

# BEST PRACTICES: Advantages of In-office Hysteroscopy in the Diagnosis of Abnormal Uterine Bleeding with Endosee®

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Abnormal uterine bleeding (AUB) accounts for approximately 33% of all gynecology visits, and for 69% of problem visits among postmenopausal women.<sup>1</sup> Abnormal bleeding can cause patients great concern. It can disrupt their lives, impact their intimacy and personal relationships, and lead to stress and worry about its cause. For physicians and patients, getting to the root of the problem quickly and finding a solution are very important.



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Although AUB is a common issue we see in practice, it has no singular common cause. To diagnose and treat AUB, we need to determine if there is a biochemical or hormonal issue, or if it is caused by an anatomical or structural problem.

As gynecologists, we typically turn to a few tried and trusted approaches when evaluating AUB: endometrial biopsy, transvaginal ultrasound, saline infusion sonohysterography (SIS), and hysteroscopy. Using these traditional approaches, a patient is required to come in for multiple office visits to obtain definitive results. This is not only inconvenient for her, but it often leads to a delayed diagnosis.

## The Endosee Office Procedure

The Endosee office hysteroscopy device has proven to be invaluable to my practice and my patients in the evaluation of AUB. This handheld, portable system can be set up in minutes and in any examination room, so it is not disruptive to my practice or my patients. Since incorporating Endosee into my practice, I have easily performed 200 procedures with it.

The Endosee device includes a sterile, flexible cannula that is less than 5 mm in diameter. It also contains a camera and light source at the distal end of the disposable cannula, so there is no need to sterilize or clean equipment. The lightweight, reusable handset contains a high-quality LCD screen (about the size of a smartphone screen), which provides very clear visualization of the endometrial cavity. The Endosee procedure generally takes no more than 90 seconds to perform.

*“Whether it’s seeing something or not seeing something, Endosee allows both physicians and patients to move further down the diagnostic algorithm or pathway.”*

Endosee initially started fitting into my practice when I performed endometrial biopsies, and has been very helpful. By allowing me to see if there is a structural abnormality, it guides my decision to either sam-

ple the endometrium with a global device or move ahead with targeted treatment.

## Incorporating Endosee Into Practice

I know that any patient with AUB is a potential candidate for an in-office evaluation with Endosee.

When introducing Endosee to my patients, I refer to it as a technology that has come out of the operating room (OR) and into the office, and it allows us to perform a simple diagnostic procedure in a much easier way. It is going to help us find the cause of their bleeding and find a solution quickly.

I show my patients the Endosee cannula to help them understand how it will help me take a look inside. I show them on an anatomical poster or model exactly where I will be looking. I tell them exactly what to expect in terms of pressure and sensations and how long the whole procedure will take. I compare it to a doctor using an otoscope to take a look at their eardrum or down their throat. And immediately following the procedure, I can show my patients what I have just seen in the uterine cavity.

*“Patients are so appreciative that they can see and know exactly what’s going on instead of having to come back for a follow-up visit or wait for a laboratory result.”*

## Patient Case Study #1

A healthy 56-year-old postmenopausal patient presented with spotting. She had a challenging cervix and anatomy, so biopsy would have been difficult and most likely would have required a hysteroscopy in the OR. With Endosee, I was able to directly visualize the uterine cavity during her original appointment without using any pain medication or paracervical block.

I was able to determine that her endometrial cavity was atrophic, her bleeding was not pathologic, and there was nothing suspicious in her uterus—and I could give her that information on the spot.

Immediately following the procedure, I was able to show the patient the images captured with the Endosee camera and tell her, “This is picture perfect. This is out of a textbook. This is what you expect to see in a menopausal female.” She walked out of the office relieved. So, finding nothing can be just as valuable as finding something, as shown in this case.

## Patient Case Study #2

A 27-year-old patient presented with intermenstrual bleeding. She had been prescribed 4 different types of birth control pills, but she was still experiencing bleeding. It is unusual for a young woman on birth control pills to have endometrial pathology, but an in-office evaluation with Endosee was a quick and simple way for me to examine the uterine cavity and see if I could determine the cause of her bleeding.

The Endosee procedure showed that she had a large fundal polyp hanging down to the endocervix.

This finding was unexpected, but very easy to treat. Instead of putting her on yet another birth control pill for breakthrough bleeding, I was able to resect the polyp to stop her bleeding and put her back on a low-dose pill.

## Advantages of Endosee Over Traditional Office Hysteroscopy

In addition to offering physicians immediate visualization to gather important diagnostic information, Endosee also allows us to perform an endometrial biopsy and hysteroscopy in the same visit.

### Reducing or eliminating need to blind biopsy

In many situations, Endosee allows us to eliminate the blind biopsy altogether. Because the Endosee procedure allows clinicians to visualize the endometrial cavity, they may determine there is no pathology and no need to take a tissue sample. By the same token, Endosee might reveal a large polyp or fibroid that requires surgery for removal. The surgery could be scheduled based on a quick evaluation that takes just minutes.

### Improved experience for patients

The Endosee cannula is tolerated much better than the rigid scope used with traditional office hysteroscopy systems. We rarely need to use a paracervical block or toradol.

### Less reliance on specially trained staff

With Endosee, we do not need to use a separate room or specially trained staff to perform an office hysteroscopy. Because visualization is instant and crystal clear, physicians are able to evaluate the results themselves. With transvaginal ultrasound and SIS, we are restricted by the timing and schedule of an ultrasonographer whom we depend on to perform the procedure. This can negatively impact office flow and efficiency.

*“Endosee brought about a mind-set change. By using it, you realize that you’re doing patients a service by getting to a diagnosis as soon as possible.”*

## Reference

1. Garcia A. *OBG Manag.* 2013;25:44-48

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**Disclosures:** Dr. Goldstein reports that he is a paid consultant for CooperSurgical Inc.

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