

# Outpatient hysteroscopy – direct diagnostic access & new therapeutic procedures

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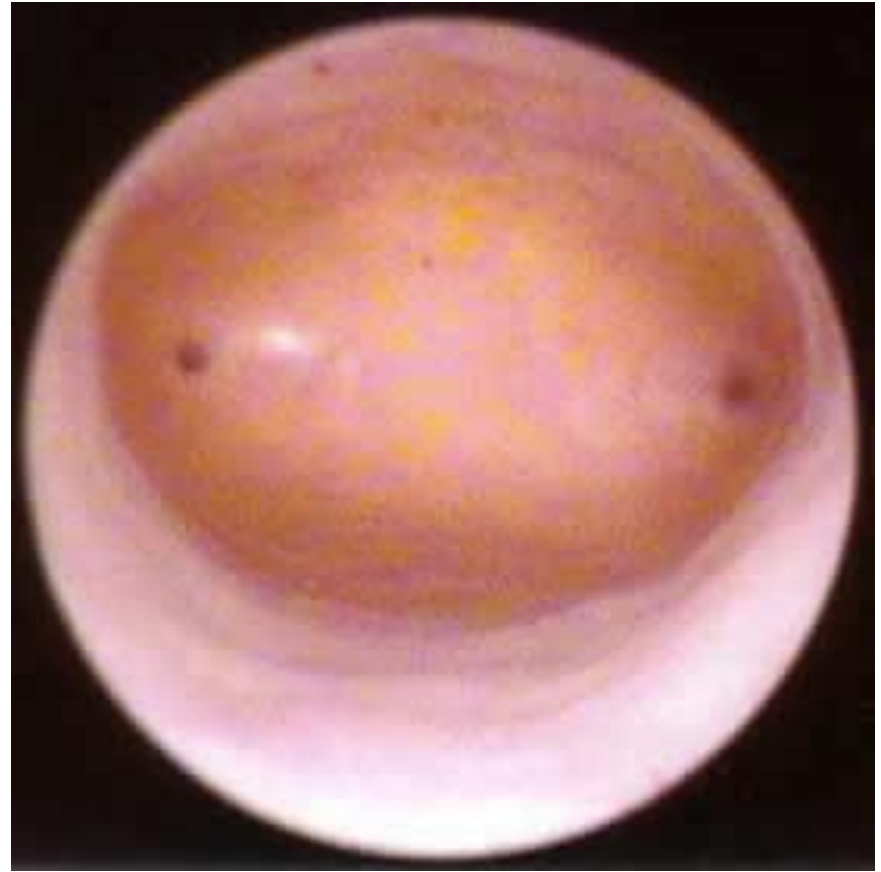
Imperial College Healthcare NHS Trust

Diagnostic outpatient hysteroscopy /  
removal small polyps

## OP Hysteroscopy - overview

- Use of miniature hysteroscopes to visualise uterine cavity
- Hysteroscope - diameter 3 - 3.5mm
- Outpatient setting
- Little or no analgesia required
- Excellent views obtained
- Either diagnostic or operative
- Associated with high rates of patient satisfaction
- Quicker recovery and return to work

