

“Abstracts submitted for SAFOMS - MENOSOC 2021”**Is office hysteroscopy accepted under simple analgesics in postmenopausal women?**

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Key words

postmenopausal, non-communicable diseases

Objectives

Since the reporting of an endometrial polyp via uterine endoscopy by Pantaleoni in 1869, the assessment and evaluation of endometrial pathology has made remarkable headway with the employment of hysteroscopy as a popular investigative and diagnostic procedure. With the establishment of improved fiber optics and instruments of fine diameter, the interest in hysteroscopy and the ability to introduce it more widely in gynaecological practice continues to grow. Revolutionized technology has paved the way for this technique to be performed as a conventional office procedure with minimal patient discomfort. The objective of this study is to discern the level of pain and discomfort experienced by postmenopausal women undergoing hysteroscopy and to establish its suitability as an office procedure under simple analgesics in Sri Lanka.

Method

A prospective descriptive study was designed incorporating 31 patients with postmenopausal bleeding reporting at CSTH for office hysteros-

copy from June 2018 to August 2020. A form was filled immediately following each procedure by the operator using a visual analogue scale to gauge the level of pain experienced by the patient.

Results

Amongst the 31 patients undergoing office hysteroscopy preemptive analgesia was administered to 24 patients (77.4%) of whom 21 (67.7%) received a diclofenac sodium suppository and 3 (9.6%) were given oral paracetamol. Two patients (6.4%) were given vaginal misoprostol, and none required local anaesthesia. Of the 31 patients, 05 had a stenosed cervix. Four required the use of Cusco's bivalve self-retaining speculum to visualize the cervix and required cervical dilatation. None of the patients experienced complications. Of the 31 patients, 04 patients (12.9%) experienced no pain. 22 patients (70.9%) reported a pain score of less than 06. Two patients (6.4%) reported a pain score of 10. 07 patients (22%) experienced more pain than anticipated. Eight patients (25.8%) would confidently recommend the procedure to another.

Conclusion

A pain score of less than 06 was recorded in 70.9% of the population with an additional 13% reporting a pain free experience. 22% reported more pain than expected. The study therefore concludes that pre-emptive simple analgesics are adequate and effective for office hysteroscopy to be carried out with minimal pain and discomfort. A positive and favourable response from majority of the sample population serves to reiterate the suitability of hysteroscopy as an office procedure in postmenopausal women.