

Outpatient Hysteroscopic Morcellation for Retained Products of Conception – a prospective single centre analysis



AIM:

Retained products of conception (RPOC) are defined as the presence of trophoblastic tissue inside the uterine cavity after the termination of first or mid-trimester pregnancy and delivery. Hysteroscopy is now the gold standard for management of RPOC as it is associated with increased surgical success and decreased intra and post operative complications as compared to blind dilatation and curettage. The aim of this study is to report our experience in management of RPOC by hysteroscopic morcellation using tissue retrieval system in an outpatient setting in **Grade 0-1 as per Gutenberg's pre-operative classification**.

METHOD:

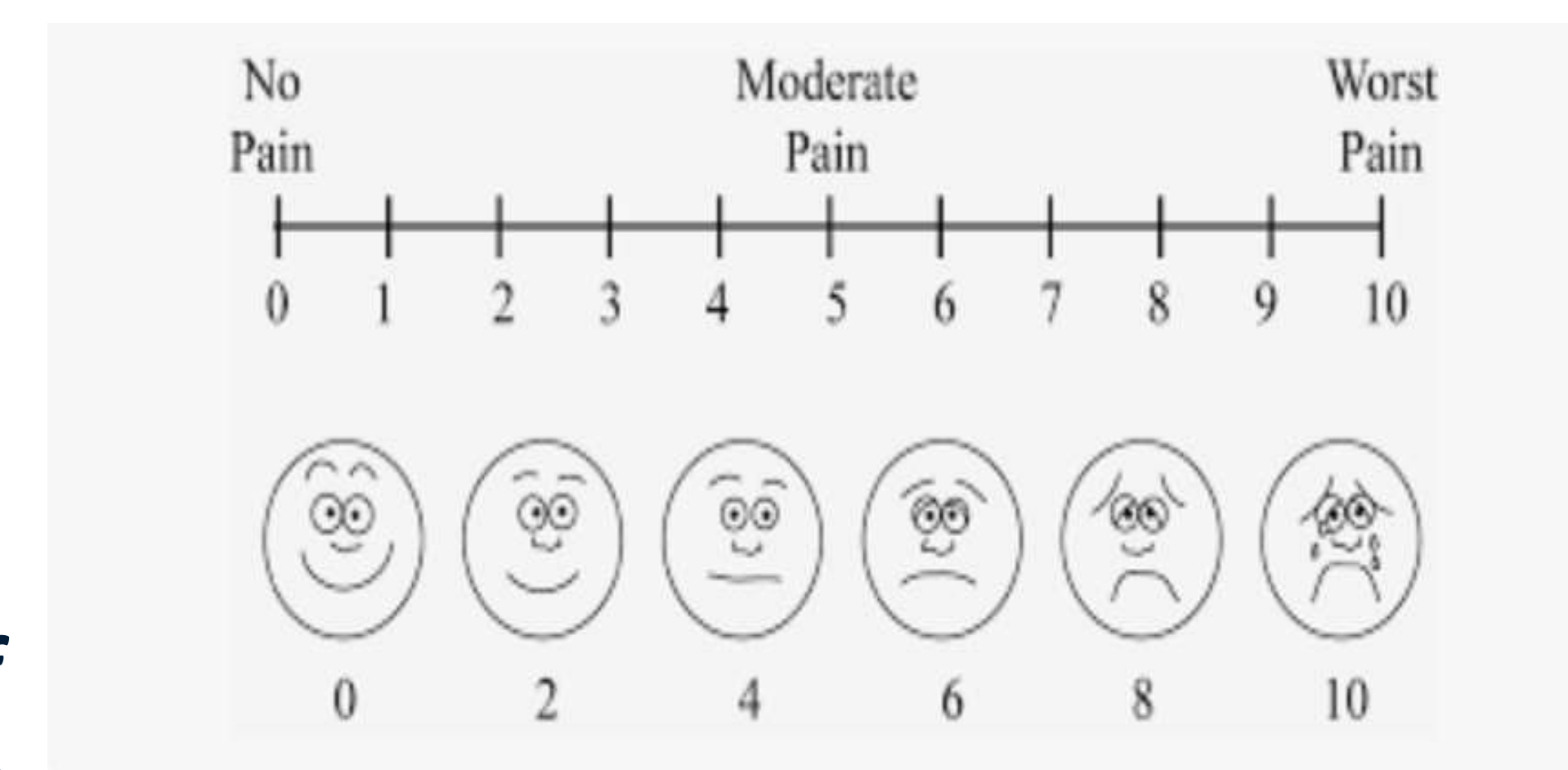
Patients presenting with suspicion of RPOC were subjected to an Ultrasound examination in order to confirm the findings and stratify the patients into grades 0-3 as per Gutenberg's classification. All grade 0 and 1 were for a prospective analysis over a period of two years from 1st December 2020 to 30th November 2022 after Institutional Ethics Committee approval and written, informed consent. All these patients (n=84) underwent hysteroscopic morcellation of RPOC using **TruClear tissue removal system (Medtronic TRS) in an office setting**. Demographic data, obstetric history and preceding pregnancy outcomes, surgical findings, pain perception as per Visual Analogue scale, postoperative complications were noted. Post-operative Ultrasonography was done after 2 weeks and re-look office hysteroscopy was planned as per need. Statistical analysis was performed using the R-statistical tool version 3.5.3 and Microsoft excel.