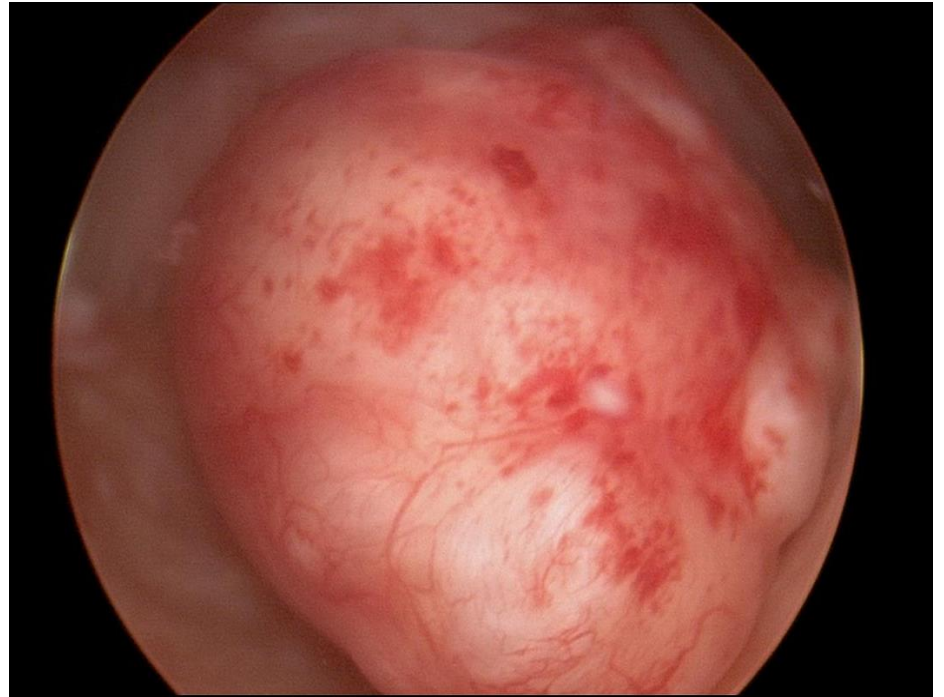
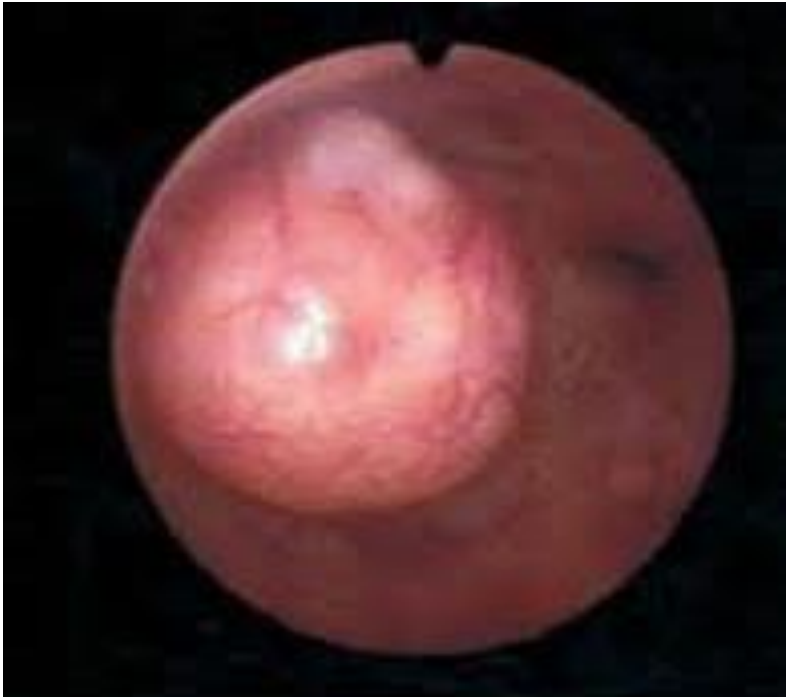
# Diagnostic outpatient hysteroscope



