

P362. Does obesity influence office hysteroscopy? An observational study.

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Context: Hysteroscopy has recently become a standard practice in gynecology. Miniaturization of hysteroscopes has improved the performance of this technique, allowing the diffusion of hysteroscopy without anesthesia and the possibility to transfer this procedure to an outpatient setting (office hysteroscopy). Anesthesia/analgesia during hysteroscopy is still a matter of debate. Some risk factors for the failure of office hysteroscopy have already been analyzed: uterine characteristics, technical, approach, operator's ability, time used and patient's psychological aspects. BMI has never been evaluated as an influential variable on the success of hysteroscopy without anesthesia.

Objective: The aim of this study is to investigate the influence of obesity in hysteroscopy, particularly if a relationship between BMI and outpatient hysteroscopy failure exists.

Participants and Methods: Data were collected from 845 consecutive hysteroscopies. Clinical variables evaluated are: age, hypertension, diabetes, hormonal therapies, menopause, AUB, anesthesia/analgesia, BMI, indications for surgery, diagnosis, operativity, type of instrument used, need for a second operative round. Backward Logistic Regression was performed to evaluate predictability. For frequencies analysis, Chi squared test and exact Fisher test were used. To test uniformity of variables within the groups, Student T Test was performed.

Results: Analysis of BMI distribution depending on menopausal state revealed a higher incidence of overweight patients (BMI \geq 25kg/m²) among menopausal women compared to childbearing age ones. The distribution of BMI in relation to the need for a second hysteroscopy, identified a slightly higher trend in patients with BMI $>$ 40kg/m² - severe obesity class III. Backward Logistic Regression showed that only menopause can significantly influence the office procedure, with a 2.6 times greater probability of failure. Other variables analyzed such as age, diabetes, hypertension, type of instrument used and BMI are not significant for hysteroscopy outcome.

Conclusions: BMI is not a predictive value for the failure of hysteroscopy. Among all the collateral variables investigated, only menopause can significantly influence the outcome of hysteroscopy, resulting in the only predictive value. The different types of instrumentation and the associated comorbidities, such as diabetes and hypertension, do not affect the failure of office hysteroscopy.

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