Polypectomy, myomectomy and RPOC resection in the office setting

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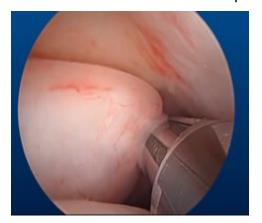
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1. Introduction

The first-line treatment for endometrial pathology causing abnormal uterine bleeding has always been surgical hysteroscopy resection under general anesthesia. In recent years, an innovative hysteroscopic tissue removal system (HTRs) based on mechanical removal of intrauterine lesions has been developed. This system allows the procedure to be performed in the office under local paracervical anesthesia and it has been related to high satisfaction of patients and shorter procedure time.

2. Material and methods

- Retrospective single-center study
- <u>Objectives</u>: evaluate effectiveness and patient acceptability of a small diameter HTRs (TruClear 5C) in the treatment of submucosal fribroids, endometrial polyps and RPOC in an office setting.
- **86** women → hysteroscopic resection using TruClear 5C between June 2020 and September 2021





3. Results

Baseline characteristics				
Mean age	49±13 years old			
Hormonal status	Premenopausal	64% (55/86)		
	Postmenopausal	36% (31/86)		
Main symptom	Bleeding > infertility			

64 polypectomies				
Size	≥20 mm	53% (34/64)		
	< 20 mm	46% (30/64)		
Mean pain score (VAS 1-10)		3,4		
Mean time to completion		2,95 ± 1,45 min		

16 myomectomies				
Туре	FIGO 0	68% (11/16)		
	FIGO 1	13% (2/16)		
	FIGO 2	19% (3/16)		
Resection	Complete	75% (12/16)		
	Parcial	25% (4/16)		
Mean pain score (VAS 1-10)		5		
Mean size		20,6 ± 9,29 mm		
Mean morcellation time		3,33 ± 2,05 min		

5 RPOC resection					
Time after delivery	≥ 2 months in all cases				
Resection	Complete	80% (4/5)			
	Parcial	20% (1/5)			

4. Conclusion

- Hysteroscopic treatment of polyps, fibroids and RPOC with TruClear 5C is feasible and well tolerated in the office setting.
- A complete resection can be offered to patients even if the lesion size is larger than 20mm.
- Outside the operating room.
- Using local paracervical anesthesia
- Shorter waiting list together with a faster recovery.