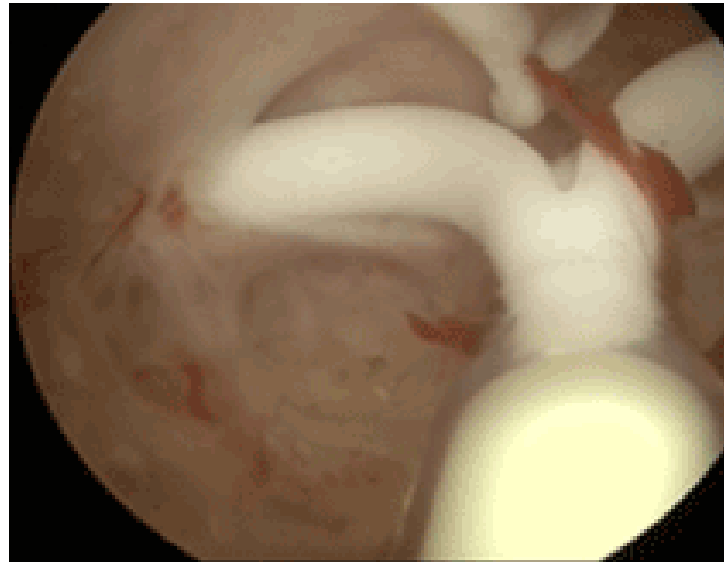
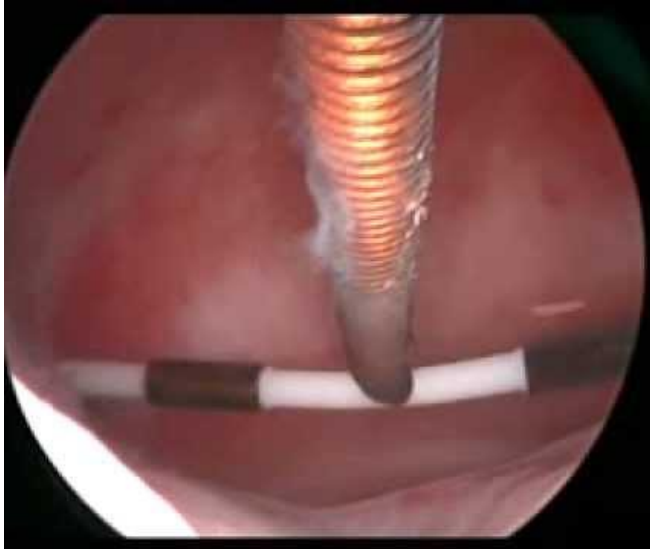
# Endometrial polyps



# Submucous fibroids



# Removing stuck IUD/IUS



# OPD hysteroscopy - technique

- Recommend simple analgesia 1hr before (ibuprofen 400mg +/- paracetamol 1g)
- Usually performed without speculum (vaginoscopy)
- Usually rigid saline hysteroscope - 3.5mm
- Local anaesthesia rarely necessary
- Dilatation of cervix rarely necessary
- Procedure time usually < 5 mins
- Appointment time 60 mins;
- Successful entry in approx 95% cases



# Who to refer

- Post menopausal bleeding / RAC
- Abnormal bleeding on HRT
- Menorrhagia > 45; inconclusive scan
- Intermenstrual bleeding
- Polyps
- Mirena /IUD - lost threads / embedded
- Assessment of cavity – fibroids, adhesions

# Suitable patients

- Always willing to try!
- Patient information beforehand – verbal / written / website
- Simple analgesia 1 hour before
- If intolerant of speculum examination - not necessarily an exclusion
- Nullips , multips , overweight, medical problems all welcome
- Must avoid pregnancy at time of appointment – use contraception from LMP

# Myosure tissue removal system

# Myosure tissue removal system

- Removal of larger polyps and small submucous fibroids in outpatient setting
- Energy free outpatient morcellation of polyps and fibroids
- Tissue cutting and removal at same time
- Good specimen for histology
- Myosure hysteroscope outer diameter 6 -7mm

