COMMON GYNECOLOGIC PROCEDURES

RUBA HIASAT
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.
Rigid telescopes are most commonly 1 to 5 mm in diameter for diagnostic procedures, and operative hysteroscopes typically range from 8 to 10 mm in diameter. May be more effective than diagnostic D&C in detecting intrauterine pathology such as endometrial polyps, fibroid or submucous myomata.

Can be used for directed endometrial biopsy. Under local-intravenous or general anesthesia.
Indications

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

1- Postmenopausal bleeding.

2- Irregular menstruation, intermenstrual bleeding and postcoital bleeding.

3- Persistent heavy menstrual bleeding.

4- Persistent discharge.

5- Suspected uterine malformations
6- Endometrial Ablation

Endometrial ablation is the destruction of the uterine lining for the treatment of chronic menorrhagia. It is performed when more conservative treatments, such as hormone therapy and curettage, are unsuccessful and when the more radical alternative of hysterectomy is undesirable or contraindicated.

The first type requires hysteroscopic visualization
If there is infection present, hysteroscopy can cause ascending infection.

**BOX 31-4**

**COMPLICATIONS OF HYSTEROSCOPY**

- Overall complication rate is about 2%
- Major complications occur <1% of cases
  - Uterine perforation, excessive bleeding, and distention media hazards
- Far less common; infection, cervical laceration, and cervical stenosis
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 … together with insufflation with either CO2 or nitrous oxide to distend the abdomen and left the abdomen away from the viscera. Under general anesthesia.

The majority of instruments used for diagnostic laparoscopy are 5 mm in diameter, and 10 mm for therapeutic...
The procedure is performed with the patient in a modified dorsal lithotomy position.

Upon completion of the procedure, hemostasis is checked, the gas is released from the peritoneal cavity and the instruments are withdrawn. The small skin incisions are closed with a clip or single subcuticular suture.
**Indications**

- Suspected ectopic pregnancy.
- Ovarian cyst accident and acute pelvic pain.
- Undiagnosed pelvic pain.
- Tubal patency testing.
- Sterilization.
1. **Endometriosis** (for the diagnosis, staging, and treatment of ectopic endometrial tissue in both overtly symptomatic (pelvic pain) and silently symptomatic (infertility) patients.)

2. more extensive laparoscopic work is now performed for hysterectomy, lymph node biopsy, omentectomy and myomectomy.
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.
ABSOLUTE CONTRAINDICATIONS

1. Bowel obstruction
2. Large hemoperitoneum with hypovolemic shock
OPEN LAPAROSCOPY?

In patients who have had:

- Multiple previous laparotomies
- A history of peritonitis
- Previous bowel surgery
- Lower midline abdominal incision

Open laparoscopy is preferable. In these conditions, the peritoneal cavity is opened through a small subumbilical incision under direct visualization
Cystoscopy involves passing a small-diameter telescope, either flexible or rigid, through the urethra into the bladder. Excellent images of both these structures can be obtained. 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

The surgical technique for resection of uterine leiomyomas (fibroids).

3 Different routes; abdominal, vaginal and laproscopic.

Consideration before the procedure:

1- Symptoms
2- Menopausal state
3- Fertility desire
4- Size
5- Site
Indications:
1. Abdominal pain/pressure symptoms
2. Suspicion of malignancy
3. Infertility and/or recurrent pregnancy loss
4. Abnormal bleeding
**Hysterosalpingogram (HSG)**

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 (uterine septum ) and a Sherman's syndrome.
Tubal pathology can also be assessed by observing internal tubal anatomy and seeing whether the dye spills into the pelvis cavity.
Thank you