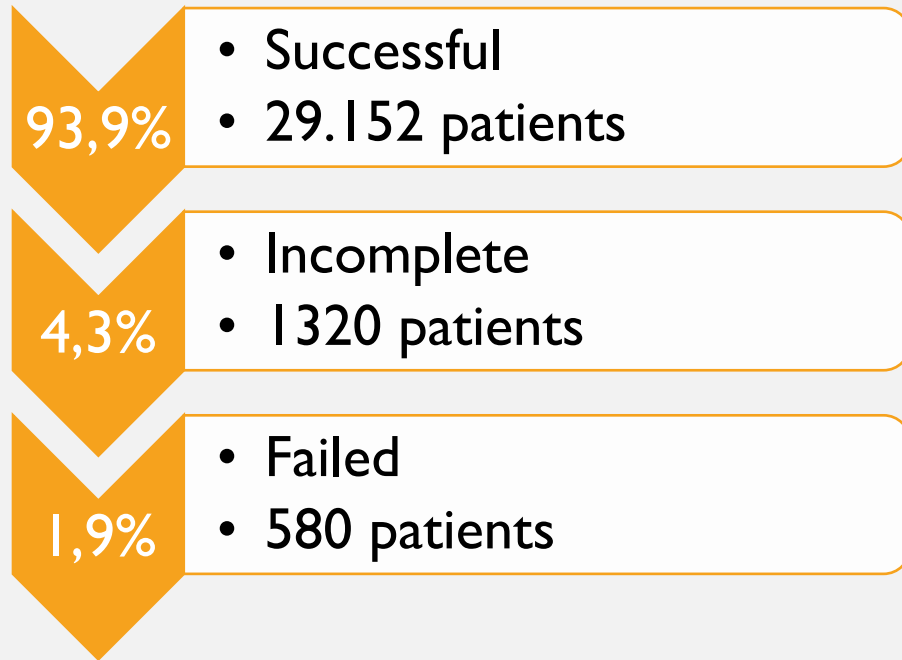
Pain

# NAVIGATION THROUGH CX CANAL



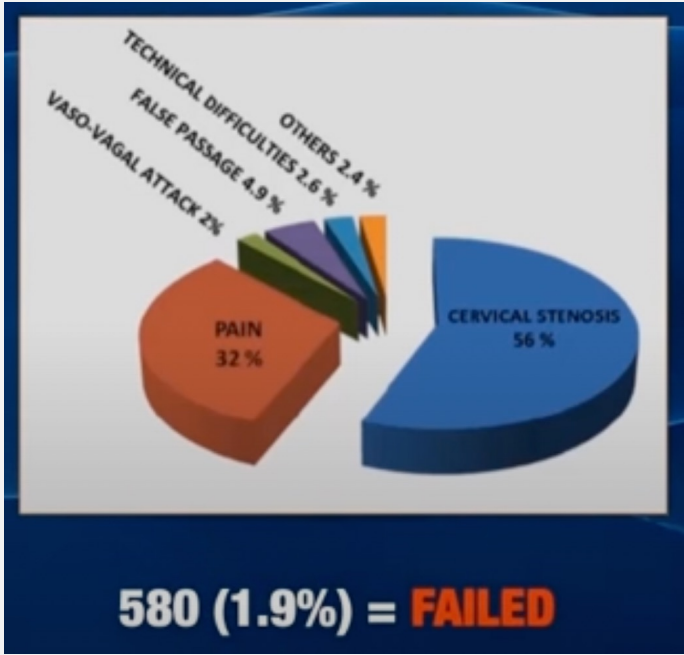
# Challenging the cervix: strategies to overcome the anatomic impediments to hysteroscopy: analysis of 31,052 office hysteroscopies

Stefano Bettocchi, M.D.,<sup>a</sup> Silvia Bramante, M.D.,<sup>b</sup> Giuseppe Bifulco, M.D., Ph.D.,<sup>c</sup> Marialuigia Spinelli, M.D.,<sup>c</sup>