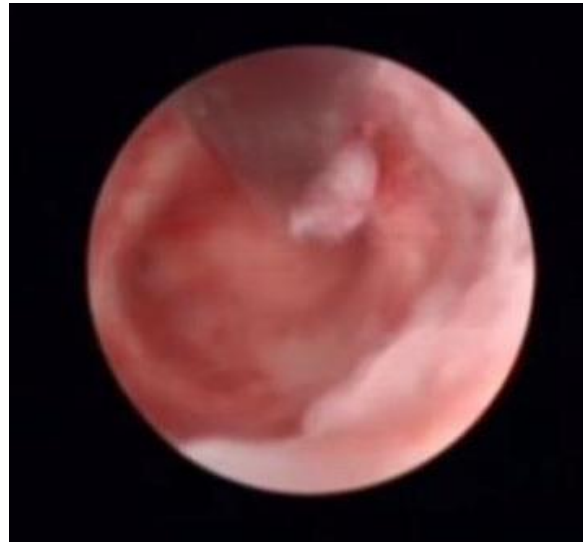
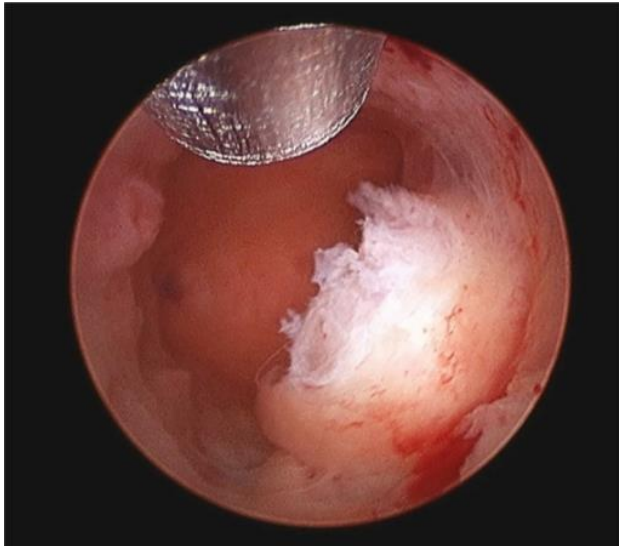
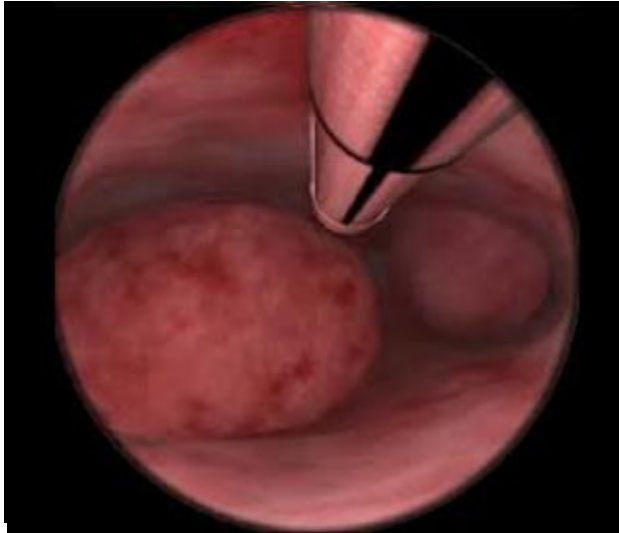
# Myosure tissue removal system



# Myosure tissue removal system

- Polyp removal 1- 2 mins
- Fibroids 10 -15 mins
- Oral analgesia 1 hour before (ibuprofen 400mg +/- paracetamol 1g)
- LA infiltration of cervix in 4 quadrants
- Dilatation to 6.5mm -7mm
- Then can proceed vaginoscopically
- Well tolerated

