

Surgical Synopsis: Operative Hysteroscopy

Operative hysteroscopy facilitates the visualisation and surgical treatment of intrauterine pathology, most commonly with fluid media. Camera equipment has improved visualisation and discrimination of pathology, with a wide range of instrumentation that allows precise surgical treatments for specific intrauterine issues. Instruments may be inserted through hysteroscopes to allow for targeted removal (e.g. for loops or mechanical morcellators for polypectomy or myomectomy) or be combined into a single instrument such as electrosurgical loop resectoscopes.

A principle of hysteroscopic surgery that has remained largely unchanged is the requirement for clear vision during operative procedures when blood, gases and debris from pathology may mix with distension media and reduce clarity of the fluid. Whilst distention media is required to adequately facilitate hysteroscopic procedures, excess systemic absorption can lead to significant adverse events and complications. The general consensus for the definition of fluid overload is:

- A fluid deficit of more than 1000 ml should be used as threshold to define fluid overload when using hypotonic solutions in healthy women of reproductive age; or 750mL in the elderly and those with cardiovascular, renal or other co-morbidities.
- A fluid deficit of 2500 ml should be used as threshold to define fluid overload when using isotonic solutions in healthy women of reproductive age; or 1500mL in the elderly and those with cardiovascular, renal or other co-morbidities.

Subsequently, it is vital that clinicians have a thorough understanding of the properties and potential risks associated with various distension media, as well as the surgical expertise to safely perform hysteroscopic procedures.

Management Guidelines

AGES endorses the following guidelines and strongly recommends that these are regularly reviewed in order to provide women with evidence-based and best-practice for the prevention and management of complications during operative hysteroscopy:

AAGL Practice Report: Practice Guidelines for the Management of Hysteroscopic Distending Media

<https://www.aagl.org/wp-content/uploads/2013/03/aagl-Practice-Guidelines-for-the-Management-of-Hysteroscopic-Distending-Media.pdf>

BSGE/ESGE guideline on management of fluid distension media in operative hysteroscopy. Gynecological

Surgery <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5133285/>

Procedural Guidelines

Specific procedural guidelines for operative hysteroscopy are also recommended:

Polyps - AAGL Practice Report: Practice Guidelines for the Diagnosis and Management of Endometrial Polyps

<https://www.aagl.org/wp-content/uploads/2013/03/aagl-Practice-Guidelines-for-the-Diagnosis-and-Management-of-Endometrial-Polyps.pdf>

Adhesions - AAGL practice report: practice guidelines on intrauterine adhesions developed in collaboration with the European Society of Gynaecological Endoscopy (ESGE)

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5440524/>

Myomas - AAGL Practice Report: Practice Guidelines for the Diagnosis and Management of Submucous Leiomyomas

<https://www.aagl.org/wp-content/uploads/2013/03/aagl-Practice-Guidelines-for-the-Diagnosis-and-Management-of-Submucous-Leiomyomas.pdf>

Patient Guidance

Patient guidance on hysteroscopic procedures can be found at <https://ages.com.au/video/hysteroscopy/>