

Olympus Surgical Hysteroscopes

Excellent Visualization in Uterine Diagnostics

Abnormal uterine bleeding is a common gynecological problem that can result from a local pathology such as uterine myoma, endometrial polyp, or anovulatory bleeding.¹ Occasionally, it is found to be a manifestation of a systemic disease.² There is also Dysfunctional Uterine Bleeding (DUB), abnormal uterine bleeding that is not caused by pelvic pathology.³ It is essential that a physician determine the exact cause of the abnormal bleeding before the appropriate treatment can be chosen. Ascertaining a correct diagnosis requires a thorough evaluation, including history, physical exam, laboratory testing, and diagnostic imaging. Using fiberoptic technology, diagnostic hysteroscopy is an excellent modality for visualization of the inside of the uterus and is considered the “gold standard” for examining the endometrial cavity for signs of normalcy or abnormality.^{4,5} According to Linda D. Bradley, MD, Director of the Center for Menstrual Disorders, Fibroids and Hysteroscopic Services, The Cleveland Clinic Foundation, Department of Gynecology & Obstetrics (Cleveland, OH), “this visual pre-testing with hysteroscopy is very, very critical. There is a domino effect and we want to start with making the dominos fall all in the right direction, with the correct diagnosis and the patient having the appropriate procedure.” Diagnostic hysteroscopy can be performed easily in the

office by a gynecologist who is skilled in the procedure and it requires no anesthesia or sedation.

Before hysteroscopy was available, dilation and curettage (D and C) was the primary method of evaluating abnormal uterine bleeding. However, this endometrial sampling procedure utilizes no internal visualization, rendering the diagnostic accuracy of curettage less than that of hysteroscopy. For that patient population with abnormal



Olympus HYF-XP Flexible Hysteroscope

bleeding and a normal uterine cavity, the second generation endometrial ablation technologies, such as microwave endometrial ablation and thermal balloon endometrial ablation, provide viable alternatives to hysterectomy. Dr. Bradley says that “we have a unique patient population which, if appropriately chosen, has excellent outcomes with endometrial ablation, where 9 out of 10 patients can avoid any additional surgery.” Dr. Bradley further points out that while there are five ways to do ablation with

current technology, it does not matter which technology you choose, as long as a hysteroscopic evaluation of the uterine cavity is performed prior to any procedure.⁶ “Endometrial ablation requires an excellent pre-surgical evaluation to ensure that the endometrial cavity is normal, as a normal cavity needs to exist for an endometrial ablation to take place. Excellent patient outcome is dictated upon excellent preoperative evaluation to determine the appropriateness of the surgical procedure performed.”

Olympus Surgical America (Orangeburg, NY), a pioneer in hysteroscopy, offers a variety of flexible fiber and video hysteroscopes, including an ultra-slim 3.1mm version that allows insertion without cervical dilation or anesthesia and is ideal for office hysteroscopy. This hysteroscope offers excellent resolution and brightness, with a wide field of view for observation of both tubal ostia, as well as optimized flexibility for smoother insertion. This is in addition to a complete range

of rigid 3mm and 4mm hysteroscopes that allow for single and continuous flow when fluid is used to distend the uterus. Hand instruments and a fluid management system for minor or more extensive procedures are also available. All of the instruments combine excellent optical quality with outstanding durability.

Dr. Bradley prefers to use the diagnostic hysteroscopes from Olympus. “Olympus offers rigid and flexible hysteroscopes and both have excellent quality in terms of their optics and ease of use. You get an excellent panoramic view of the uterus. I prefer to use the flexible hysteroscope in the office because it’s narrow and can be inserted without dilating the cervix. Additionally, the flexible hysteroscope gives me the ability to maneuver the distal tip, so I can maneuver around the uterus. Another benefit of the flexible scope is that it can be used without anesthesia. If the patient is not allergic, she can take an NSAID an hour or two before the procedure and other than that, it requires no

prep work and is excellent for patient comfort.” “The key idea here is *visualization*,” concludes Dr. Bradley. “Excellent magnification of the tissue and clarity of view is what hysteroscopy is about and that is what the excellent optics of Olympus hysteroscopes allow us to do.”

For more information about Olympus Surgical America, please call 1-888-301-7770, visit the company’s website at www.olympussurgical.com.

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