# Myosure tissue removal system



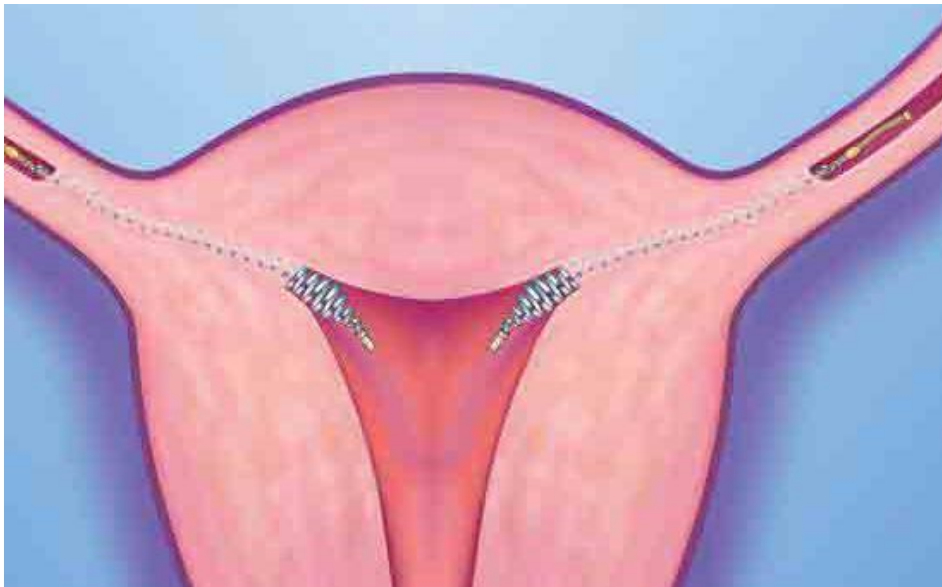
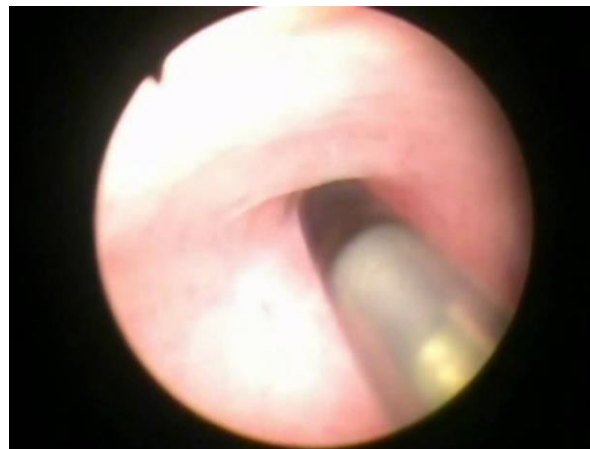
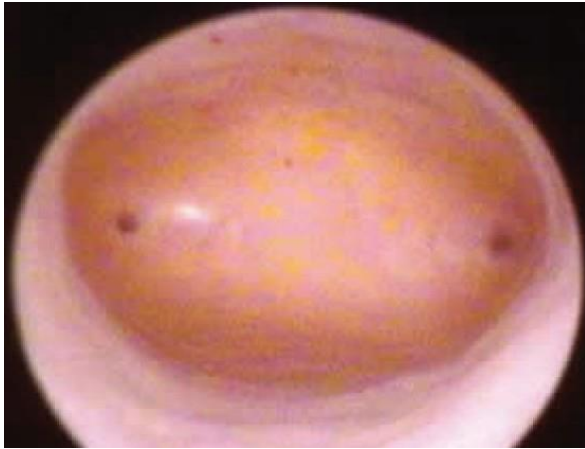
# Hysteroscopic Sterilisation



# Hysteroscopic sterilisation

- Essure hysteroscopic sterilisation
- Avoids need for laparoscopy
- Usually performed as an outpatient so avoids GA
- Large US experience
- 95% successful bilateral placement
- As efficacious as LCS
- Needs HSG to confirm occlusion at 3 months – must use contraception until confirmation

# Hysteroscopic sterilisation



# Hysteroscopic sterilisation

- Safety concerns raised mainly in USA
- **BMJ**: Safety and efficacy of hysteroscopic sterilization compared with laparoscopic sterilization: an observational cohort study; October 2015 - looked at > 8000 cases HS
- Unintended pregnancy rate same for HS vs LCS
- Significant increased re-operation rate for HS – although re-operation not defined
- No major adverse events
- Difference in populations wrt co-morbidities, PID etc
- Able to avoid laparoscopy in 90% of cases

