

P357. Failed ambulatory hysteroscopy: evaluation of patients, causes and treatments

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CONTEXT: Ambulatory hysteroscopy has important advantages over surgical hysteroscopy, such as the need for anesthesia or days of admission. However, there is a percentage of patients who do not tolerate the intervention, being an undesirable situation for both the patient and the gynecologist. Knowing better failed hysteroscopies will allow us to learn to avoid them or propose alternative attitudes.

OBJECTIVE: To evaluate our rate of failed hysteroscopies and to analyze the type of patient, the causes and the alternative treatments.

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

PATIENTS: Women from our health area with ambulatory hysteroscopy indication and a failed intervention outcome between 2016 and 2017

INTERVENTION: Ambulatory hysteroscopy.

Hysteroscopies performed in the operating room or under sedation are excluded

MAIN OUTCOME MEASURE: The main variables included include the patient's medical history (age, parity, menopause), indication of the intervention, causes for the failure of the hysteroscopy and attitude to be followed

RESULTS: A total of 2028 hysteroscopies were performed in 2016 and 2017, of which the failed hysteroscopy rate was 12.03%.

Regarding the demographic characteristics of the subgroup of failed hysteroscopies compared to the global group of patients, similar characteristics were observed in terms of average age (52.74 vs 53.03 years) and menopause rate (65.57 vs 60.25%). However, the nulliparity rate in failed hysteroscopies is 31.97% compared to 20.71% of the global patient population.

On the causes for the failure of the hysteroscopy, 55.73% registered the patient's pain as the main reason. They are followed, in descending order, by 29.50% due to cervical stenosis, 5.73% due to bleeding, 3.27% due to vasovagal syncope and 4.09 due to other reasons.

Regarding the attitude to be followed, in 74.35% of the cases the patient is scheduled for hysteroscopy under sedation. Other options were the ultrasound control (12.82%), the recitation for repetition of the test (10.25%) or to prescribe some treatment. (2.56%)

CONCLUSIONS: The rate of failed hysteroscopies is 12.03%.

The main risk factor is parity. The other factors do not seem to influence significantly.

The cause of the failed result in more than half of the women is pain during the intervention.