Fetil Steril 2016

32,7% Cervical Stenosis

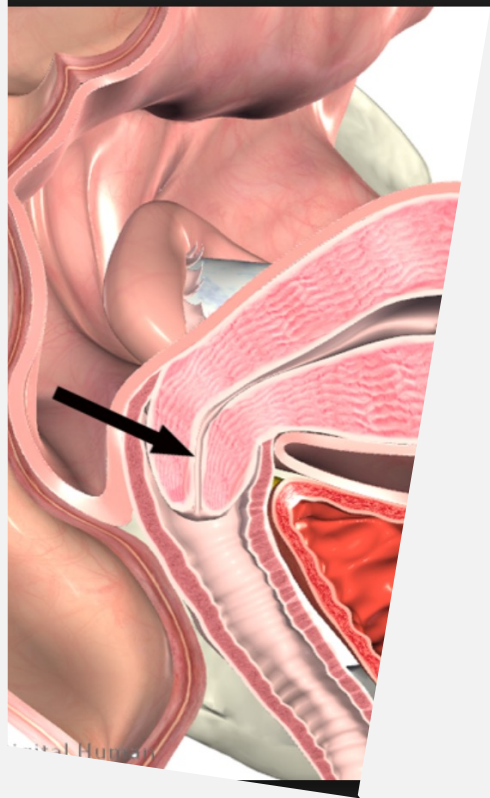


# PAIN CONTROL

- NSAIDS
  - An hr before procedure
- Opioids (tramadol )
- Local anesthetics
  - Paracervical injections
  - LA Sprays, jels
  
- Paracervical blok...!

# CERVICAL PREPERATION

- Not routinely recommended for every patient



Misoprostol

Misoprostol

+

Estradiol

Premenopausal  
12-24 hrs before

Postmenopausal  
Women

2 wks before



**Journal of Obstetrics and Gynaecology Canada (JOGC)**

Volume 41, Issue 7

Copyright © 2019 The Society of

# Effectiveness of Outpatient Versus Operating Room Hysteroscopy for the Diagnosis and Treatment of Uterine Conditions: A Systematic Review and Meta-Analysis

Alexandria Bennett, MSc;<sup>1,2</sup> Candis Lepage, MSc;<sup>2</sup> Kednapa Thavorn, PhD;<sup>1,2,3</sup>

**Table 2. Results from meta-analyses in RCTs and nonrandomized studies**

Outcome	Number of studies	Number of participants	References	Estimate of outpatient effect (95% CI)
<b>RCTs</b>				
Treatment success	2	478	24, 28	Odds ratio 0.68 (0.43–1.05), $I^2 = 0\%$
Adverse events	3	585	24, 28, 42	Odds ratio 0.29 (0.04–2.23), $I^2 = 0\%$
Postoperative pain	2	464	24, 31	SMD 0.19 (0.01–0.37), $I^2 = 0\%$
Patients' satisfaction	4	678	24, 28, 31, 41	Odds ratio 0.94 (0.25–3.56), $I^2 = 80\%$
<b>Nonrandomized trials</b>				
Treatment success	3	453	15, 27, 29	Odds ratio 0.95 (0.49–1.83), $I^2 = 0\%$
Adverse events	5	1029	15, 27, 37, 43, 44	Odds ratio 1.31 (0.49–3.55), $I^2 = 0\%$
Postoperative pain	2	565	15, 44	SMD 0.42 (0.19–0.65), $I^2 = 36\%$
Patients' satisfaction	2	397	15, 27	Odds ratio 0.38 (0.10–1.48), $I^2 = 0\%$

RCT = randomized controlled trial;  $I^2$ : test for heterogeneity; SMD: standard mean difference.



