Gynecology International Consensus in Málaga

Blind gynecology procedures put women's health at risk

- **Gynecologists from the main societies involved in diagnostic and treatment techniques for intrauterine pathologies recommend replacing blind procedures with those with direct visualization.**

- **Among women in childbearing age, up to 20.5% of focal endometrial lesions remain after a blind D&C – Dilation and Curettage - procedure compared to 2% after a hysteroscopy.**

- **Blind D&C can lead to false negatives, infections, uterus perforation, reoperation, hemorrhage and lesions.**

Málaga, May 26th 2022. Blind gynecologic diagnostic and therapeutic interventions must end in order to protect women's health and must be replaced by direct visualization techniques, as is the case in other specialties. This is the main recommendation of the International Consensus carried out by gynecology leaders from three of the main world societies involved in the performance of these techniques: the Global Hysteroscopy Community (GCH), the American Association for Gynecologic Laparoscopy (AAGL) and the European Society for Gynecologic Endoscopy (ESGE). The consensus was presented today in Malaga within the frame of the **HTRS 2022 Congress** (Technological Revolution in Hysteroscopy), an event organized by the GCH, an international hysteroscopy community with more than 5,000 members.

"Blind access to the uterine cavity for the diagnosis and treatment of intrauterine pathologies is a procedure that is still very common today and that has not evolved in 150 years carrying serious risks for women's health" explains Professor Sergio Haimovich, Head of the Gynecology Department at Laniado University Hospital (Netanya-Israel) and Vice-Chairman of the Hysteroscopy Section of the AAGL. "With the use of these blind procedures women have the risk of infection, uterus perforation, re-interventions, injury to other organs and hemorrhage, as well as false negative biopsies," he adds.

According to data from a study of postmenopausal women, 87%[i] of endometrial lesions remain after a blind curettage, compared to 2% after a hysteroscopy, forcing patients to undergo further re-interventions. Furthermore, this procedure is only able to diagnose less than half of the uterine cavity in 60% of cases, which can lead to false positives[ii].

False negatives in cancer

"Blind curettage is frequently used in gynecology to rule-out uterine cancer, to perform a biopsy or to test for abnormal uterine bleeding. However, there is increasing scientific evidence showing how, frequently, sampling is inadequate and leads to an incorrect diagnosis" warns Dr. Luis Alonso Pacheco, Head of the Reproductive Surgery Unit at the Gutenberg center in Malaga and former president of the Hysteroscopy section of the AAGL.

As opposed to the dangers that blind techniques represent to women, hysteroscopy is a diagnostic procedure with a complication rate of only 0.1%[iii]. In the treatment of intrauterine pathologies, a review of studies conducted by Chinese and European researchers showed that hysteroscopy is a quick procedure for successful tissue removal with little risk of bleeding or perforation.[iv]

In this sense, another recent study showed that hysteroscopy is "significantly superior" in the diagnosis and definitive treatment of endometrial pathologies, especially in growing lesions compared to blind curettage.[v]

"Hysteroscopy has undergone an unstoppable evolution in the last 20 years. The amount of evidence published shows the superiority of direct visualization procedures and that the technology to perform them is already available," says Dr. Alonso.

In the consensus, the gynecologists recommend these techniques as a priority for the diagnosis and treatment of endometrial polyps, endometrial thickening and biopsy performance because of the "good and consistent evidence" available in this regard. The ultimate goal of this document is to make hysteroscopy the standard procedure in gynecologic interventions, abandoning procedures which are less safe for women.

For more information:
Ricardo Mariscal/ Carlos Mateos COM Salud.

rmariscal@comsalud.es/ cmateos@comsalud.es

Phones: +34-629 82 36 62/ +34-917 73 14 22

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