# Outpatient hysteroscopy services at Imperial

# Outpatient hysteroscopy services at Imperial

## SMH

### Clinic times

#### Consultant clinics:

- Wednesday afternoon
- Thursday morning
- Alternate Thursday afternoon

#### CNS led

- All day Monday
- Tuesday morning
- Wednesday morning

## QCCH

### Clinic times

#### Consultant clinics:

- Tuesday morning
- Wednesday afternoon
- Friday morning

#### CNS led

- Thursday morning

# Outpatient hysteroscopy services at Imperial

## SMH

### Consultants:

Katy Clifford

Asmaa Al-Kufaishi

•CNS: Louise Brady

Miranda Cowen

### •Location:

DSU, 4<sup>th</sup> floor, Mary Stanford  
Wing, SMH

## QCCH

### Consultants:

Nick Panay

Karen Joash

Christine Ekechi

•CNS : Louise Brady

### •Location:

Gynaecology outpatients,  
Ground floor, QCCH

# Outpatient hysteroscopy services at Imperial

- Referrals – direct from GPs / community service / hospital GOPD
- Letters emailed to [Louise.Brady@imperial.nhs.uk](mailto:Louise.Brady@imperial.nhs.uk) or to the gynaecology dept for triage
- Direct referrals - inform patient that you are referring for an outpatient hysteroscopy, not just a routine gynae appt
- Patient will not be sedated / not necessarily LA, but advise simple pain relief 1 hour before / outpatient procedure
- Information for patients / referrers on website:  
[www.imperial.nhs.uk/our-services/gynaecology/hysteroscopy-clinic](http://www.imperial.nhs.uk/our-services/gynaecology/hysteroscopy-clinic)

# [www.imperial.nhs.uk/our-services/gynaecology/hysteroscopy-clinic/patient-information](http://www.imperial.nhs.uk/our-services/gynaecology/hysteroscopy-clinic/patient-information)

## Your appointment at the outpatient hysteroscopy unit

### Information for patients

#### Introduction

This leaflet tells you more about having a hysteroscopy and what to expect. Please feel free to ask our team any questions you have about the information below.

#### What is a hysteroscopy?

A hysteroscopy is an investigation where a small telescope is passed through your cervix to examine the endometrial cavity (the inside of the womb). **It is important that there is no risk of pregnancy when the procedure is carried out. Please use contraception from your last period until the appointment date.**

#### Why should I have this procedure?

Hysteroscopy is a reliable procedure that can identify abnormalities inside the uterus. It can be carried out without a general anaesthetic, so you don't need to stay in hospital.

#### What are the risks involved with this procedure?

- There is also a small risk (less than 1 per cent) of perforation (piercing a hole) in the womb. This is very unlikely but, if it does occur, it may require a further procedure under a general anaesthetic
- There is a small risk of infection (less than 1 per cent)

A small amount of bleeding is normal after the procedure.

#### What happens during the procedure?

You will be given gowns to wear for the procedure and asked to remove your clothing below the waist. Your legs will rest on two knee supports during the procedure.

A vaginal examination is carried out before the hysteroscopy. The camera will then be gently passed through the vagina and cervix and into the uterine cavity. Saline (salt water solution) is passed down the telescope and you will feel some fluid in the vagina. A biopsy may be taken and small polyps (skin tags) in the uterus may also be removed if necessary.

Most of the time, the procedure is carried out without the need for a speculum (the instrument used when you have smear) or a local anaesthetic.

#### Gynaecology

## MyoSure (hysteroscopy)

### Information for patients

#### Introduction

This leaflet explains what MyoSure (hysteroscopy) is and what to expect from the procedure. Please ask our team any questions you have about the information below.

#### What is MyoSure (hysteroscopy)?

A hysteroscopy is an investigation where a small telescope is passed through your cervix to examine the inside of your womb. You may have already had an outpatient hysteroscopy to diagnose a polyp or fibroid. MyoSure is a tissue removal system that removes polyps or fibroids without having to cut the uterus.

#### Why should I have this procedure?

MyoSure is beneficial for women who have heavy or irregular bleeding due to polyps or fibroids. It may also be helpful for those wishing to become pregnant. It does not require an incision (cut) and can be performed in an outpatient setting.

#### What are the risks associated with this procedure?

- There is a small risk (less than 1 per cent) of perforating (making a hole) in the womb. If this occurs you may require a further procedure under a general anaesthetic
- There is a small risk of infection (less than 1 per cent)

A small amount of bleeding is normal after the procedure.

**It is important that there is no risk of pregnancy when the procedure is carried out. Please use contraception from your last period until the appointment date.**

#### What should I expect at my appointment?

We will give you gowns to wear for the procedure and ask you to remove your clothing below the waist. We will ask you to lie on a couch with your legs apart (they will be supported).

We will carry out a vaginal examination before the procedure. A speculum will be inserted into your vagina – much like a smear test. A local anaesthetic is then injected into the cervix and the opening stretched slightly to allow the instrument through.



Thank you!