Hydrothermal Ablation

PREOPERATIVE DIAGNOSIS: Fibroids and menorrhagia.
POSTOPERATIVE DIAGNOSIS: Fibroids and menorrhagia.
PROCEDURE: Hysteroscopy and hydrothermal ablation.
SURGEON:
ASSISTANT:
ANESTHESIA:
ESTIMATED BLOOD LOSS:
FLUIDS:
URINE OUTPUT:
SPECIMENS:
DRAINS: In-and-out foley catheter.
COMPLICATIONS: None.
DISPOSITION: Stable to the PACU

FINDINGS: Exam under anesthesia revealed 8 week sized anteverted mobile uterus, no adnexal masses palpated. The uterus was sounded to 9cm. Hysteroscopy revealed atrophic appearing endometrium, bilateral ostia appeared patent with uniform ablation noted at end of procedure.

PROCEDURE:
The patient was taken to the OR where anesthesia was administed. She was prepped and draped in the normal sterile fashion in the dorsal lithotomy position in the Allen stirrups. The bladder was drained via in and out catheter. The bivalved speculum was placed in the vagina and a single- toothed tenaculum was used to grasp the anterior lip of the cervix. The cervix was then circumferentially injected with 1% lidocaine using a total of 10cc. The uterus was sounded to 9cm and was serially dilated with the Hagar dilators up to a size 21 French. The hysteroscope was introduced into the uterine cavity with findings as noted above. The Hydrothermal ablation apparatus was activated to 87 degrees Celsius for a total of 10 minutes in the usual fashion under direct visualization. Once the procedure was completed a 1-minute cool-down period was allowed. All instruments were then removed with excellent hemostasis noted.

Sponge lap and needle counts were correct x 2. The patient tolerated the procedure well and was transferred to the recovery room in stable condition.

Dr. ____was present and scrubbed for the entire case.