Hysteroscopy. State of the Art
Hysteroscopy
State of the Art

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Contents

VII Foreword
   Lindemann, H.-J. (Hamburg)

1 Pre- and Postoperative Hormonal Treatment in Patients with Hysteroscopic Surgery
   Römer, T.; Schmidt, T.; Foth, D. (Cologne)

13 Hysteroscopy in Infertility – Diagnosis and Treatment Including Fallopscopy
   Hucke, J. (Wuppertal); De Bruyne, F.; Balan, P. (Düsseldorf)

21 Diagnostic Hysteroscopy for the Investigation of Abnormal Uterine Bleeding in Premenopausal Patients
   van Trotsenburg, M.; Wieser, F.; Nagele, F. (Vienna)

27 Diagnosis of Endometrial Cancer and Its Precursors
   Brandner, P.; Neis, K.J. (Saarbrücken)

41 Hysteroscopy and Adenomyosis
   Keckstein, J. (Villach)

51 Hysteroscopy in the Assessment of Postmenopausal Bleeding
   Bronz, L. (Bellinzona)

60 Tamoxifen-Induced Hyperplasia of the Endometrium
   Neis, K.J.; Brandner, P.; Schlenker, M. (Saarbrücken)

69 Differentiation and Management of Endometrium Abnormalities and Leiomyomas by Hydrosonography

81 Hysteroscopic Resection of Submucous Myomas
   Brandner, P.; Neis, K.J.; Diebold, P. (Saarbrücken)
Endometrial Ablation in the Year 2000 – Do We Have More Methods than Indications?
Köchli, O.R. (Basel)

Hysteroscopic Endometrial Resection
Bratschi, H.U. (Berne)

Endometrial Ablation by Balloon Coagulation
Gallinat, A. (Hamburg)

Endometrial Ablation for the Treatment of Dysfunctional Uterine Bleeding Using Balloon Therapy
De Grandi, P. (Lausanne); El Din, A. (Morges)

Hydrothermal Ablation. A New Simple Method for Coagulating Endometrium in Patients with Therapy-Resistant Recurring Hypermenorrhea
Römer, T.; Müller, J.; Foth, D. (Cologne)

Hysteroscopic Surgery – Complications and Their Prevention

The ‘HysteroTrainer’ – An in vitro Simulator for Hysteroscopy and Fallopscopy. Experimental and Clinical Background and Technical Realisation Including the Development of Organ Modules for Electrothermal Treatment

Consensus of Diagnostic and Operative Hysteroscopy. Consensus Statements of a Joint-Meeting of the Societies for Gynecological Endoscopy of Switzerland, Germany and Austria, October 1999

Author Index

Subject Index
Foreword

The book ‘Hysteroscopy – State of the Art’ presents experiences with hysteroscopy from well-known gynecologists. Until endoscopy was introduced to gynecology as a routine procedure every gynaecologist was taught ‘the exploring finger is the eye of the gynaecologist’. Today we say ‘a vigilant eye in the uterine cavity is better than a bunch of blind instruments’. Phillip Bozzini, a physician in Frankfurt, Germany, first recommended examining the uterine cavity in 1805. The first description of hysteroscopy in the English journal ‘Medical Press’ was given by Pantaleoni in 1869. The beginning of the present endoscopic method started when the German urologist Max Nitze presented his special cystoscope with built-in optical lenses and a light source at the tip of the instrument. Today, this cystoscope remains the prototype of all rigid endoscopes.

For a long time nothing appeared in the literature on endoscopy of the uterine cavity. Afterwards, gynaecologists in various countries sporadically reported their experiences with hysteroscopy. CO₂ hysteroscopy was generally applied in diagnostic procedures, because carbon dioxide has the advantage of having the same refractory index as air. According to large surveys in 1986 and 1988, it was used generally in 90% of 180,000 hysteroscopies.

Carbon dioxide was replaced by high- and low-viscosity liquids for surgical hysteroscopy. Due to traumatic penetration of the tissue, surgical treatment naturally leads to bleeding. As a result of the large quantity of blood, irrigation is necessary to improve visualization of the uterine cavity. The former fluid-overloading that sometimes caused fatal complications became less frequent due to the roller-pump technique with automatic balance of infusion and outflow of the rinsing liquid.
Hysteroscopy is currently being practised in many countries all over the world. It is a recognized and valuable asset to diagnostic and therapeutic management. Conventional surgical techniques, which require a laparotomy and uterotomy, are seldom applied today. Now, laser beam, HF coagulation, ultrasonic waves and thermoapplication for endometrium ablation are used.

Uteroscopy was, is and will remain a method which requires special skill and interpretation. The future, however, will hopefully bring improvements in technology. When the spirit is present, new things will always be created.

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