

What's new for 2017

Outpatient Hysteroscopy
at Canberra Hospital

Applications of Hysteroscopy

Indication	Diagnostic	Operative
HMB	Polyps & fibroids	Resection (TCRE,TCRP)
PMB	Inspect the endometrium, endoCx canal	Directed biopsies
Subfertility	Investigate uterine anatomy	Division of septum Adhesiolysis,Salpingography
Iatrogenic	Locate a misplaced IUD	Removal of foreign body
Sterilisation		Placement of tubal coils

Techniques

- Traditionally performed under GA
- 5-6 mm rigid hysteroscope
- Office or outpatient hysteroscopy around for the past 20 years
- Only <10 major centres in Australia
- Why outpatient hysteroscopy?

What's the difference?

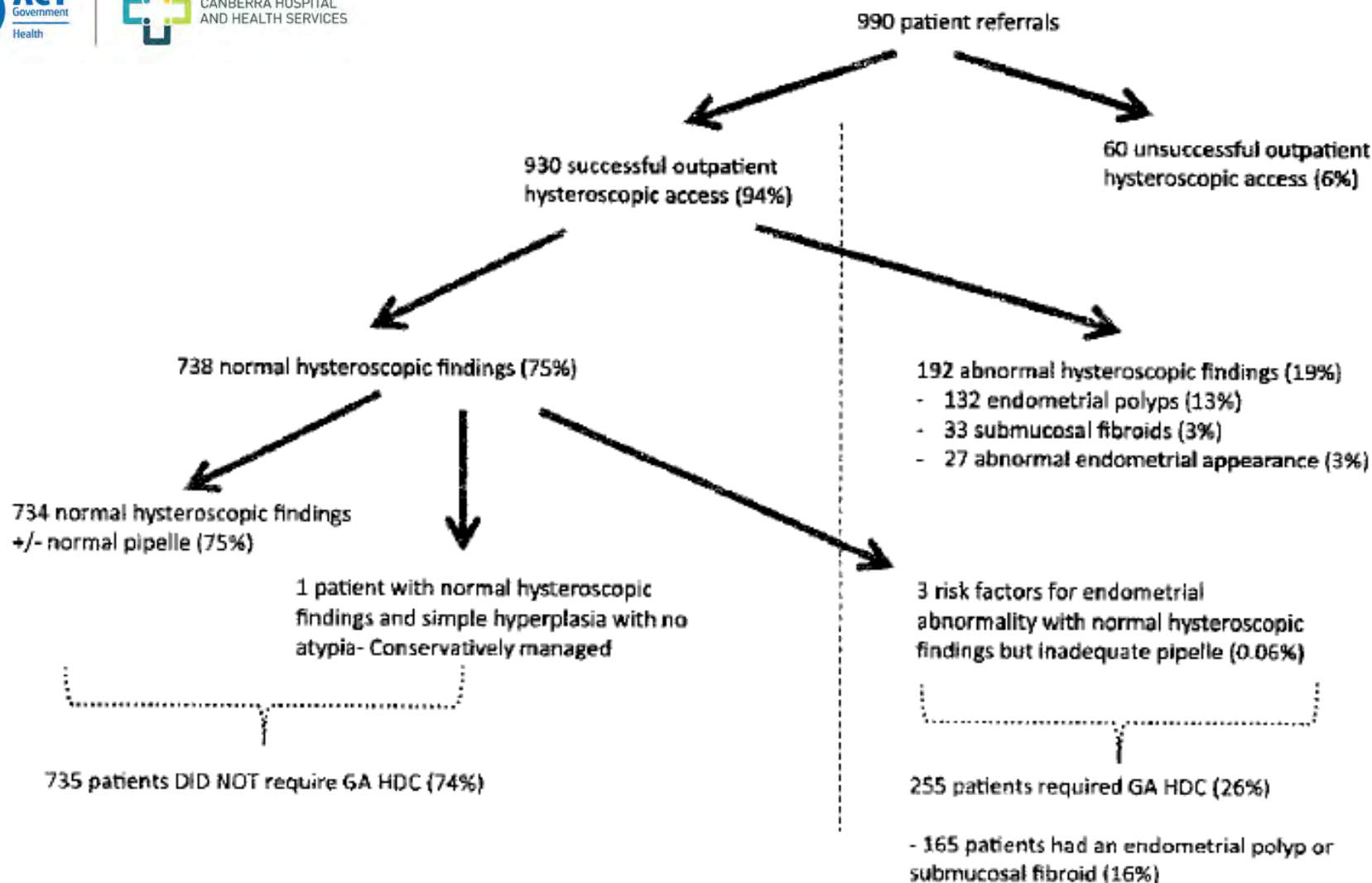
- 2-3 mm rigid or flexible hysteroscope
- Fasting not required
- Only simple pre-procedure analgesia
- No speculum or tenaculum
- Cervical dilatation usually not required
- Expandable operative port

Why outpatient hysteroscopy?

