



Out-patient hysteroscopy: Are we over-scoping premenopausal women?



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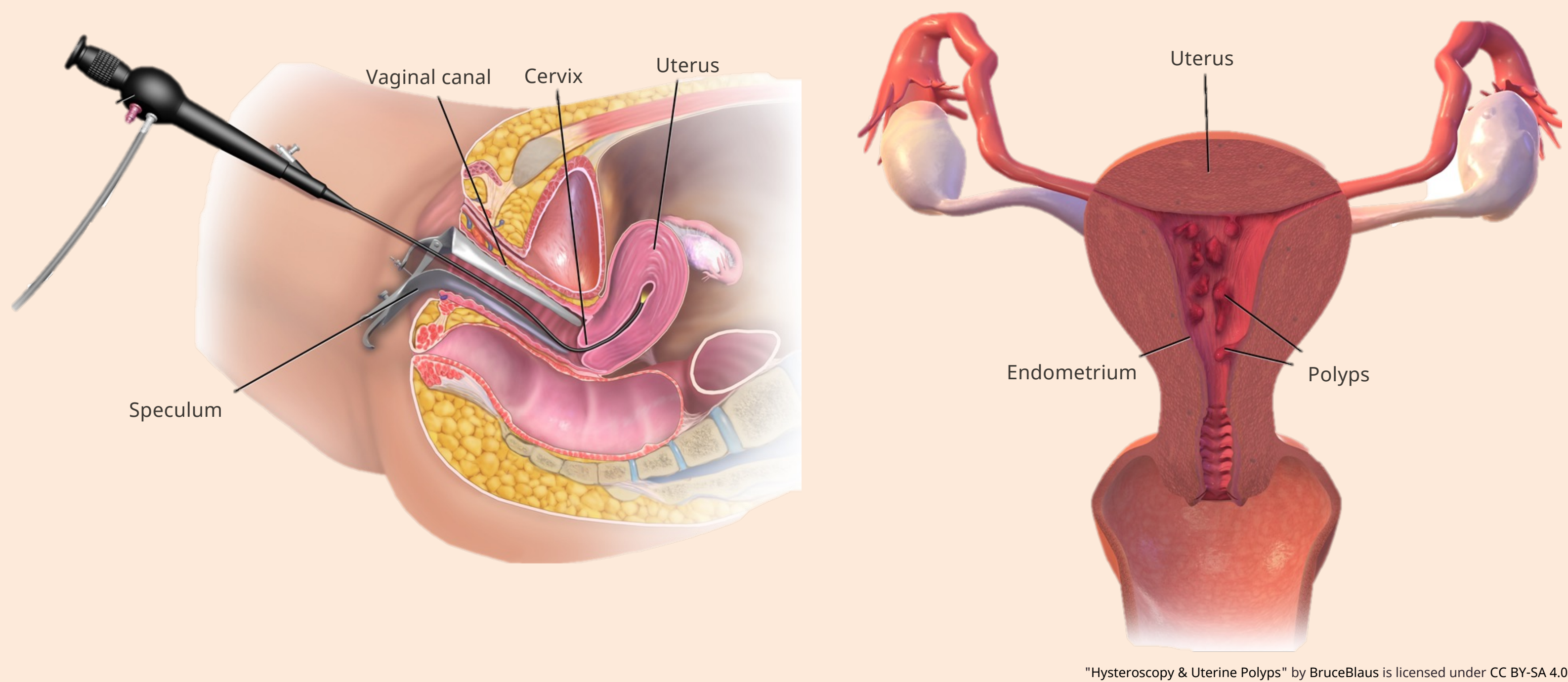
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01. Introduction

Diagnostic hysteroscopy is the gold standard for examining the uterine cavity and performing any focused investigation or therapeutic procedure.¹ Outpatient hysteroscopies can be performed in a clinical setting, avoiding the side effects of anaesthesia for the vast majority of women.¹ However, there are still significant risks related with hysteroscopies, such as cervical trauma, uterine perforation, vasovagal attack, fluid overload, and electrolyte imbalance, that should not be overlooked.^{1,2} A large study of 2120 pre-menopausal women has also shown that the majority of women normal or benign hysteroscopic findings, such as adhesions, polyps, and fibroids.³ As a result, we conducted a clinical audit to determine the demographics, presenting symptoms, and findings of our pre-menopausal women having hysteroscopy in order to streamline hysteroscopy pathways and enhance patient experience.



02. Objectives

To establish outcomes and evaluate the need for hysteroscopies in premenopausal women with abnormal uterine bleeding.

