

P356. Ambulatory hysteroscopy: Statistics of our center

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OBJECTIVE: To describe the characteristics of the patients in our hysteroscopy unit, as well as the main indications, diagnoses and treatments.

METHODS: Retrospective study of two-year clinical data from our center's database

PATIENTS: Women from our health area with ambulatory hysteroscopy indication between 2016 and 2017

INTERVENTION: Ambulatory hysteroscopy.

Hysteroscopies performed in the operating room or under sedation are excluded

MAIN OUTCOME MEASURES:

The main variables included include the patient's medical history (age, parity, menopause), indication of the intervention, hysteroscopic findings, diagnosis and treatment.

RESULTS: Throughout 2016-7 a total of 2028 hysteroscopies were performed. The average age of the patients was 53 years, ranging from 23 to 89 years. 60.25% of the patients had a diagnosis of menopause, compared to 39.75% of premenopausal women. Regarding parity, 20.71% had never had a vaginal birth, compared to 79.29% who had given birth at least once.

The most frequent indication for hysteroscopy was postmenopausal metrorrhagia, which accounted for 29.88% of patients. Followed by order the ultrasound suspicion of endometrial polyp (28.69%), ultrasound suspicion of thickened endometrium (16.66%), hypermenorrhoea clinic (6.6%), those related to treatment with tamoxifen (6.8%) and ultrasound suspicion of myoma (5.91%). The remaining 5.4% was indicated for other reasons, such as IUD withdrawal, fertility or control of hyperplasia.

The findings were considered normal in 33.31% of the hysteroscopies. The most frequent pathological finding was polyp (36.68%), followed by myoma (5.81%) and suspicious lesions of malignancy (3.15%). Hysteroscopies failed or canceled accounted for 13.31% of the total.

Regarding the therapeutic attitude, 67.45% of the patients were discharged with some type of follow-up or revision, while 16.07% were referred to the operating room and in a 4.93% treatment was given hormonal type.

CONCLUSIONS:

More than half of the ambulatory hysteroscopies are due to two indications, which are postmenopausal metrorrhagia and endometrial polyp. One in three hysteroscopies was normal.

Two out of three hysteroscopies did not require further follow-up in our unit.