



A Novel Approach to Difficult Hysteroscopy

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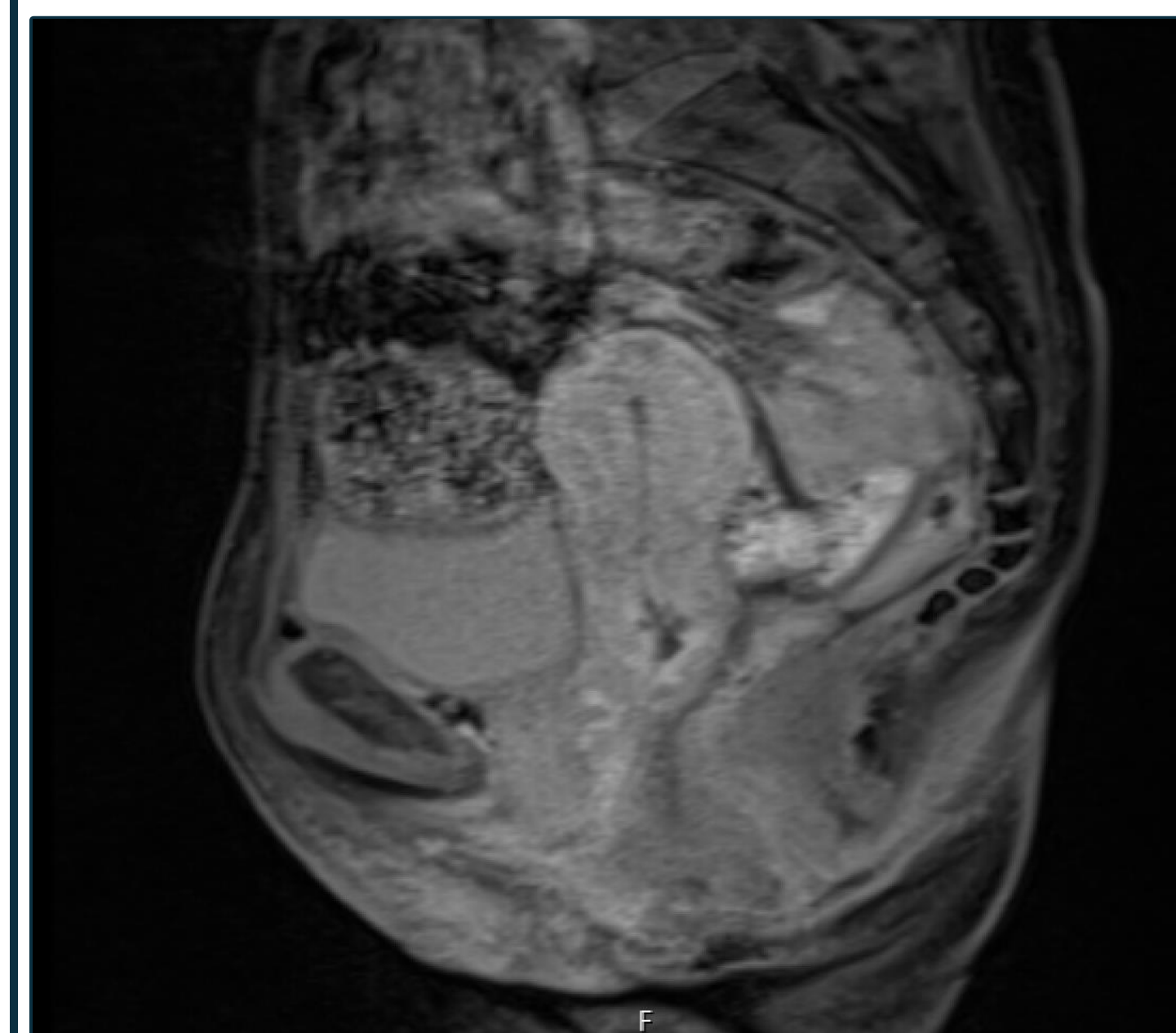
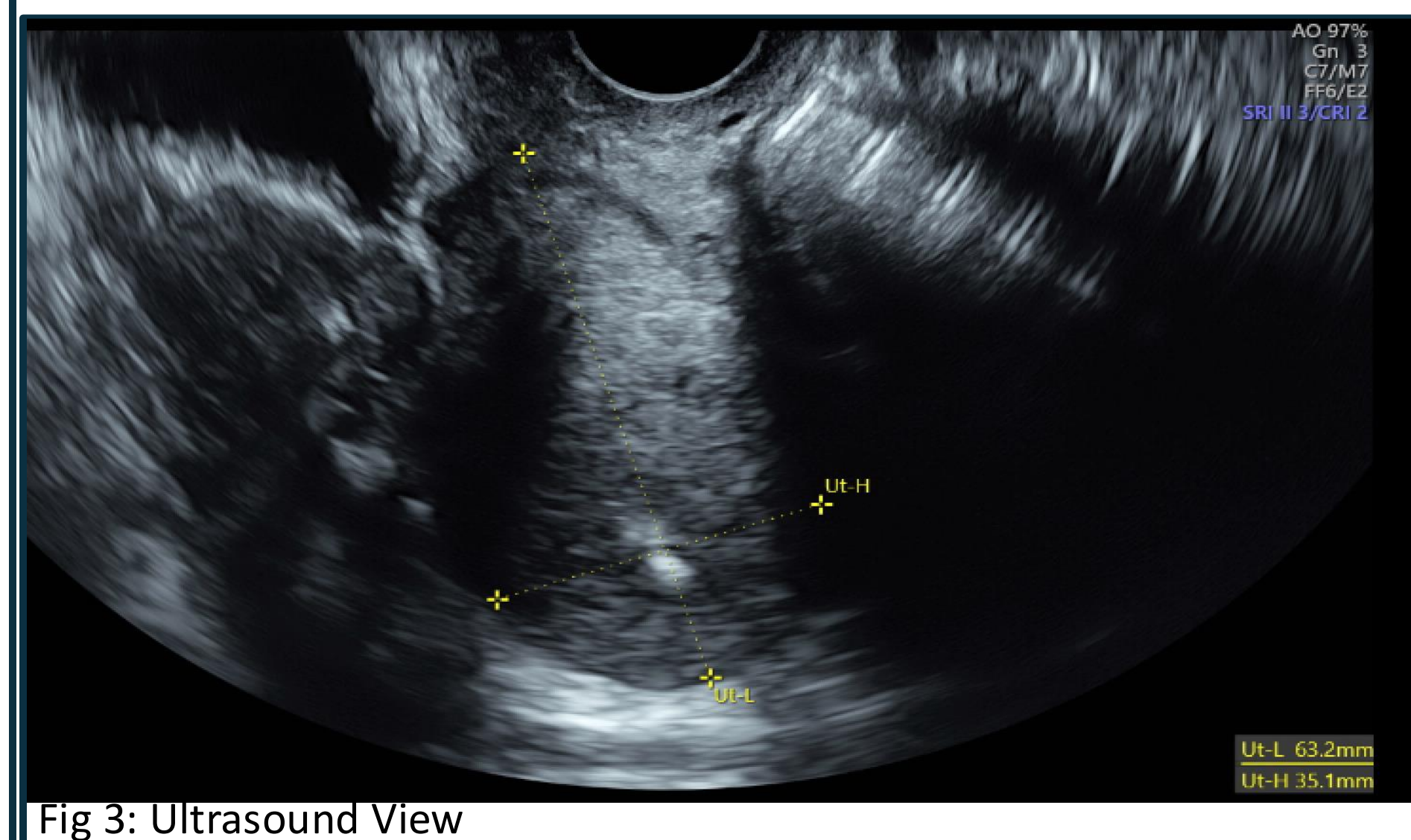
