Better out than in: outpatient hysteroscopic morcellation of polyps and fibroids

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Introduction:

Outpatient hysteroscopic morcellation of polyps is a safe and effective method of diagnosing and treating endometrial polyps and fibroids¹.

Aim:

To review the efficacy of performing hysteroscopy and resection of a polyp or fibroid under local anaesthesia using a morcellation device. Also, to demonstrate the benefit of the "see and treat" approach for early diagnosis and management of abnormal uterine bleeding.

Indications for referral



Post-menopausal bleeding
Heavy menstrual bleeding
Inter-menstrual bleeding
Heavy and inter-menstrual bleeding
Sub-fertility

Design:

Prospective observational study to assess the success of the procedure.

A hysteroscopic morcellation device was used.

Cases:

40 women with abnormal uterine bleeding attended either a one-stop outpatient clinic or day surgery setting at a district general hospital. Indications for referral included post-menopausal bleeding, intermenstrual bleeding or heavy menstrual bleeding.

Results:

Successful hysteroscopy and resection was performed in the majority of cases (n=38, 95%). The resection was complete in all of those cases (n=38, 100%). 2 cases (5%) required subsequent hysteroscopy and resection under general anaesthetic. Histology results included benign endometrial polyps (n= 35), leiomyoma (n=2), and endometrial malignancy (n=3). The patients' ages ranged from 41-83 years.

No complications arose from these procedures and no patient required admission. The patients reported low pain scores (2/10 - 4/10) following the procedure, and rates of patient satisfaction reported were high.





Leiomyoma

Benign endometrial polyp



Conclusion:

The procedure is effective in the diagnosis and management of abnormal uterine bleeding. Benefits demonstrated include high operative success rate, short operating time, reduction in cost², and low rates of complications. Patient feedback indicates that the procedure is well tolerated and acceptable to women³.

References

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