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Thomas Römer

DIAGNOSTIC HYSTEROSCOPY

A PRACTICAL GUIDE

2ND EDITION

POCKET GUIDES FOR GYNAECOLOGISTS

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Pocket Guides for Gynaecologists

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Diagnostic Hysteroscopy

A practical guide

2nd Edition

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Preface to the 2nd edition

The hysteroscopic diagnostics and therapy have become a main focus in the clinical and research activities at the Department of Obstetrics and Gynaecology at the University of Greifswald at the beginning of the 1990s, and hundreds of gynaecologists have been trained in hysteroscopy during the traditional Days of Hysteroscopy in Greifswald. As a consequence we decided to pass on this extensive experience and published a Hysteroscopic Guide for Gynaecologists together with Professor Straube in 1996. With this book the idea of Gynaecological Pocket Guides, which shall represent in a short, concise and pictorial way the main areas of our speciality, was born.

After more than ten years hysteroscopy has further developed, which led to this 2nd edition containing the latest aspects of diagnostic hysteroscopy and its practical applications.

The 2nd edition shall contribute to the further enhancement of diagnostic hysteroscopy in the practices and in hospitals.

I would like to thank everyone who supported me in completing the book. I thank Ms. Timm for typing the manuscript, and Ms. Dr. Kowalski and Ms. Dobler from Walter de Gruyter publishing house for their excellent advice and for having responded to all my comments and requests.

Cologne, February 2010 Prof. Dr. med. Thomas Römer

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1. Introduction

In the last two decades hysteroscopy has been established as a method for the diagnostics and therapy of intrauterine diseases. The scope of indications has permanently increased so that today this method belongs to the standard practices in gynaecology. With the development of thin lenses hysteroscopy is not only feasible in hospitals but for many indications also in the gynaecological practice without anaesthesia.
For that reason aspects of the diagnostic hysteroscopy for outpatient treatment are especially considered.
For the diagnostics of sterility and bleeding disorders hysteroscopy constitutes only one form of treatment. Therefore in the case studies of this 2nd edition of the Hysteroscopic Guide this method is placed in line with anamnesis, sonography, histology and therapy.
The present guide sets out to offer to the gynaecologist a companion for the practical use of hysteroscopy.

2. History

The first hysteroscopy was reported by PANTALEONI in the English journal The Medical Press in 1869. The Frankfurt physician BOZZINI, who in 1804 developed the so-called light conductor, already then talked of the possibility of hysteroscopy.
In the next century there were many attempts to establish hysteroscopy as a method for gynaecological diagnostics.
Its decisive impetus hysteroscopy owes to LINDEMANN, who succeeded in the 1970s in improving CO_2-hysteroscopy as a method.
With the possibility of therapeutic hysteroscopies and as a result of numerous technical improvements this method has now found its well-deserved application.
Over the last decades the scope of applications of hysteroscopy, especially for the diagnostics of bleeding disorders, has increased by the use of fluid distending media.
Thin lenses and sophisticated optical systems facilitate a high picture quality. The development of compact systems for the use in the practices (Telepack) is going to further enhance this method.

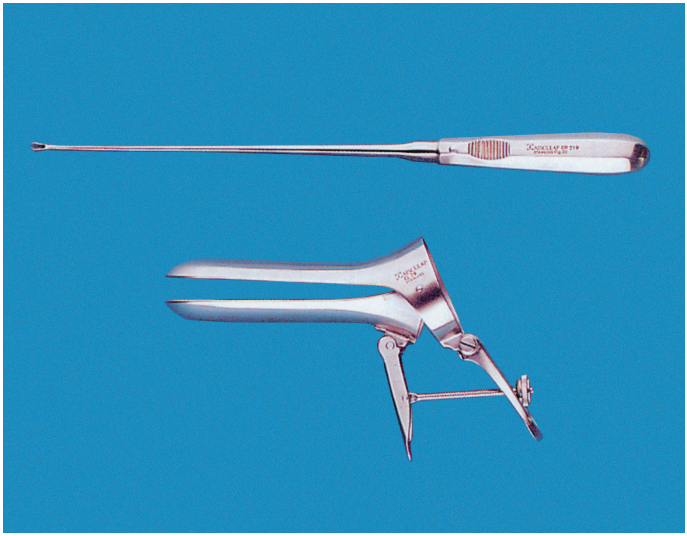
3. Indications for diagnostic hysteroscopy