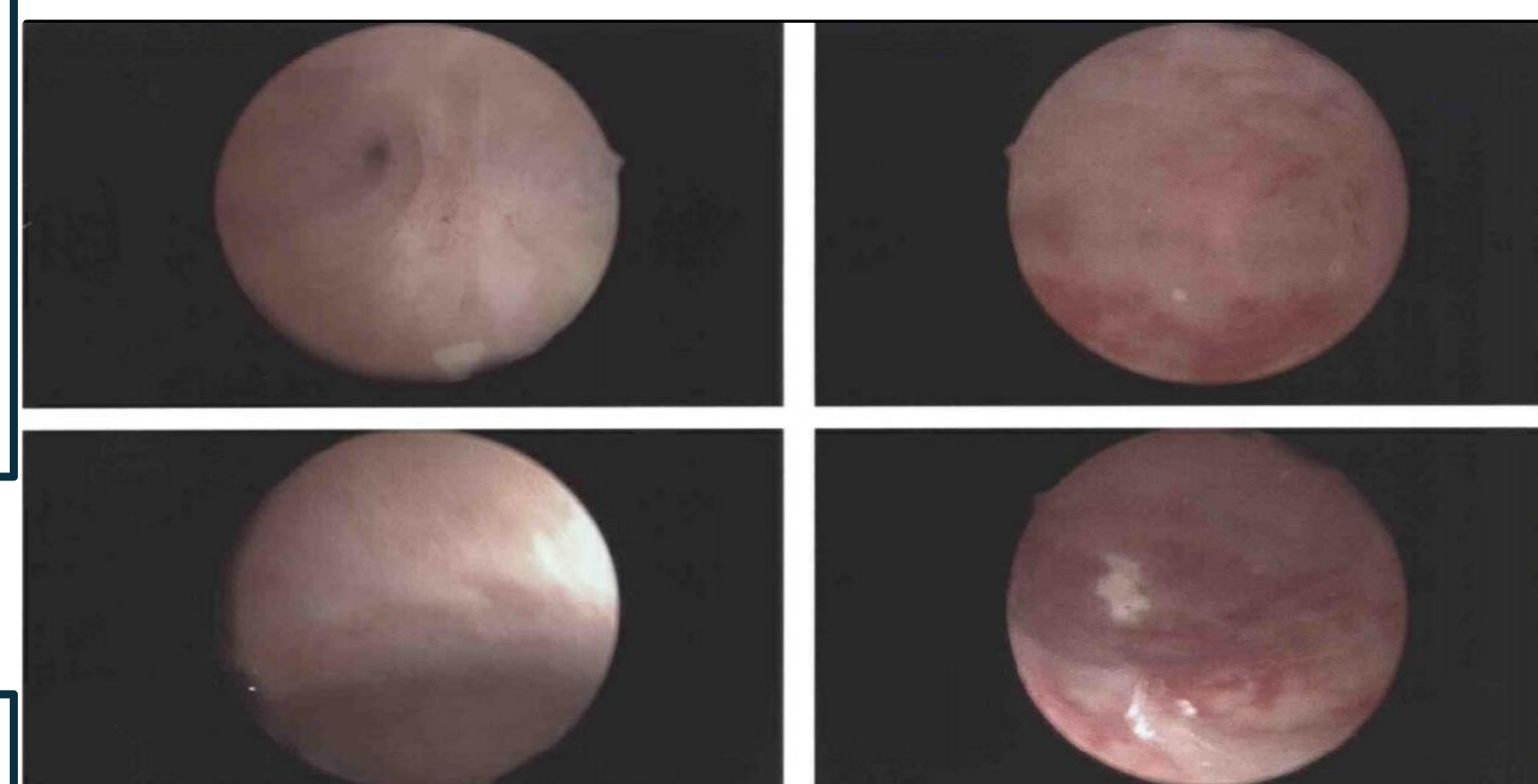
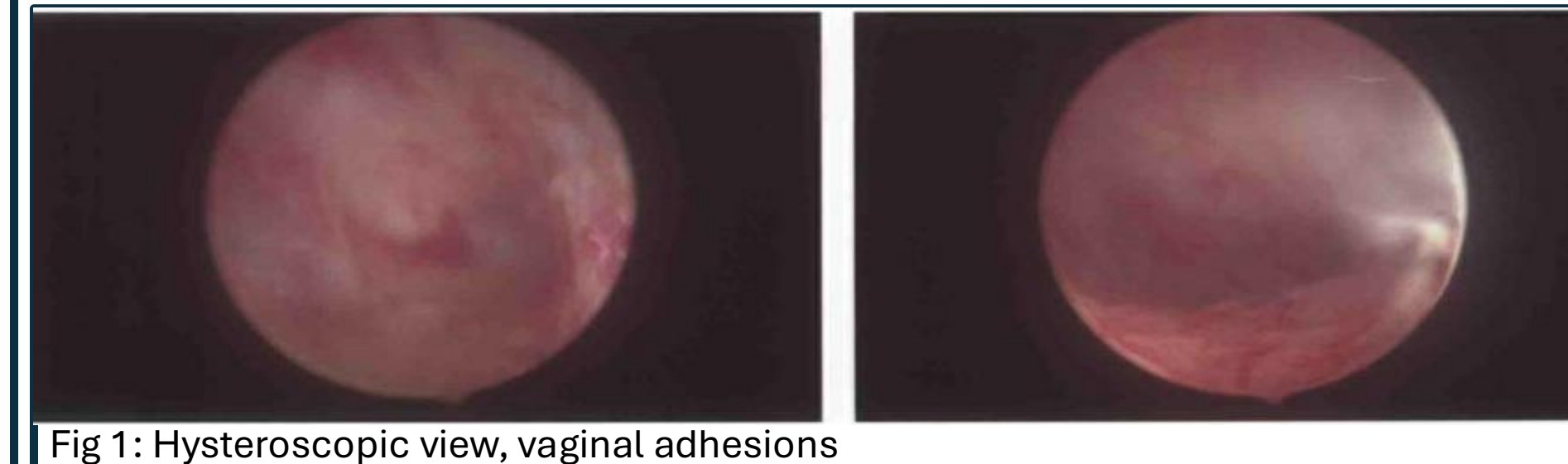
Introduction:

Postmenopausal bleeding in patients on continuous combined hormone replacement therapy (HRT) presents a diagnostic challenge, particularly when standard imaging and hysteroscopic approaches are inconclusive. At Chelsea and Westminster Hospital, the conscious sedation hysteroscopy service provides an innovative approach, allowing complex outpatient procedures to be performed when other approaches have failed or patients prefer sedation to general anaesthesia.

Case Description:

A 61-year-old postmenopausal woman on continuous combined HRT was referred with light-to-moderate vaginal bleeding. She had no risk factors for endometrial cancer. Clinical examination revealed a short, stenosed, atrophic vagina, and the cervix was not visible. Transvaginal ultrasound could not confidently identify endometrial thickness. A hysteroscopy under general anaesthesia was attempted by a different team but was abandoned as the cervix could not be accessed due to dense vaginal adhesions.

Subsequent MRI demonstrated an endometrial thickness of 3 mm with a suspected 2 mm soft tissue focus in the endometrial cavity. Patient applied topical vaginal oestrogens for 2-3 weeks prior to re-assessment. An outpatient vaginoscopic hysteroscopy under conscious sedation, combined with transrectal ultrasound, was performed. Transrectal ultrasound guided the hysteroscope through dense vaginal adhesions, divided bluntly, allowing safe cervical access and preventing vaginal wall breach. The uterine cavity appeared atrophic, with no intracavitary lesions. The patient tolerated the procedure well, facilitated by conscious sedation, with no complications, and was discharged home one hour post-procedure with a pain score of 0.



Discussion:

Traditional approaches often fail when anatomical challenges, like dense vaginal adhesions and stenosed cervix, are present. Incorporating ultrasound guidance enabled safe cervical access, reducing the risk of complications. Our experience aligns with recent studies by Castro et al. and Ludwin et al., which emphasize that intraoperative ultrasound enhances the precision and diagnostic yield of hysteroscopic procedures. Additionally, the use of conscious sedation allowed the procedure to be performed on an outpatient basis, improving patient comfort while avoiding the risks associated with general anaesthesia. Although operator expertise is essential, this minimally invasive approach offers a promising alternative for challenging cases and may lead to better clinical outcomes. Further research is needed to standardize the technique and confirm its broader applicability.

The conscious sedation hysteroscopy service at Chelsea and Westminster Hospital was established to enhance outpatient care for complex hysteroscopic procedures. It is led by a consultant gynaecologist and a senior nurse hysteroscopist, both trained to provide sedation.

Conclusion:

This case demonstrates the successful use of transrectal ultrasound in conjunction with vaginoscopic hysteroscopy under conscious sedation for managing complex postmenopausal bleeding cases. This novel approach offers a minimally invasive, well-tolerated alternative to procedures traditionally requiring general anaesthesia, reducing cost and improving patient experience.

References

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- Ludwin A, Basta P, Biernat I, Basta A. 833 Transrectal Ultrasonography With Simultaneous Outpatient Hysteroscopy in Diagnostics of Uterine Cavity Pathologies After Hysteroscopic Electrodesstruction of Endometrium