03. Methodology

Retrospective clinical audit of premenopausal women attending outpatient hysteroscopy. Data collected from Electronic patient records.

Inclusion criteria: Premenopausal patients with abnormal uterine bleeding attending outpatient hysteroscopy at our tertiary centre from 01 June – 31 August 2022 (3 months)

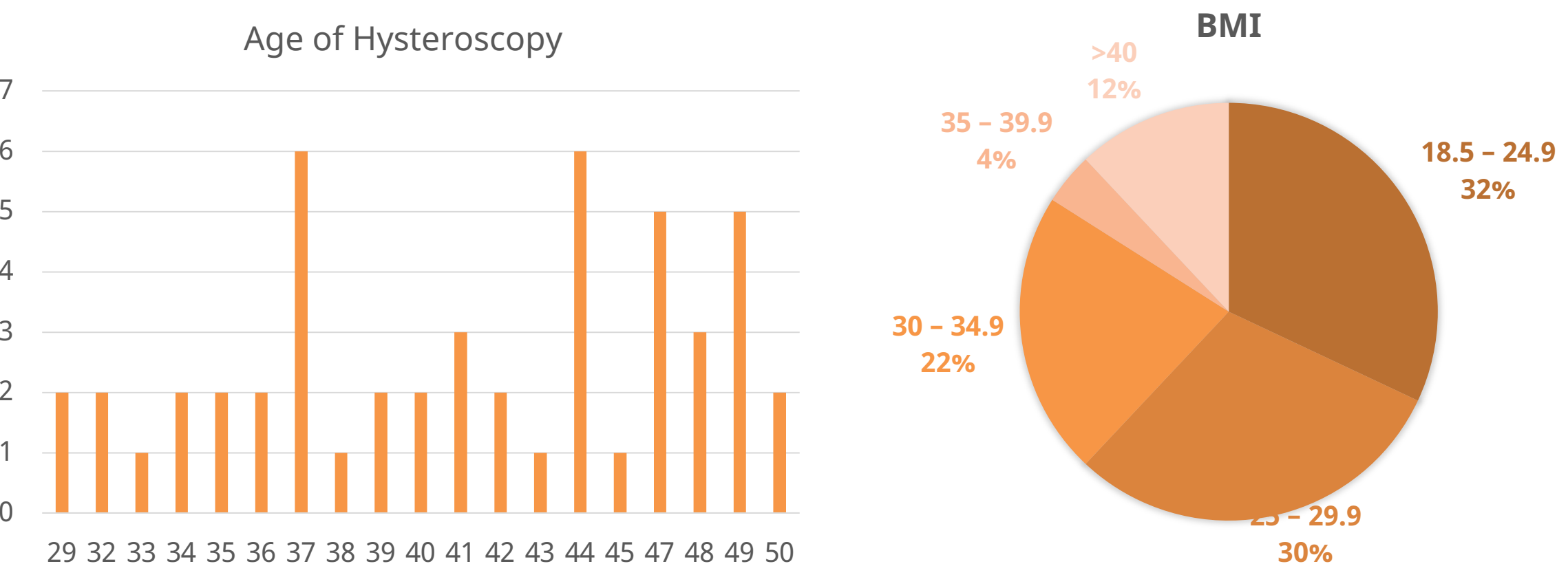
Data Points

- Age
- BMI
- Referral indication
- Ultrasound findings
- Endometrial thickness
- Hysteroscopic findings
- Histopathology results
- Management

04. Results

Majority aged 40 - 50 years.

38% had a BMI > 30 kg/m².



