

Importance of Office Hysteroscopy

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For sixty years, hysteroscopy can be considered a really revolution in modern gynaecology [1]. In the early 1980s, advances in techniques and instruments [2] made hysteroscopy even less invasive [3,4] and less painful [5] and took it out of the operating theatre, increasing the number of procedures carried out in a doctor's office (office hysteroscopy) [6]. In the mid-1980s, surgical hysteroscopy using a resectoscope and electrosurgical systems grew rapidly. This allowed the treatment of women suffering from a wide range of intrauterine pathologies, including abnormal uterine bleeding, infertility and recurrent spontaneous abortions, etc. [7,8]. Towards the end of the 1990s, the development of small-diameter hysteroscopes with a continuous flow operating sheath allowed the operator to examine the cavity, perform a biopsy and treat certain benign intrauterine pathologies using miniaturized instruments, all within a relatively short space of time. The entire procedure could be performed without the need for general anaesthetic or an operating theatre (office operative hysteroscopy) [9].

Improvements in instrumentation and the spread of new and ever less invasive techniques have opened up new horizons in surgery [10]. More than any other, this procedure is now able to resolve problems non-invasively outside the hospital, problems which up until a few years ago required hospital admission, general anaesthetic and even laparotomy. This new approach has evolved due to technological advances in instrumentation, one that combines diagnosis and surgery into a single clinical procedure, i.e., "See and Treat" [11]. It allows diseases affecting the uterine cavity to be diagnosed in the office and to proceed immediately with treatment to resolve them, thus avoiding the patient having to undergo a subsequent procedure [12].

Uterine anomalies of the myometrium and endometrium represent only 2-3% of the reasons for infertility. However, these are much more common in infertile woman [40-50%] and may be the cause of sterility and/or pregnancy loss. Up until recently, hysterosalpingography (HSG), transvaginal ultrasound (TV) and hysterosonography were the most commonly used screening methods to detect abnormalities of the uterine cavity [13,14] while hysteroscopy was used as a second-line investigative tool [15,16]. Nowadays, the diagnosis and treatment of this problem has since been revolutionized by hysteroscopy [17]. Indeed, the study of the uterine cavity is now the first line of investigation in the protocol for treating sterility [18]. Hysteroscopy is also the first line of investigation in medically assisted procreation programmes [19]. Since office hysteroscopic diagnosis and surgery can now be combined into a single procedure [20],

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thereby speeding up treatment for intrauterine pathologies and ensuring more effective sterility treatment, means that Office Hysteroscopy represents the "gold standard" [9-10] for treatment of intrauterine and/or cervical diseases. A few minutes of minimal discomfort [5], tolerated by almost all women undergoing this procedure, resolves problems that often underlie reproductive incapacity [21-23].

In fact, through this new procedure today we can diagnose in few minutes uterine pathologies and treat them during an outpatient visit, avoiding general anesthesia, avoiding other discomfort and especially without hospitalization.

The pathologies we can deal with using office hysteroscopy are uterine polyps, smaller than 3 cm in diameter, myomas of less than 1.5 cm in diameter, synechiae, endometrial hyperplasia with bioptic removal of endometrial for histological examination.

It can detect numerous uterine disorders that may lead to infertility or sterility, including cervical stenosis, intrauterine adhesions and small benign submucosal polyps or myomas [24-28].

These are all visceral abnormalities affecting the uterus neck or body that may cause primary or secondary sterility [21-23]. It was found that these can be resolved by office hysteroscopy, thereby averting the need for any form of anaesthesia which is a prerequisite for resectoscopic surgery. More importantly, the procedure incurs minimal discomfort for the patient [3,4].

For all these features, we can affirm that Office hysteroscopy is the most innovative procedure as it does not require any anaesthetic, is almost painless and atraumatic and can be done in a doctor's office.

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