



## Consensus Intentions Document

GCH, AAGL and ESGE

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- ***Blind intrauterine procedures for diagnostic and therapeutic purposes should be avoided***
- ***Intrauterine surgical procedures should be performed under direct visualization when the existing level of evidence supports it and the technology is available***

### Introduction

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1. The blind access to the uterine cavity for diagnosis and treatment of intrauterine pathologies has been the gold standard till the last decade of the 20<sup>th</sup> century
2. Although ultrasound guidance introduced some improvements in the safety of blind procedures, it is not a substitute for direct visualization
3. Dilation and Curettage (D&C) is a blind procedure introduced in 1846 with little improvement and/or modifications since then; it is still being used routinely, both for the diagnosis and treatment of intrauterine pathologies
4. Blind biopsies of the endometrium are still widely used globally for diagnosis of endometrial pathologies; pipelle, novak and other systems are being used for this purpose
5. Since the introduction of the diagnostic hysteroscope in 1980, we have witnessed rapid advances in the optics, producing diagnostic hysteroscopy devices with very small diameters, offering excellent resolution and magnification
6. During the last decade of the 20<sup>th</sup> century, another major improvement was introduced with the “See & Treat” philosophy, thanks to the possibility of using various types of devices/energies through small diameter hysteroscopes; ***this concept allowed visually-guided endometrial biopsies and the ability to treat various pathologies under direct visualization, both in the OR and the Office settings***
7. The most recent innovation in the field of Intrauterine Surgery was ***the introduction of the Hysteroscopic Tissue Removal Systems (HTRS)***. This technology is designed ***to extract tissue from the uterine cavity under direct visualization*** in an efficient and reliable manner

### Rationale

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1. In spite of the widely available technology, education, and evidence supporting the performance of Intrauterine surgical procedures under direct visualization [22], blind procedures are still being performed widely, the same regarding endometrial biopsies

2. The procedures that are still being carried out blindly by Dilation and Curettage (D&C) are:
  - a. *Endometrial Biopsies in cases of thick endometrium or Post-Menopausal Bleeding*
  - b. *Treatment of Retained Products of Conception*
  - c. *Evacuation of first trimester missed abortions*
  - d. *First trimester termination of pregnancy*
  - e. *Diagnosis and treatment of heavy menstrual bleeding*
  - f. *Treatment of endometrial polyps*
  - g. *Diagnosis in cases of Thick Endometrium*
3. There is strong evidence in favour of performing the procedures under direct visualization in some of the cases, promising results in some and a lack of evidence in others.
4. Members of the 3 leading societies in the field of Intrauterine Endoscopic Surgery (GCH, AAGL and ESGE), based on the existing levels of evidence, would like with the signed Intentions Document to support the performance of procedures under direct visualization when supported by the evidence.

#### **Current Recommendations**

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1. **Endometrial biopsies should be performed under direct visualization**  
*(Level of evidence: I / Level of recommendation: grade B)*
2. **Treatment of retained products of conception (RPOC) should be performed under direct visualization**  
*(Level of evidence: I / Level of recommendation: grade A)*
3. **Diagnosis and treatment of heavy menstrual bleeding should be performed under direct visualization**  
*(Level of evidence: II / Level of recommendation: grade B)*
4. **Diagnosis and treatment of endometrial polyps should be performed under direct visualization**  
*(Level of evidence: I / Level of recommendation: grade A)*
5. **Diagnosis and treatment of thick endometrium should be performed under direct visualization**  
*(Level of evidence: II / Level of recommendation: grade B)*

6. **Treatment missed abortions** till 10 weeks under direct visualization is only supported by low quality data showing some promising results; more well designed studies are needed in order to conclude whether direct visualization is superior to traditional blind procedures.

*(Level of evidence: V / Recommendation: grade D)*

7. **There is no evidence** regarding the use of direct visualization systems in cases of *first trimester termination of pregnancies*.

**The signing members of the Societies commit to continue working to achieve a unified document with the practice guidelines to replace blind intra-uterine procedures and publish the document.**