GYN PROCEDURES IN THE OFFICE:
- IUDs
- ENDOMETRIAL BIOPSY
- CERVICAL POLYPECTOMY

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Disclosure

- I have no actual or potential conflict of interest in relation to this presentation.

- I acknowledge that the makers of Paragard, Mirena and Skyla have provided the Demo units to be able to practice the performance of these procedures.
Objectives

- General considerations to IUDs insertion (pre-procedure, during procedure and after care instructions)
- Indications and contraindications for endometrial biopsy
- Indications and contraindications to perform a cervical polyp removal in the office
- Practice procedures
# IUDs: General considerations

<table>
<thead>
<tr>
<th>IUD</th>
<th>Skyla</th>
<th>Mirena</th>
<th>ParaGard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration</td>
<td>3 years</td>
<td>5 years</td>
<td>10 years</td>
</tr>
<tr>
<td>Size (mm)</td>
<td>28 x 30</td>
<td>32 x 32</td>
<td>32 x 36</td>
</tr>
<tr>
<td>Levonorgestrel</td>
<td>13.5 mg (6 mcg/day)</td>
<td>52 mg (20 mcg/day for 2 years)</td>
<td>NO</td>
</tr>
<tr>
<td>Cooper</td>
<td>NO</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>Indications</td>
<td>Contraception</td>
<td>Contraception Menorrhagia</td>
<td>Contraception and EC</td>
</tr>
</tbody>
</table>
IUDs general considerations

- Contraindications:
  - Active cervical or uterine infection (PID)
  - Post-pregnancy or post-abortion infection less than 3 month
  - Cervical or endometrial Ca
  - Breast Ca (hormonal IUD)
  - Cooper allergy or Wilson disease (Paragard)

- Role of Misoprostol pre-procedure.

- Timing of placement during the menstrual cycle.

- Informed consent.

- Risks of procedure: Insertion failure
  - Infection
  - Bleeding
  - Perforation

- Role of local anesthesia (tenaculum placement, paracervical block).
IUDs procedure equipment:

- Non sterile gloves
- Lubricating gel
- Chlorhexidine/betadine solution
- Vaginal speculum
- Ring forceps and sponges
- IUD device
- Sterile gloves
- Cervical tenaculum
- Uterine sound
- Long scissors
- Cervical dilators
- Lidocaine gel/ lidocaine 1% plain and syringe for paracervical block
Procedure

- Obtain pregnancy test
- Explain procedure. Obtain informed consent.
- Perform bimanual exam.
- Insert speculum.
- Cleanse the cervix with antiseptic solution.
- Stabilize the cervix with tenaculum.
- Gently insert uterine sound to determine
  - the depth of the uterine cavity.
Cooper IUD

Preparation of the Cooper IUD for insertion:
- Folding IUD arms (down)
- Align the flange
- Set the depth
- Position the inserter rod

Insertion of the Cooper releasing IUD:
- Stabilize the cervix
- Insert the IUD unit
- Release the IUD arms
- Ensure fundal placement
- Remove the inserter rod
- Remove the inserter tube
- Cut the strings 3-4 cm
Mirena IUD

Preparing the Mirena IUD:
- Release the IUD strings
- Position the slider
- Align the IUD arms
- Draw the IUD into the tube (arms up)
- Fix the strings
- Set the depth

Inserting the Mirena IUD:
- Stabilize the cervix
- Insert the inserter
- Advance the inserter
- Release the IUD arms
- Re-advance the inserter
- Release the strings
- Remove the inserter
- Cut strings 3-4 cm
VIDEO
**Preparing the Skyla IUD:**
Load Skyla into the insertion tube (push slider forward)
Maintain forward pressure with your thumb or forefinger on the slider.
Set the depth

**Inserting the Skyla IUD:**
Stabilize the cervix
Insert the inserter
Advance the inserter until the flange in 1.5 cm from the cervix
Open the arms (move the slider down to the mark)
Advance inserter (flange touches the cervix)
Move the slider all the way down
Withdraw the inserter while holding the slider down
Cut the strings 3-4 cm
VIDEO
IUDs postprocedure

Immediate postprocedure:
- Cramping pain
- Palpitations, dizziness (vasovagal reaction)

For few days:
- Spotting, minimal bleeding
- Cramping pain

After care instructions:
- Feel the strings, report if pain is excessive, return to clinic in 4-6 weeks for string check.
Endometrial biopsy

