

Teaching to the Texts

Te Linde's Chapter 18: Operative Hysteroscopy

CREOG Educational Objectives

1. Understand the indications, contraindications, and principles of diagnostic and operative hysteroscopy, including hysteroscopic polypectomy, submucosal fibroid resection, and resection of a uterine septum.
2. Independently perform hysteroscopic polyp and submucosal fibroid resection (performance includes preoperative considerations, informed consent, patient safety, postoperative care, and procedural proficiency).

Practice Questions

1. A 68 y.o. G0 presents to your office for postmenopausal bleeding. Her medical history is significant for morbid obesity, with a BMI of 45, and mild arthritis of both knees. Transvaginal ultrasound confirms a retroverted uterus with a 12-mm endometrium. The ovaries appear normal. Previous endometrial biopsy was performed in the office and revealed insufficient tissue for diagnosis. You recommend follow-up with hysteroscopy and directed endometrial biopsy. She has a history of significant anxiety and desires office hysteroscopy under heavy sedation. Your office is equipped with necessary hysteroscopy equipment, and staff have been appropriately trained in basic life support. The best next step in her management is
 - a. Office hysteroscopy and directed endometrial biopsy with local analgesia only
 - b. Office hysteroscopy and directed endometrial biopsy with level 1 light sedation
 - c. Office hysteroscopy and directed endometrial biopsy with level 2 moderate sedation
 - d. Hysteroscopy and directed endometrial biopsy in the operating room
- From: Gynecology & Surgery Prolog, 8th Edition, Question 20
2. A 37 y.o. G3P3 is undergoing hysteroscopy for a 3-cm submucosal leiomyoma diagnosed on evaluation of abnormal uterine bleeding. The procedure is taking place at a free-standing ambulatory surgery center. The leiomyomas are planned to be removed using a monopolar resectoscope, with glycine used as the distending medium. After the first 60 minutes of the procedure, the circulating nurse informs the surgical team that there is a 1,000-mL deficit of glycine. The best next step in management is
 - a. Complete the procedure
 - b. Continue the procedure after changing the distending medium to mannitol
 - c. Continue the procedure after switching to bipolar electrocautery and normal saline
 - d. Terminate the procedure immediately

From: Gynecology & Surgery Prolog, 8th Edition, Question 97

3. A 65 y.o. Patient is undergoing a hysteroscopic polypectomy of a 2-cm sessile polyp. The operating room staff is having difficulty adjusting the fluid management system, which is using normal saline. In order to visualize the polyp optimally, the infusion pressure is set at 75 mm Hg. The reported fluid deficit is 1,500 nL, but you note that there is a fair amount of fluid on the floor. You are informed by the anesthesiologist that the patient is desaturating. The most appropriate next step in managing the procedure is to
 - a. Change the distension medium to glycine
 - b. Change to polyp forceps
 - c. Complete the resection as quickly as possible
 - d. Perform sharp curettage
 - e. Terminate the procedure immediately

From: REI Prolog, 8th Edition, Question 77

High-Yield Associated Resources

1. ACOG Committee Opinion No. 800. The use of hysteroscopy for the diagnosis and treatment of intrauterine pathology. March 2020.
2. SurgeryU-ACOG Curriculum through AAGL. Several videos available under both PGY1 and PGY2 curriculum.