

## **Oral Presentation**

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## **Combination of Suction Curettage, Sharp Curette and Diagnostic Hysteroscopy for Gynaecologic Cases in Limited Resource Setting**

Objective:

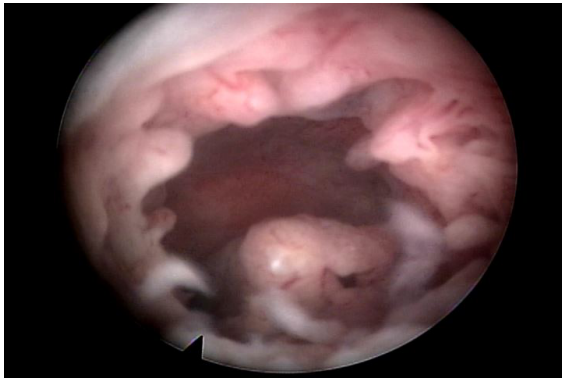
To describe the method used in our hospital to diagnose and treat patients with abnormal uterine bleeding. Hysteroscopy has been performed in our hospital since 2019. Limitation in equipment for operative hysteroscopy was substituted with sharp curette. However, these conditions lead to multiple entries of the scope during treatment. Cheng reported the efficiency of suction curettage for removal of large specimens during operative hysteroscopy. Thus; we have implemented addition of suction curettage from January 2023 until May 2024.

Methods:

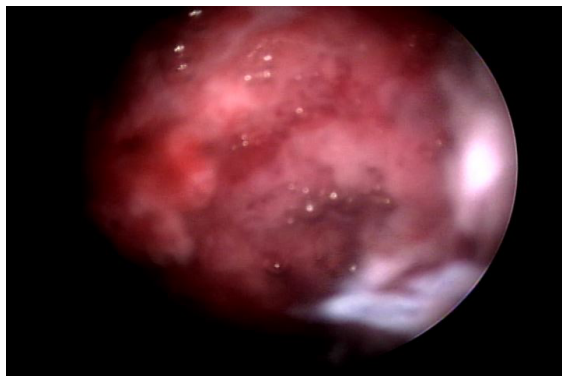
This was a case series of patients who underwent operative hysteroscopy from January 2023 to May 2024. Procedures were done in the operating theatre. Spinal analgesia was used, with a urinary catheter in place for 6 hours postoperative. Three hysteroscope entries were needed. Initial entry was diagnostic hysteroscopy for visualisation and pathology identification, followed by sharp curettage. Second entry was evaluation of any remnant inside the cavity, taken out with suction curettage and finished with final view from hysteroscope.

## Results:

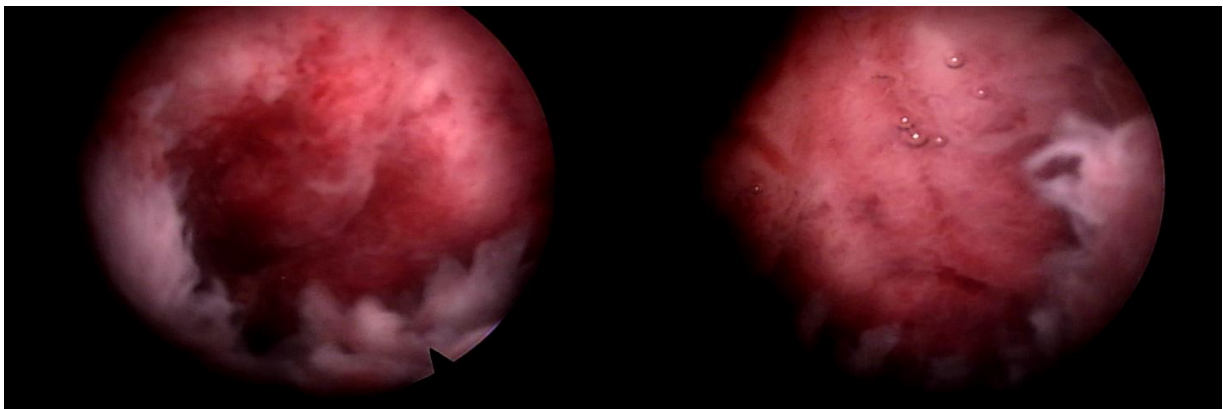
Procedure was carried out with 27 patients. Mean operating time was 24.7 minutes. Pathology results were endometrial polyp (33%); non-atypical endometrial hyperplasia (19%); hormonal imbalance (14.3%); and carcinoma (19%). Usage of suction curettage improved exfoliation of the endometrium and extraction of the specimen during hysteroscopy, in comparison to sharp curette. Significant bleeding was not encountered postoperatively.



Picture 1. Initial entry of hysteroscope. Multiple endometrial polyps shown here



Picture 2. View after sharp curette. Endometrial lining was coarse and had rough edges. Fragments of endometrial polyp evident.



Picture 3. Left and right. View after suction curettage. Smoother endometrial lining and better removal of polyp specimen

## Conclusion

Combination of suction curettage, sharp curette and diagnostic hysteroscope may be a feasible alternative for health care facilities with limited resource setting. Cost-effectiveness analysis may further support this finding.

## References:

1. Itzkowic DJ, Lavery CJ. Office Hysteroscopy and Curettage – a safe diagnostic procedure. *Aust NZ J Obstet Gynecol*. 1990.30, 150
2. Cheng C, Zhao T, Xue M, Wan YJ, Xu D. Use of Suction Curettage in Operative Hysteroscopy. *Journal of Minimally Invasive Gynecology* .2009. 16, 739–742