Infection Rate Low in Outpatient Hysteroscopy

BY MICHELE G. SULLIVAN

KISSIMMEE, FLA. — Operative hysteroscopy can be performed in the office without anesthesia and with an extremely low infection rate, by using small instruments and maintaining a constant, low intrauterine pressure, according to Dr. Luigi Nappi.

"The secret of an almost pain-free procedure," with a 1% postoperative infection rate, is to use an electronic irrigation and suction device that keeps an intrauterine pressure of 30-40 mm Hg, he said at the annual meeting of the AAGL. That pressure level prevents the stretching of the myometrium, thereby avoiding painful contractions.

Small diagnostic and operative instruments, with a diameter of about 4 mm, are also a necessity, said Dr. Nappi of the University of Foggia (Italy).

Dr. Nappi discussed his techniques in the context of a randomized trial showing that prophylactic antibiotics do not reduce the rate of infections after an in-office hysteroscopy. The trial included 886 patients who underwent the procedure for benign intrauterine pathology (polyps or myomas). Surgery was postponed for any woman who showed any sign of a vaginal or urinary tract infection. The women were randomized to either 1 g of cefazolin or placebo given 30 minutes before the procedure. All procedures were performed using a continuous flow operative hysteroscope with a diameter of 4 or 5 mm and a bipolar electrode. No analgesia or anesthesia was used.

The overall rate of postprocedural infection was 1.3%. The infection rate in the cefazolin group was 0.5%, and the rate in the placebo group was 1.4%—not significantly different. ■