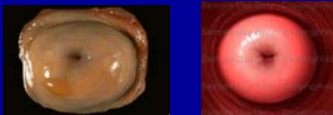


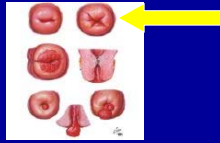


Cervix

- Stenosis
- Dilated canal
- Lacerations
- Fragile

Cervical Stenosis





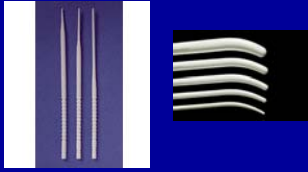
False Passage & Perforation

- **Frequency:** 1.3-3.0 %
- **Reasons:**
 - Stenosis
 - Severe ante flexion or retro flexion
 - Unusual position (adhesions, etc)
 - Low uterine fibroids
- **Solution:**
 - Perform diagnostic hysteroscopy to chart the endocervical canal

Open Speculum



Cervical Dilators



Stenosis of the Cervix

- Operative Hysteroscopy
22 – 26 F (7-9 mm)
- Global Ablations
15-24 F (5-8 mm)

Cervix Dilatation

	Diameter
HTA	7.8 mm (24F)
Novasure	6.5 mm (20F)
Her Option	5.0 mm (15F)
MEA	5.0 mm (15F)
ThermaChoice	5.0 mm (15F)

Inability to Dilate the Cervix - Stenosis

- Laminaria
- Misoprostol (Cytotec)
- Vasopressin

Inability to Dilate the Cervix – Cytotec (Misoprostol)

- PGE1
- 200-400 mcg
- Oral or vaginal
- 3-24 hours prior to procedure
- Tmax: 12mins
- Time reduced: 40 vs 120 sec

Cytotec (Misoprostol) Side Effects

- Nausea
- Diarrhea
- Uterine cramps
- Bleeding

Inability to Dilate the Cervix - Vasopressin

- Vasopressin 20 mL
(4U of 0.05 U/ml in 80mL of NS)
- Intracervically 4 & 8 o'clock positions
- Decreased force from 37 to 20 lbs
- Complications: MI, cardiac arrest

Excessive Cervical Patency

- Complication:
 - Loss of a seal
- Solutions:
 - 2 tenaculums
 - Gimpelson tenaculum
 - EndoLoop
 - Use ThemaChoice, Her Option, Microsulis



**Office Setting Recommended
Anesthesia and Pain Management¹**

• **Pre - Procedure**

– **NSAID:** Toradol 10 mg, (Ibuprofen 800mg (Ponstel 250mg, Cataflam® 50mg, Celebrex®)

– **Anxiolytic:** Ativan 1 mg, (Diazepam 10mg)

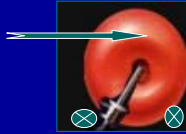
– **Opiate analgesic:** Lortab 10/500, (Vicodin® 2 tabs)

*** All are taken at home 1 -2 hours pre procedure. NSAIDs are also taken the night before

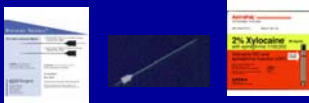
– **Toradol® 30 mg IM (peripheral PG blocker) + Atropine 0.4mg IM (prevents vaso-vagal) 30 min pre procedure**

¹Author's experience and recommendation

Local Anesthesia



Potocky® Needle



Local Anesthesia

- Toxic Dose Lidocaine

- 1% Lidocaine Without Epi =
300mg (30cc)

- 1% Lidocaine With Epi =
500mg (50 cc)

Uterine Pathology

- Endometrial hyperplasia
- Atypical endometrial hyperplasia
- Adenomyosis
- Polyps
- Fibroids

Anticoagulated Patients

- Need to stop anticoagulation?
- Need to alter procedure?
- Is there a best method?

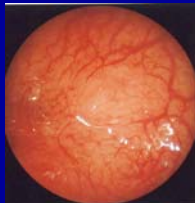
Contraindications: Prior Surgical

- Classical C-section
- Myomectomy
- Metroplasty

Repeat Ablations

- Was failure delayed or immediate?
- If immediate, what is the reason for failure:
 - Technical problems
 - Uterine deformity
 - Adenomyosis
 - New pathology: carcinoma, fibroids, polyps

Adenomyosis



Repeat Ablations

- Pre operatively, repeat studies including biopsy and labs
- What method should be used for repeat ablation?
 - Depends on the reason for failure