

Hysteroscopy

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Hysteroscopy services have been available at NUH and in Singapore for many years. However, we are among the first to establish a regular outpatient service that serves to enhance patient comfort and convenience, as well as reduce costs for the patient. We are also the first to start using the new flexible hysteroscope that has a flexible tip which can deflect 160°, thus fitting the contour of the cervix better and making it more comfortable for the patient.

What is hysteroscopy and what are its uses?

Hysteroscopy is a minimally invasive method that is used for looking into the cavity of the womb to assess problems such as abnormal menstrual bleeding (heavy or irregular or after menopause), infertility and recurrent miscarriage. In addition, it can also operate within the endometrial cavity. It can be used to treat conditions such as fibroids or polyps, tackle adhesions or a dividing septum within the endometrial cavity, or even remove a displaced IUCD.

How is hysteroscopy done? Is it uncomfortable?

This can either be done as outpatient (office hysteroscopy) or inpatient. During outpatient hysteroscopy, the patient is fully conscious. This is because the telescope used is a very fine one (3.5-4mm) and can be passed through the cervical canal without much discomfort. The patient may feel some bloatedness as saline (isotonic salt water) is used to distend the endometrial cavity in order to visualise the entire space within (the walls of the womb usually close up the space inside). With the new flexible hysteroscope, the level of discomfort is even less and most patients are able to get up and return to normal activities immediately after the procedure.

Inpatient hysteroscopy is usually performed for patients who have a very tight (stenotic) cervix or high-anxiety level and therefore, may be more suitable under regional or general anaesthesia. In addition, sometimes a wider telescope (8-10 mm) is used for those who require more complex procedures and this needs the cervix to be dilated.

What sort of procedures are done with the hysteroscope?

This can be divided into outpatient or inpatient procedures. Generally speaking, outpatient procedures are the simpler ones such as diagnostic purposes, retrieval of a displaced IUCD, biopsy of the endometrium or excision of a small polyp. For example, for patients with heavy menses, this can often pick up an endometrial polyp or a submucous fibroid.

Inpatient procedures use a bigger diameter telescope that has an operating channel that will allow the surgeon to cut and remove tissue. Common procedures include excision of a large endometrial polyp and resection of a submucous fibroid. Sometimes, a septum in the uterine cavity can cause recurrent miscarriages and in such instances, the septum needs to be resected. Another instance is when the endometrial cavity gets “stuck” together by adhesions following infection or trauma, and the resectoscope is needed to release the adhesions and restore the normal function of the uterus.

Any success stories so far?

Quite a few. One of our patients had been married for a few years but could not conceive. We later found that she had a large endometrial polyp that was probably preventing any pregnancy within the uterus. We resected the polyp and she got pregnant, and is now a happy mother! Another patient suffered from such heavy menses that she required admission for a blood transfusion. She had a submucous fibroid that was causing the heavy bleeding. This was resected with the hysteroscope and she now has resumed her active and fulfilling lifestyle without having to worry or dread her menses.

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