Common gynaecological procedures
Hysteroscopy

Hysteroscopy involves passing a small-diameter telescope, either flexible or rigid, through the cervix to directly inspect the uterine cavity.

A flexible hysteroscope may be used in the outpatient setting.

Rigid instruments employ circulating fluids and therefore can be used to visualize the uterine cavity even if the woman is bleeding.
Indications

Any abnormal bleeding from the uterus can be investigated by hysteroscopy, including:

• Postmenopausal bleeding.
• Irregular menstruation, intermenstrual bleeding and postcoital bleeding.
• Persistent heavy menstrual bleeding
• Persistent discharge.
• Suspected uterine malformations.
• Suspected Asherman’s syndrome.
• Essure hysteroscopic sterilization.
• endometrial biopsy
An operating hysteroscope can also be used to resect endometrial pathology such as fibroids and polyps and uterine septums
Complications

• **Perforation** of the uterus.
• **Cervical damage** – if cervical dilatation is necessary.
• If there is infection present, hysteroscopy can cause **ascending infection**.
• **Bleeding**
Laparoscopy allows visualization of the peritoneal cavity. This involves insertion of a needle called a Veress needle into a suitable puncture point in the umbilicus.

This allows insufflation of the peritoneal cavity with carbon dioxide so that a larger instrument can be inserted.

The majority of instruments used for diagnostic laparoscopy are 5 mm in diameter, and 10 mm instruments are used for operative laparoscopy. More recently, a 2 mm laparoscope has become available.
Laparoscopic Procedure

- Laparoscope
- Gas Filled Area
- Uterus
- Fallopian Tube
- Ovary
Indications

- Suspected ectopic pregnancy.
- Ovarian cyst accident and acute pelvic pain.
- Undiagnosed pelvic pain.
- Tubal patency testing.
- Sterilization.
- endometriosis
- ovarian cystectomy or oophorectomy
Complications

Complications are uncommon, but include damage to any of the intra-abdominal structures, such as bowel and major blood vessels.

The bladder is always emptied prior to the procedure to avoid bladder injury.

Incisional hernia has been reported
Cystoscopy

Cystoscopy involves passing a small-diameter telescope, either flexible or rigid, through the urethra into the bladder. A cystoscope with an operative channel can be used to biopsy any abnormality, perform bladder neck injection, retrieve stones and resect bladder tumours.
Indications

- Haematuria.
- Recurrent urinary tract infection.
- Sterile pyuria.
- Short history of irritative symptoms.
- Suspected bladder abnormality (e.g. diverticulum, stones, fistula).
- Assessment of bladder neck.
Complications

- Urinary tract infection.
- Rarely, bladder perforation.
MYOMECTOMY
fertility sparing surgical technique for resection of fibroids.

Abdominal MYOMECTOMY.
Vaginal myomectomy.
Endoscopic myomectomy:
- hysteroscopic
- laparoscopic
Indications:

Abdominal pain/pressure symptoms.
Suspicion of malignancy.
Infertility and/or recurrent pregnancy loss.
Abnormal bleeding.
complications

Intraoperative bleeding from vascular fibroids.
Risk of unplanned hysterectomy.
Postoperative intra-abdominal adhesions.
Hysterosalpingogram

Is a Diagnostic Outpatient radiologic imaging procedure performed without anesthesia ..

A cannula is placed in the endocervical canal and radio opaque fluid is injected allowing assessment of uterine malformation malformation (uterine septum ) and Asherman's syndrome.

Tubal pathology can also be assessed by observing internal tubal anatomy and seeing whether the dye spills in to pelvis cavity.
Falloplian tube

Uterine Cavity

Vagina

Cervix

Ovary

Spillage indicates tube is open

No spillage indicates tube is blocked

Cannula through which dye is injected
Figure 1. HSG of uterus with corporal adhesions (red bracket).

Intrauterine Adhesions on a HSG