CONCLUSION:

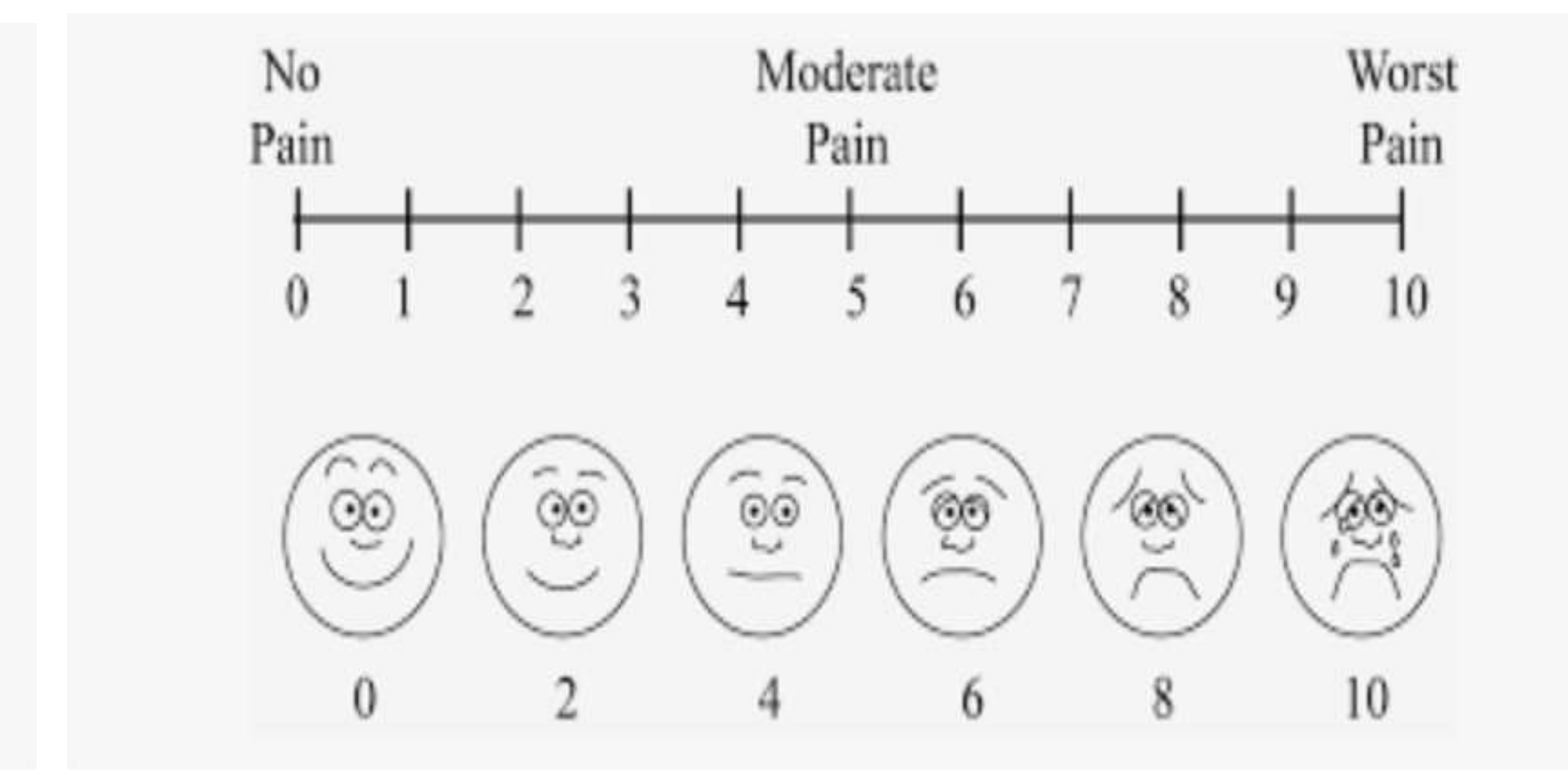
Hysteroscopic tissue morcellation in an outpatient setting remains a safe, precise, pain-free and highly effective **single-entry** option for the management of Grade 0 and 1 RPOC and could be the preferred method for management even in low resource countries as it reduces the cost of anaesthesia and repeated procedures. Mechanical morcellation by TRS is most suitable for patients desirous of future pregnancy to avoid complications related to energy sources in early grade RPOC.