# ENDOMETRIAL BIOPSY ABNORMAL UTERINE BLEEDING

11 % misses Ca  
7% failed  
Persistent bleeding  
after Bx

Blind

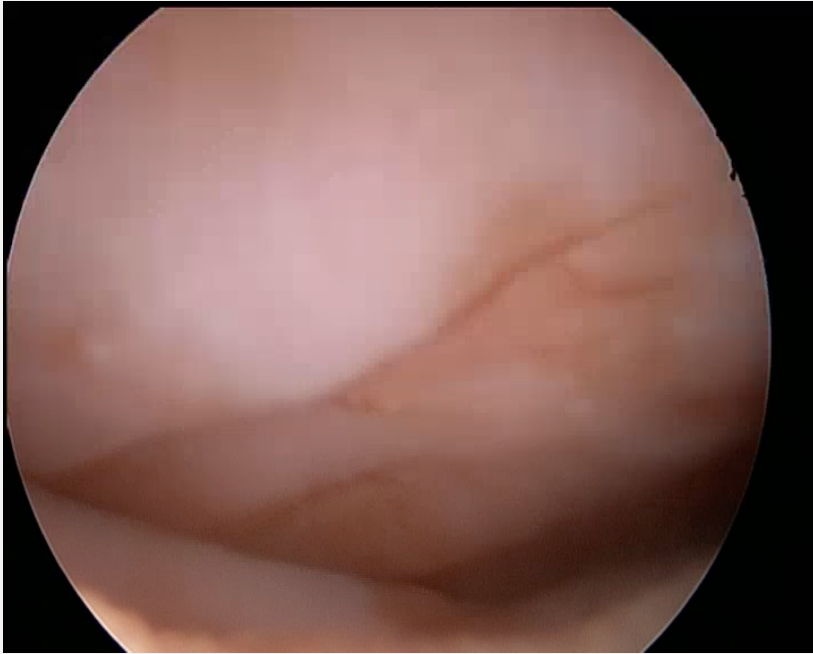
Increased accuracy

HS  
Directed

# IUD & BX

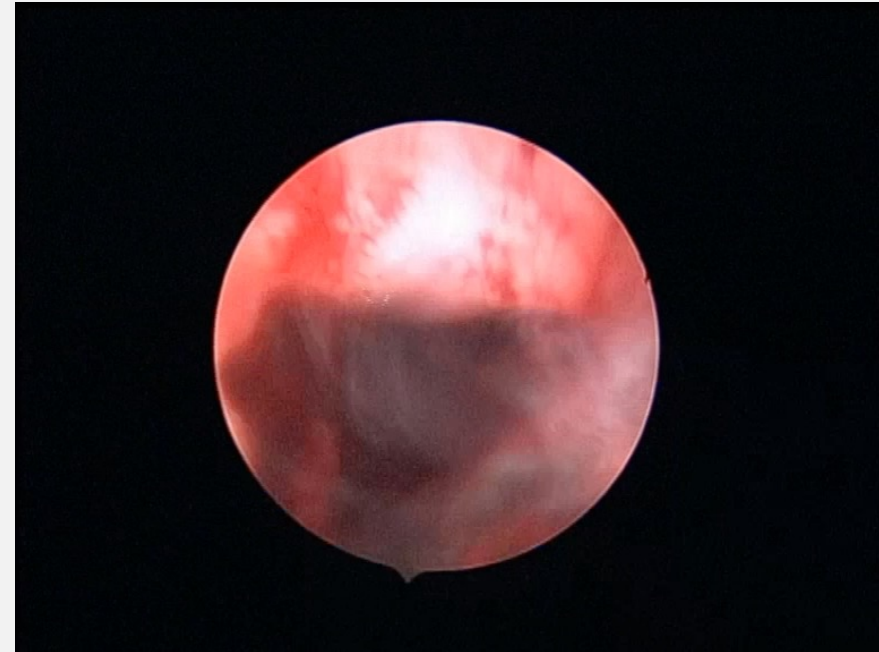


# POLYP EXCISION

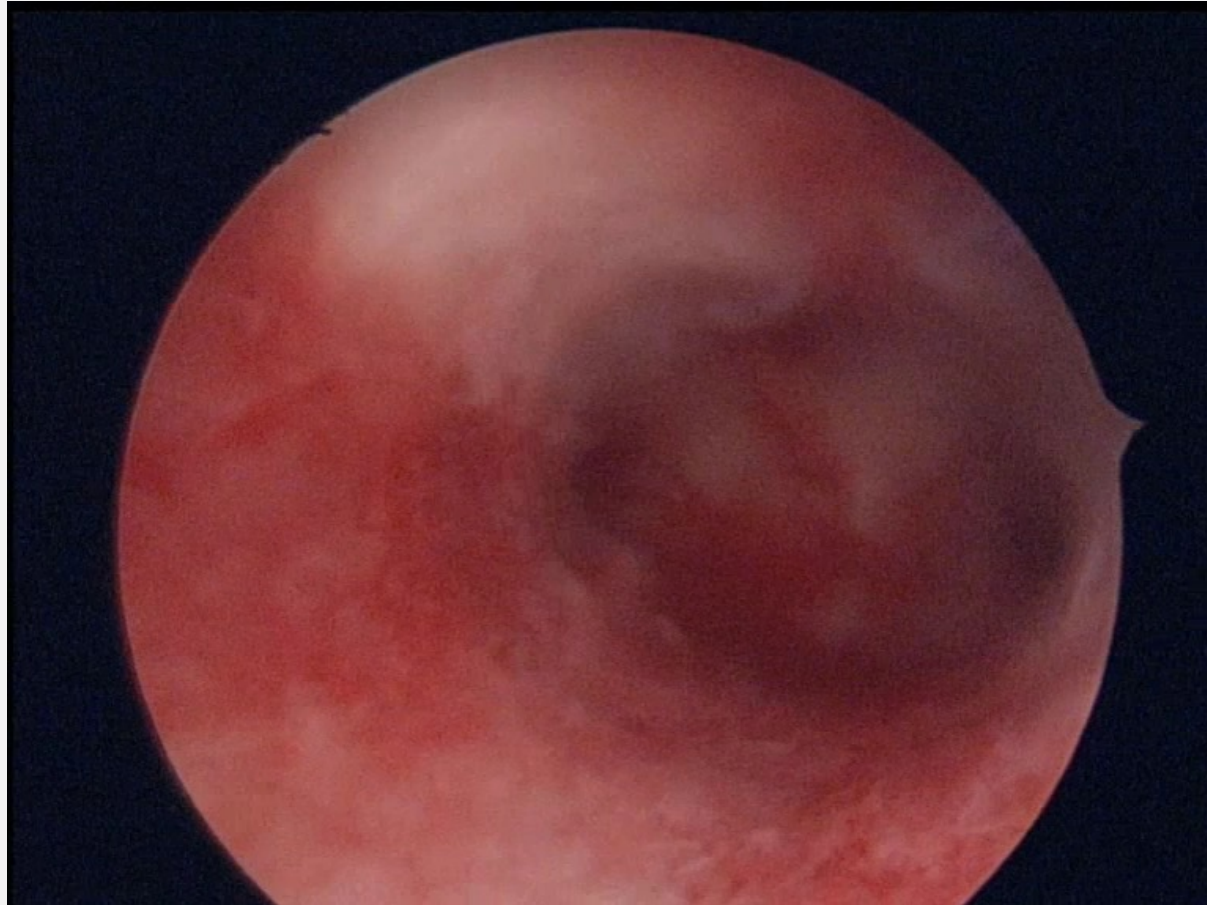


# ENDOMETRIAL ADHESIOLYSIS

- HS is gold standart
- Amenorrhoea, Hypomenorrhoea
- Up to 15 % after D&Cs
- Assoc W/ infertility and reccurent pregnancy losses
- Micro-scissors use
- Avoid dissection with bipolar energy
- Post-operative E2 use
- 2nd HS 4 wks later



## DISMORPHIC UTERUS



# OFFICE HS COMPLICATIONS

- Vasovagal reaction
- False Passage
- Uterine Hemorrhage
- Local anesthetic toxicity
- Uterine Perforation