1. bleeding disorders
2. diagnostics and staging of endometrial cancer
3. diagnostic assessment of sonographically suspect endometrial findings
4. sterility/infertility
5. control after intrauterine operations (intrauterine adhesiolyses, septum dissections, curettages following an abortion, curettages post partum or in childbed)
6. control after medical therapy of endometrial hyperplasias
7. lost IUD/IUS

4. Instrumentation and distending medium

1. Compulsory
   – hysteroscope (30° lenses), when indicated with continuous flow sheath
   – distending medium
   – light source
   – (self-holding) specula
2. Optional
   – video documentation
   – grasping forceps
   – probe/Hegar's dilatators
   – small curette for endometrial biopsy

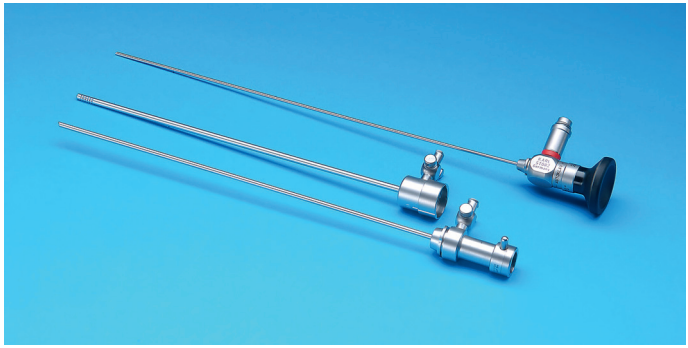
Attention: Diagnostic hysteroscopy can be best performed with 30° lenses.



Small curette for target curettage or endometrial biopsy for outpatient diagnostic hysteroscopy. Self-holding specula (available in various sizes).

Attention: Extraction of histological material is possible with this curette without further cervix dilatation.

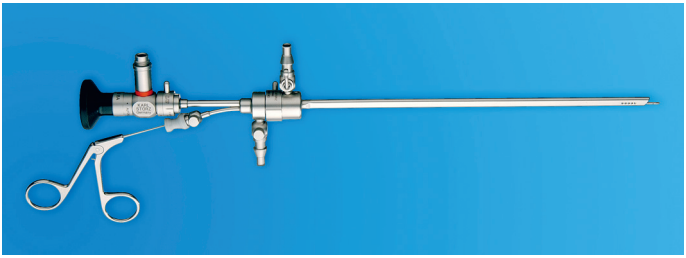
Attention: Self-holding specula are especially recommended for outpatient hysteroscopy because a fixation of the cervix with grasping forceps may be dispensed with in most of the cases.



Diagnostic hysteroscope (2 mm-30°-lenses), with a 2.8-mm-diagnostic sheath and a 3.6-mm-flow sheath with the possibility of continuous flow.

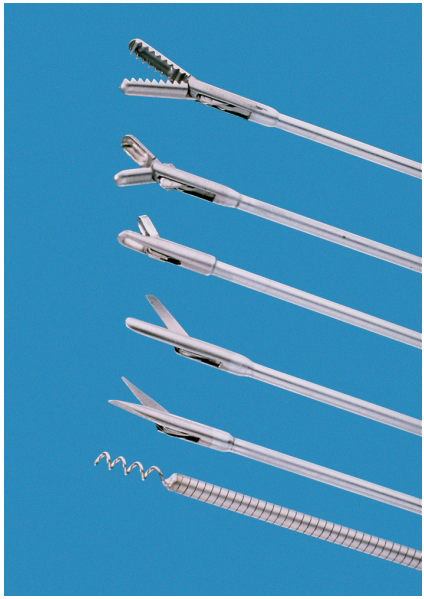
Attention: The continuous flow sheath is especially suited for fresh bleeding ex utero or coagula in utero for the clearing irrigation of the cavum uteri.

Attention: A flushing effect may also be reached when the cervix is dilated further (Hegar 8), so that the outflow may be reached via the dilated cervical canal.



Bettocchi-hysteroscope with working sheath for semi-rigid instruments (biopsy forceps, grasping forceps, microscissors) and continuous flow sheath, lenses 2 mm, outer diameter: 4.2 mm.

Attention: The small-size instruments are only suited for the biopsy of focal lesions, cutting off of small polyps, IUD-extraction and cutting of intrauterine adhesions grade 1 and 2.



Semi-rigid instruments for the Bettocchi-hysteroscope

1. biopsy- and grasping forceps
2. biopsy spoon forceps
3. punch
4. blunt scissors
5. sharp scissors
6. myoma-fixation instrument

Attention: For the insertion of the working sheath the non-anaesthetized patient may be given a local anaesthetic if necessary.

Attention: The tissue gained from biopsy may often be very small, so that a small curette may be used.