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**Czynniki wpływające na powodzenie przeprowadzenia histeroskopii w trybie
ambulatoryjnym.**

**Rozprawa na stopień doktora nauk medycznych i nauk o zdrowiu
w dyscyplinie nauki medyczne**

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Obrona rozprawy doktorskiej przed Radą Dyscypliny Nauk Medycznych
Warszawskiego Uniwersytetu Medycznego

Warszawa 2023 r.

Słowa kluczowe:

Histeroskopia, minihisteroskopia, histeroskopia ambulatoryjna, znieczulenie, ból, polip endometrialny, mięśniak, waginoskopia

Key words:

Hysteroscopy, minihysteroscopy, office hysteroscopy, anesthesia, pain, endometrial polyp, myoma, vaginoscopy

Badania przedstawione w załączonych publikacjach powstały w ramach projektu badawczego:
Grant Statutowy nr 433 Wojskowy Instytut Medyczny w Warszawie

Abstract

Analysis of the factors correlated with a successful office hysteroscopy.

Minihysteroscopy is the gold standard in the diagnosis and treatment of the uterine cervix and cavity pathologies. Due to the technical development, the minimalization of the instruments and introduction of vaginoscopy – the ‘no touch’ insertion technique –it is nowadays possible to conduct a great number of hysteroscopies in the office setting, without any form of anesthesia. Therefore, most of the hysteroscopic procedures may be performed in an ambulatory room and there is no need to admit patients to the hospital and to schedule them to the operating room (OR). Nevertheless, in many medical centers even diagnostic, minimally invasive procedures are still conducted under general anesthesia.

The present dissertation consist of three articles, prepared in the Gynecology and Oncological Gynecology Department, Medical Institute of Medicine - Public Research Institute in Warsaw, Poland.

The first paper in the cycle is a retrospective analysis of over 1300 mini-hysteroscopy procedures performed at one experienced center. The main aim of the study was to investigate the factors correlated with a successful hysteroscopy in an office setting. The key factor seems to be the scope of the procedure. About 80% of all procedures performed at the Department were conducted without anesthesia, but in a group of patients in whom the hysteroscopy was only for diagnostic reasons, the success rate increased up to 90%. The important prognostic factor is previous vaginal delivery, which raises the chances for a painless office hysteroscopy by about 20%.

The second article is a review of the available tools and methods for removing large endometrial polyps from the uterine cavity in office minihysteroscopy. Choosing the right technique is crucial when performing the surgery without anesthesia. The proper method is necessary for avoiding a painful dilatation of the cervical canal.

Finally, the last paper in the cycle presents a novel hysteroscopic tool – the cryoprobe. It was invented by dr Jacek Doniec in cooperation with the Metrum Cryoflex. The cryoprobe is a multipurpose tool which may be used not only for extracting large tissue fragments from the uterine cavity, but also for the enucleation of small submucosal myomas or destroying some abnormal tissue. Our preliminary results showed that using the cryoprobe is easy, cost effective and safe for the patients.