Basics of hysteroscopy | TVASurg

(0:15 - 0:36)

Hysteroscopy is a minimally invasive procedure that allows both visualisation and treatment of intrauterine pathology using a hysteroscope. Hysteroscopy can be either diagnostic or operative. In diagnostic hysteroscopy, the uterine cavity is visually inspected.

(0:39 - 1:22)

In operative hysteroscopy, the uterine cavity is inspected and appropriate treatment performed. Ideally, a see-and-treat approach involving both diagnostic and operative hysteroscopy is preferred. Indications for hysteroscopy include assessment of abnormal uterine bleeding, infertility, recurrent miscarriage, retained products of conception, inadequate or difficult office sampling, removal of foreign body, and abnormal endometrial thickness.

(1:28 - 1:40)

The hysteroscope may be rigid or flexible. The rigid type is more commonly used. A rigid hysteroscope includes the following components.

(1:41 - 2:03)

Endoscope, outer sheath, light source, and inflow, and often outflow. The endoscope consists of an eyepiece, a barrel, and an objective lens. The lens angle ranges from 0 to 70 degrees.

(2:06 - 2:24)

The hysteroscope's outer diameter describes the total diameter of the endoscope, plus outer sheath. Operative sheaths range from 5.5 to 10 mm. This allows more ports for additional operative instruments.

(2:28 - 2:49)

Diagnostic sheaths are smaller in diameter, ranging from 3.7 to 7 mm. Some hysteroscopes are able to accommodate a range of sheath sizes for both operative and diagnostic hysteroscopy. The length of the outer sheath is known as the working length.

(2:51 - 3:13)

Longer working lengths facilitate procedures in women with a large uterine cavity, and or higher body mass index. Light is conducted through a fibre optic cable to illuminate the surgical field. The inflow channel delivers the distension media, which allows expansion of the uterus.

(3:16 - 3:32)

Excess fluid will passively drain from the uterus. Some hysteroscopes may have an additional outflow channel. This allows suction of excess fluids to help optimise visualisation, especially during operative procedures.