ABSTRACT TITLE: Submucous Fibroids: Management Approach by Gynecological Endoscopy Surgeons/Trainees in Nigeria

Lateef Akinola[1,2], Jude Okohue[3,4], Joseph Ikechebelu[5], Olajuwon Alabi[6], Ayokunle Olumodeji[7]

[1]Medison Specialist Women's Hospital, Lagos, Nigeria. [2]Fertility Assyst, Lagos, Nigeria. [3]Gynescope Specialist Hospital, Port Harcourt, Nigeria. [4]Madonna University, Port Harcourt, Nigeria. [5]Nnamdi Azikiwe University, Awka, Nigeria. [6]South Shore Women's and Children's Hospital, Lagos, Nigeria. [7]Lagos State University Teaching Hospital, Nigeria

Introduction: Hysteroscopic myomectomy is the treatment of choice for submucous fibroid. Studies have shown positive impacts on recurrent pregnancy loss and infertility. Our survey documents the approach to managing submucous fibroids by gynaecologists with special endoscopy skills among members of the Association of Gynaecological Endoscopy Surgeons of Nigeria (AGES).

Materials and Methods: A questionnaire-based-cross-sectional survey of members of the Association of Gynaecological Endoscopy Surgeons of Nigeria between December 31, 2019, and January 21, 2020, using the SurveyMonkey platform.

Results: One hundred and forty-one of 210 members participated; a response rate of 67.1%. Of the respondents, 130 (92.2%) were consultants, 10 (7.1%) were senior registrars. Hysteroscopy training varied from basic/advanced certificate courses to post-fellowship training in endoscopy. Sixty-nine (53.1%) had been in practice for >10 years. Monthly, 60.7% (82/135) performed <5 hysteroscopic procedures; 25.2% (34/135) 6 – 10; 9.6% (13/135) 11 – 20; 3.7% (5/135) performed 21 – 30 and 0.7% (1/135) >40.

Up to 64.2% (86/134) use 2D transvaginal scans to diagnose submucous fibroid, and 37.5% (51/136) combine ultrasound and hysterosonography or hysterosalpingography.

About 65.1% (82/126), 35.9% (47/131), 12.2% (16/131), respectively, use FIGO, the International Society for Gynecologic Endoscopy/ European Society of Human Reproduction and Embryology (ISGE/ESHRE) or use none of these for classifying submucous fibroids.

Glycine was preferred for monopolar resection by 52.5% (62/118), while 59.7% (71/119) use saline for bipolar resection. About 93.2% (109/117) will not consider sterile water for bipolar resection.

About 70.5% (86/122) regularly monitor fluid deficit, 17.6% (22/125) do not (due to lack of a monitoring device). Also, 14.4% (18/125) do not (because they use <3 liters of distention media). For uterine cavity distention, 52% (64/123) use fluid pressure pumps, 28.6% (34/129) use gravity, while 25.4% (31/122) use Hysteromat or other fluid management equipment.

About 3.7% (4/109) conveniently resect type-2 submucous fibroids in >2 hysteroscopic procedures, while 20.2% (23/114) and 23.2% (26/112), respectively, in one or two hysteroscopic approaches. Notably, 50.4% (63/125) refer such patients to experienced gynaecologists.

None use barrier gels only as anti-adhesion therapy; 78.5% (95/121) combine balloon catheter/intrauterine device with oestrogen/progesterone tablets. About 38% (40/105) offer no 2nd-look follow-up. About 45% (52/115) had experienced complications, including uterine perforation during operative hysteroscopy.

Conclusion: Hysteroscopic myomectomy is increasingly being used by AGES-registered gynaecologists for treating submucous fibroids, a common cause of morbidity and subfertility in Nigerian women. AGES can positively impact Nigerian doctors' gynecologic endoscopic training, skills and practices to reduce complications.