



Outpatient Hysteroscopies at a Regional Tertiary Hospital in Queensland

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Background

Recent Australian prospective cohort studies have shown that Outpatient Hysteroscopies (OPH) is 8% of the cost of hysteroscopy under a general anaesthetic (GA).¹ Other than reducing patient wait times for the procedure, it negates the need for a GA in the presence of medical comorbidities.²

Aim

To assess the success rates of OPH in a Regional Tertiary Hospital, including indications, failure reasons and procedure complications.

Method

Data was collected between September 2021 to September 2022 via electronic medical records and review of procedures performed within the Obstetrics and Gynaecology Department at Townsville University Hospital.

Results

A total of 134 outpatient hysteroscopies (Operative and Diagnostic) were performed, with 18% (24/134) being operative hysteroscopies (10/24 polyp resections and 14/24 Mirena retrieval).

The median age of the patients were 53 years old with an average BMI of 34 (range 21-67) and parity of 2. There were 16 nulliparous patients, 78 patients with previous normal vaginal deliveries, 22 patients with previous Caesarean sections and 18 patients who experienced both.

Graph 1: Indications for Outpatient Hysteroscopies

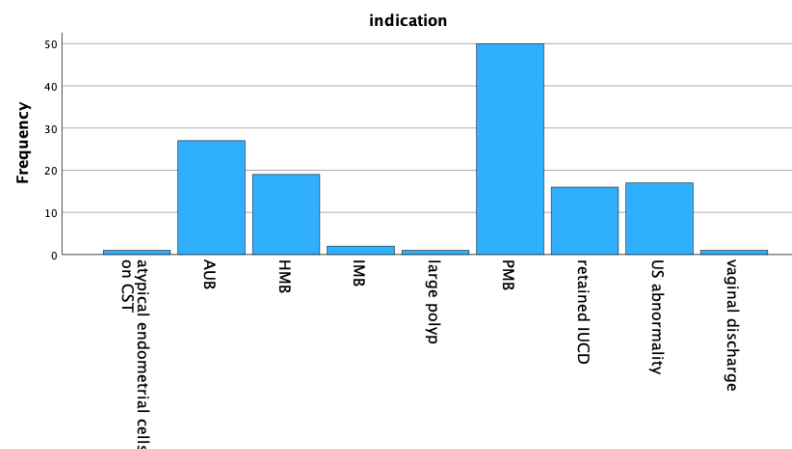


Table 1: List of patient comorbidities

Stage 4 chronic kidney disease on dialysis
Atrial fibrillation on apixaban
COPD, emphysema
Ischemic heart disease
Heart failure
Rheumatic heart fever
Obstructive sleep apnoea
Recurrent strokes
LLETZ

Most patients had medical comorbidities as listed on Table 1.

We had a 90% (120/134) success rate, with the length of the procedure ranging from 5-20 minutes.

The main indication was postmenopausal bleeding. We had a low complication rate of 1.5% (2/134) where patients experienced pain and vasovagal episode from cervical stenosis.

Conclusion

OPH is a well tolerated alternative to hysteroscopy under GA with significant cost benefits to the hospital and results in high patient satisfaction. This not only decreases surgical waiting times, but also increases access to major gynaecology operating for trainees. OPH has a high success rate associated with minimal complications.

References

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