RESULTS:

- Overall, spontaneous or elective abortion was noted in 61% cases and 52.4 % patients had failed previous treatment.
- The average timing between the preceding pregnancy and hysteroscopic removal was in average 10.3 weeks.
- **No patient in the study required any energy source for control of bleeding or conversion to an OT procedure and need for anaesthesia.**
- Average VAS score was 4-5 without NSAIDs and 2-3 with the use of oral NSAIDs one hour prior to procedure.
- Average time taken for the retrieval was 10.2 minutes.
- No complications related to fluid overload or intra-operative bleeding noted.
- No patient had persistent RPOC on post-operative follow-up ultrasonography and clinical resolution of symptoms was obtained.



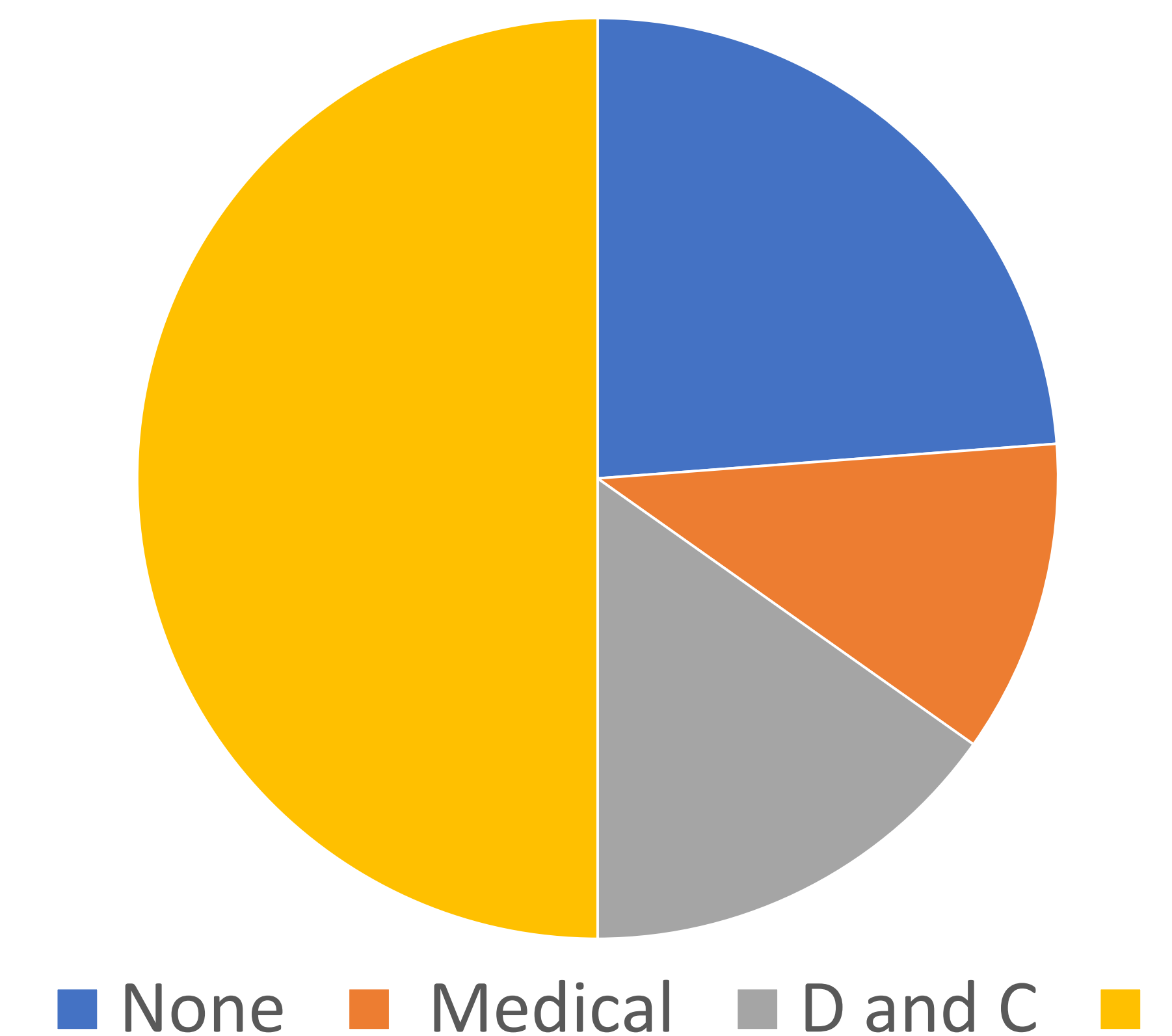
Vas score 4-5 (without NSAIDs)



Vas score 2-3 (with NSAIDs)

- **No bleeding!**
- **No need for anesthesia or OT!**
- **No persistent RPOC on follow-up!**
- **Saves time and resources, decreases financial burden!**

Previous treatment



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