

P358. Outpatient Hysteroscopy: factors affecting pain perception

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Context: Hysteroscopy is the standard approach in the study of the uterine cavity although more modern and innovative techniques such as 3D transvaginal ultrasound and magnetic resonance imaging are useful for diagnosis. The creation of more flexible instruments and the use of saline solution have reduced discomfort during the office hysteroscopy avoiding the use of local and general anesthesia. Since pain and low tolerance are the most common causes of the failure of diagnostic hysteroscopy, the need for anesthesia or analgesia is still a matter of debate.

Objective: The aim of the study was to evaluate VAS (Visuo analogic scale) immediately after and 24 hours after office hysteroscopy in an unselected population.

Methods-Patients: A total of 200 women undergoing diagnostic hysteroscopy for different indications were enrolled in the study. Immediately after the examination and after 24 hours VAS score was collected. Age, parity, menopausal age, consumption of anti-inflammatory drugs and a biopsy of endometrium were also collected.

Results: The perceived pain was greater at the end of examination than after 24 hours ($p < 0.01$). There was an association between more elevated VAS score and age > 50 years, menopausal age and the consumption of analgesics after the intervention. Conversely, there was no association with parity or with the indication for the examination.

Conclusions: The present data confirm that ambulatory hysteroscopy is acceptable to most patients and it is a safe and reliable technique for the diagnosis of uterine cavity anomalies or disease.

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