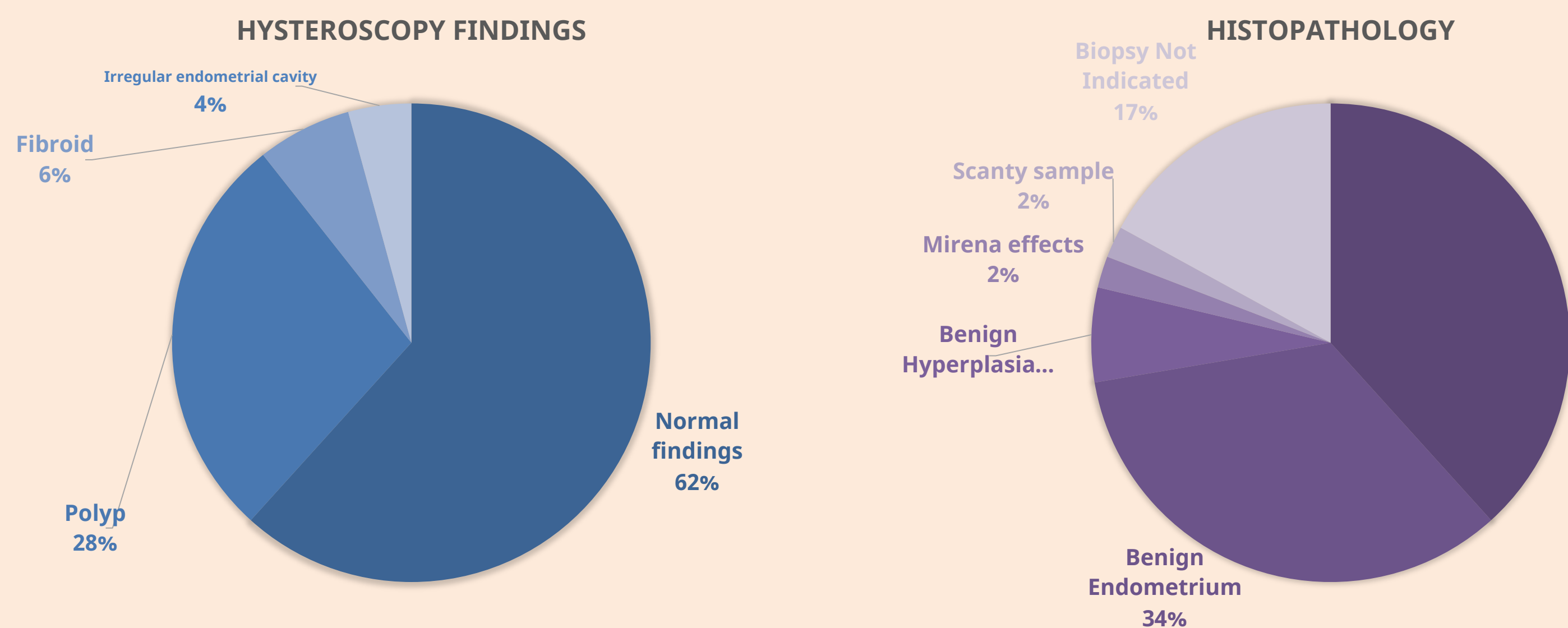
Main referral indication was heavy menstrual bleeding (48%) followed by intermenstrual bleeding (30%). 10% were follow-up cases for endometrial hyperplasia or incidental findings.

Ultrasound results showed: fibroids (30%), endometrial polyps (17%) and thickened endometrium (15%) of cases. Endometrial thickness range was 4mm to 27mm (median 11mm).

Hysteroscopy showed normal endometrium in 61% of women, and polyps in 27%. 47% of polyps seen at hysteroscopy were accurately predicted on ultrasound scan.

Of all polyps and fibroids confirmed at hysteroscopy 68% (n=11) were treated by morcellation at the same appointment. The rest were: scheduled for procedure under General Anaesthesia (n=2) referred for further imaging (n=1), offered hormonal treatment (n=1), or discharged (n=1).

All histopathology results were benign, and majority of cases were managed conservatively. 10 women (1 fibroid, 3 polyps, 6 normal hysteroscopy) required medical hormonal management for their symptoms.



05. Conclusion

Guidelines on hysteroscopic evaluation of premenopausal women with abnormal uterine bleeding are often unclear or misinterpreted. Our audit demonstrates that for the vast majority of cases, aetiology is benign and therefore hysteroscopic biopsy may not be necessary. Quality of life should be prioritised. Many low-risk women could be commenced on pharmacological treatment without the need to endure the anxiety, discomfort, and potential complications from carrying out a hysteroscopy.

Hysteroscopies would be better justified for patients with endometrial polyps or fibroids that can be removed at the same appointment

06. Recommendations

Focused ultrasound training to improve diagnosis of polyps and fibroids – this would improve triage for pre-menopausal women with abnormal bleeding who need treatment at hysteroscopy.

Consider Pipelle biopsy if high index of suspicion for malignancy and ultrasound of high quality rules out removable lesion.

07. References

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2. McGurgan PM, McIlwaine P. Complications of hysteroscopy and how to avoid them. Best Pract Res Clin Obstet Gynaecol. 2015 Oct;29(7):982-93. doi: 10.1016/j.bpobgyn.2015.03.009. Epub 2015 Apr 1. PMID: 25937555.
3. Makris, N., Vomvolaki, E., Partsinevelos, G. et al. Evaluation of office hysteroscopy in pre-menopausal and post-menopausal women: experience with 2,255 cases. Eur Clinics Obstet Gynaecol 3, 113–116 (2008). <https://doi.org/10.1007/s11296-008-0073-5>