- 990 women, 11 year experience
- Successful hysteroscopic access in 94%
- 26% required 2nd procedure
 - 132 endometrial polyps, 33 submucosal fibroids
- 88% happy to have procedure again
- 5% had a vasovagal episode

(T Ma et al, ANZJOG 2016)

Patient Flow

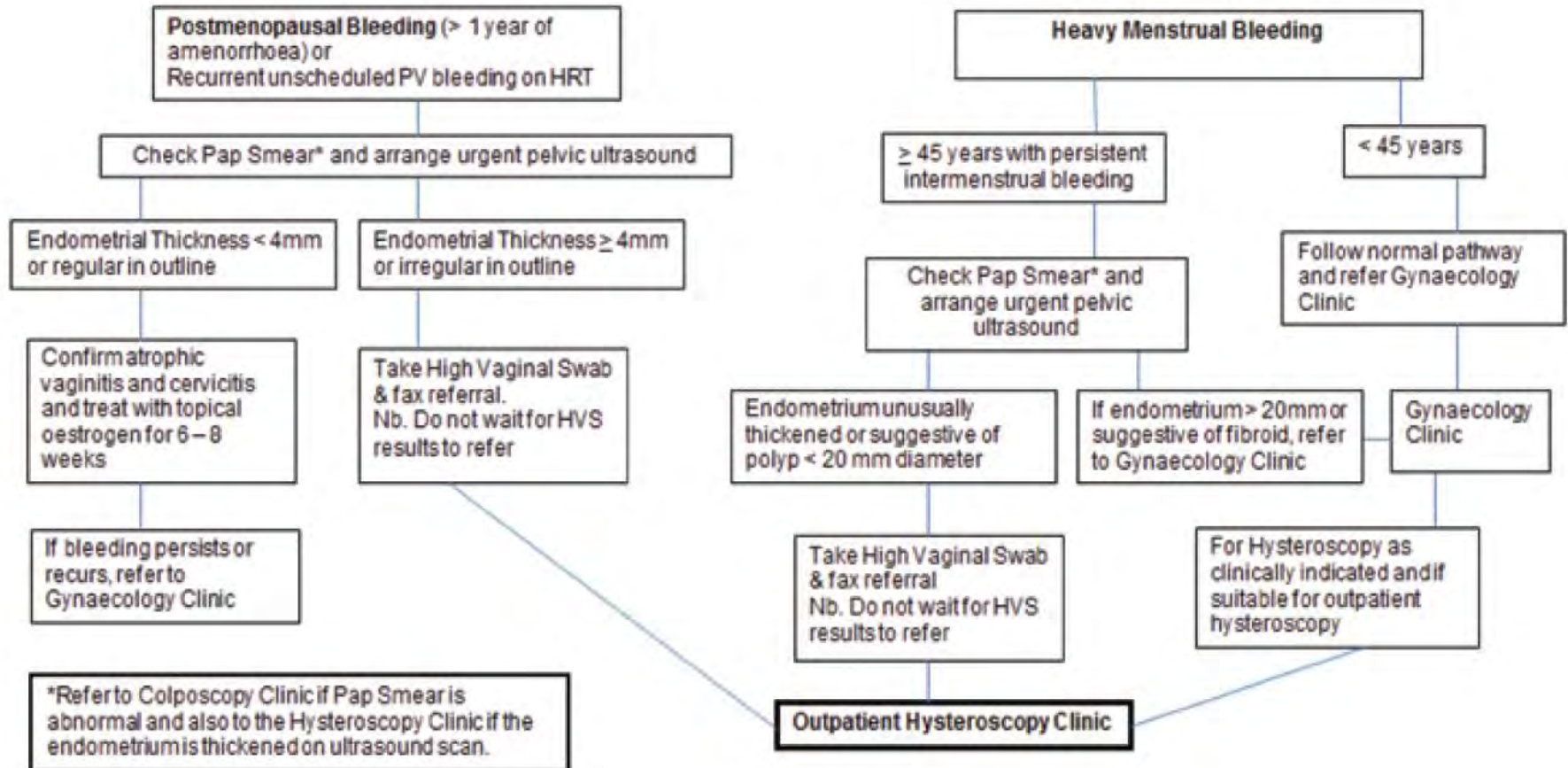


(T Ma et al, ANZJOG 2016)

Why outpatient hysteroscopy?

- Approximately 200 hysteroscopies performed under GA annually at TCH
- Approximately \$2500 per case
- Outpatient hysteroscopy estimated at around \$1000 per case
- See and treat
- Minimal recovery time
- Protocol as suggested

Suggested Pathway







Conclusion

- Outpatient hysteroscopy is a safe and acceptable procedure
- Significant patient benefit
- Economic benefit
- Improved access
- Reducing theatre waiting lists
- Offers fast tracked see and treat service