



Service Priorities and Programmes
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Submitting author: Dr Man Hin Menelik Lee

Post title: Resident Specialist, Princess Margaret Hospital,

Hysteroscopic Morcellator: A new technique in managing submucosal fibroids

(1) Lee MHM (2) Chan CS

(1) Obstetrics and gynaecology department, Queen Elizabeth Hospital (2) Obstetrics and gynaecology department, Queen Elizabeth Hospital

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Introduction

Traditionally, submucosal fibroids are resected with conventional resectoscope and monopolar loop. Recently, hysteroscopic morcellators such as MYOSURE are increasingly used as alternative. Reports suggest reductions of uterine perforation; cervical dilation; thermal injury and intrauterine adhesions with such procedure, while operating time, fluid absorption and the need for a second operation may also be reduced.

Objectives

Our hospital is one of the first in Hong Kong to introduce the hysteroscopic morecellating device (MYOSURE). Our objective is to identify the benefits after the use of this device over conventional techniques

Methodology

The device with its 6mm hysteroscope, has a side window consisting of a 41mm² blade that morcellates at a speed of 6500 rpm. Operator dependant fluid pressure using normal saline as distending medium was maintained between 80-100mmHg. Suction pressure was set at 275mmHg throughout the whole procedure. Case Series: We present 2 cases where Myosure were used as good alternatives. In both cases, patients underwent general anaesthetics, 6mm cervical dilation and no preoperative GnRH treatment used. Case 1: A 50 year old lady was seen for menorrhagia and anaemia. Ultrasound and diagnostic hysteroscopy showed a 3x2.8cm posterior submucosal fibroid with 70% protrusions into the uterine cavity. Resection of the submucosal fibroid was completed within 3 minutes of cutting time using the MYOSURE device while the entire procedure including the diagnostic hysteroscopy was 26 minutes. Total fluid deficit was 117ml. Patient was discharged on Day 1 with no complications. Period one month later was reduced. Case 2: A 46 years old lady was seen for menorrhagia and anaemia. Ultrasound sonohysterography and diagnostic hysteroscopy revealed a 5cm lateral submucosal fibroid with 60% protrusion at the left uterine wall. The fibroid was completely excised after 12 minutes of cutting using the MYOSURE device. The entire procedure including the diagnostic hysteroscopy was completed in 40 minutes. Total fluid deficit was 556ml. 3x4x5cm

leiomyomas was confirmed at histology. Patient was discharged on day 1 with no complications. Period one month later was reduced.

Result

With the conventional hysteroscopic resection using resectoscope and monopolar loop, studies reported an average of 28 and 67 minutes of operating time for submucosal fibroids measuring 3 and 4cm respectively. Cases using the conventional method in our hospital were similar. In our 2 presented cases, we demonstrated this hysteroscopic morcellator technique can be performed in a very fast and safe way. With its additional benefits such as less cervical dilatation, less risk of uterine perforation and intrauterine adhesions, this new technique may be more beneficial for patients.