- To obtain endometrial tissue for histologic evaluation.
- Safe office procedure with comparable diagnostic accuracy to D&C procedure.
- Avoid the need for sedation and operating room.
## Endometrial biopsy

<table>
<thead>
<tr>
<th>INDICATIONS</th>
<th>CONTRAINDICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Abnormal uterine bleeding</td>
<td>- Pregnancy</td>
</tr>
<tr>
<td>- Postmenopausal bleeding</td>
<td>- Infection: PID, cervicitis, etc</td>
</tr>
<tr>
<td>- Evaluation for AGUS on pap smear</td>
<td>- Bleeding/clotting disorder</td>
</tr>
<tr>
<td>- Evaluate response to treatment for endometrial hyperplasia</td>
<td>- Cervical cancer</td>
</tr>
<tr>
<td>- Cancer screening(HNPCC)</td>
<td></td>
</tr>
<tr>
<td>- Thick endometrium on US</td>
<td></td>
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</tbody>
</table>
Endometrial biopsy

Preparation:
- Ibuprofen 800 mg PO 1 hour prior to procedure.
- Consider misoprostol or laminaria if stenosis of cervix.
- Informed consent:
  - explanation of procedure
  - risks and complications of procedure
  - Provider’s signature
Equipment: Non sterile

Gloves

Syringes

Gel

Lidocaine

Formalin Container

Chlorhexidine/betadine
Equipment: Sterile Tray

- Sterile Gloves
- Gauzes
- Speculum
- Cotton swabs
- Cotton balls
- Ring Forceps
- Tenaculum
- Uterine sound
- Basin
Endometrial instruments

- Pipelle
- Endometrial brush
- Endometrial aspirator
Procedure

1. Patient in lithotomy position
2. Bimanual exam to determine uterine position
3. Insert sterile speculum in vagina
5. Use tenaculum to grasp the anterior of posterior cervical lip. Sound the uterus.
6. Pull outward with tenaculum to straighten the uterocervical angle.
7. Insert sound to the fundus. May need cervical dilators if sound does not pass internal os.
8. Insert endometrial biopsy catheter into the cervix up to the fundus (according to uterine sound depth).
Procedure

9- Withdraw the internal tube on the catheter to create suction at the catheter tip.

10- Obtain tissue by moving with an in-and-out motion and using a 360-degree twisting motion. **Allowing tip to exit endometrial cavity will lose suction.**

11- When the catheter fills with tissue, withdraw the catheter and place sample in the formalin container by pushing the piston back to the tip of the catheter. You can use same catheter or a new one to make a second pass as needed.

12- Remove tenaculum, apply pressure if bleeding and remove speculum.
Pitfalls/complications

- The catheter will not pass the cervix. Consider laminaria before procedure (the morning of).
- Pain with and after procedure: use of NSAIDS, local anesthesia.
- Risk of infection: strict sterile technique.
- Insufficient material for pathology: make more than one pass.
Cervical polyps

- Are usually common. Incidence increase with age.
- Most polyps are benign, but there is a 1% potential for malignant transformation.
- In general, no symptoms. Diagnosis made during routine exam.
- Symptoms: spontaneous vaginal bleeding, after intercourse or exercise.
- Various sizes (from mm to several cm)
Cervical polyps

**Indications:**
- Identification of a cervical polyp during exam, with or without symptoms

**Contraindications:**
- Endometrial polyps, or cervical polyps with dense, thick pedicle/blood supply.
- Pregnancy
- Blood dyscrasias
- Multiple polyps (expect to bleed a lot)
Equipment

- Non sterile gloves
- Speculum
- Endocervical speculum
- Ring forceps
- Cervical biopsy forceps
- Pathology container with formalin
- Silver nitrate sticks
- Monsel’s solution
- Endocervical curette
Procedure

- Explain procedure, informed consent.
- Non sterile gloves on, then grab the speculum and insert in vagina.
- Visualize the polyp.
- Identify the polyp base. May need to use the endocervical speculum.
- Remove polyp by performing one of the following:
  + Cut through the tissue at the base of the polyp with the cervical biopsy forceps,
  + Grasp the polyp with the ring forceps and twist the forceps around the stalk until it comes off,
  + If small, scrape it off using a sharp curette.
- Place the polyp in the pathology container.
- Control bleeding with sliver nitrate stick or Monsel’s solution.
Questions
Practice makes perfect