

# THE ROLE OF HYSTEROSCOPY IN ASSISTED REPRODUCTION TREATMENTS: OUR TWO-YEAR EXPERIENCE AND OUTCOMES OF THE FOLLOWING CYCLES.

Katharina Spies, Maria Calomarde, Beatriz García Chapinal, David Lora, Germán Tovar, Alexandra Izquierdo.  
ProcreaTec. International Fertility Centre, Madrid. Spain



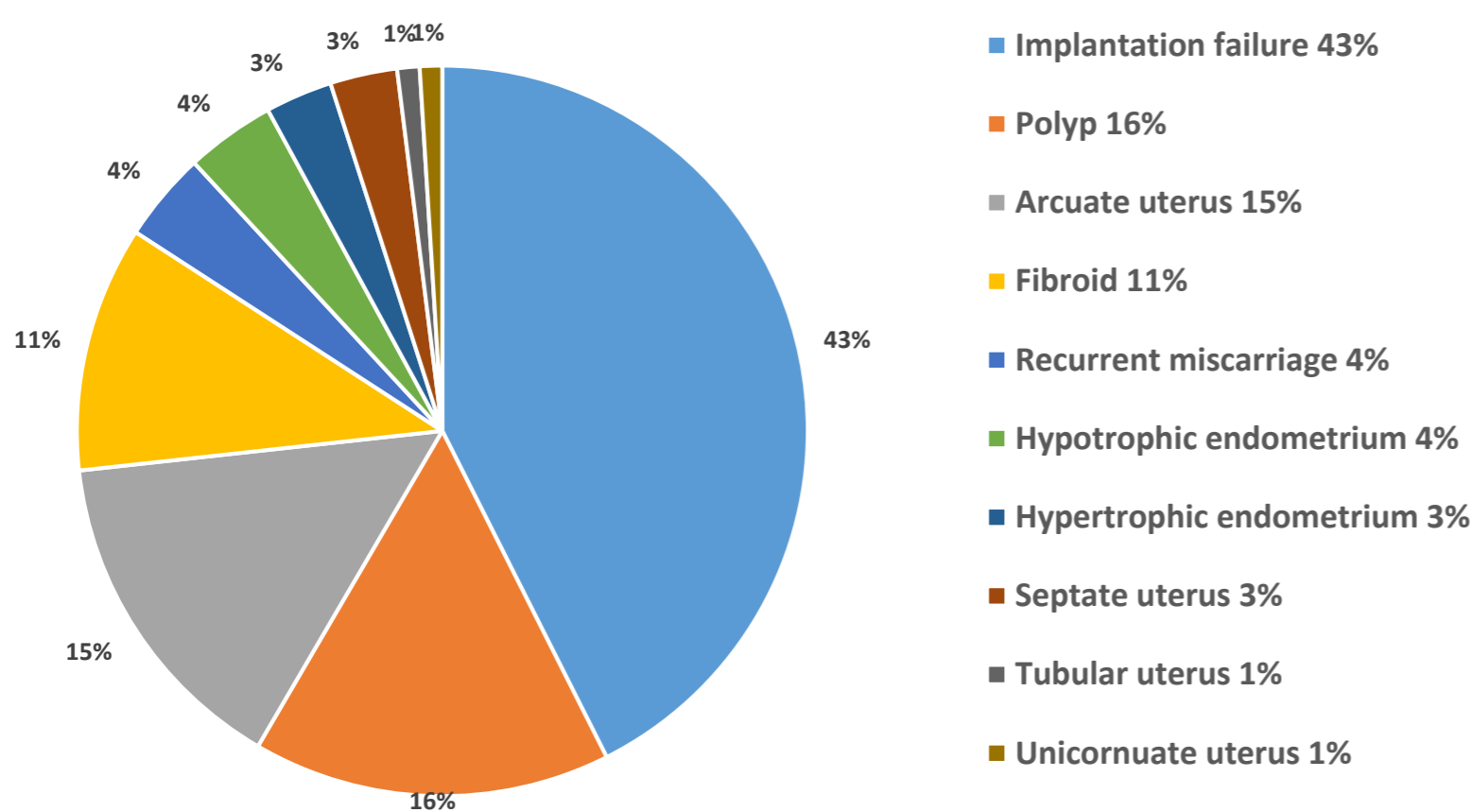
## Introduction

We wanted to review the results of hysteroscopic interventions prior to the fertility treatments performed to our patients. We also reviewed the findings during surgery and their correlation with the different indications for this procedure. We analyzed the pregnancy rates (PR) of the cycles 6 months after the hysteroscopy.

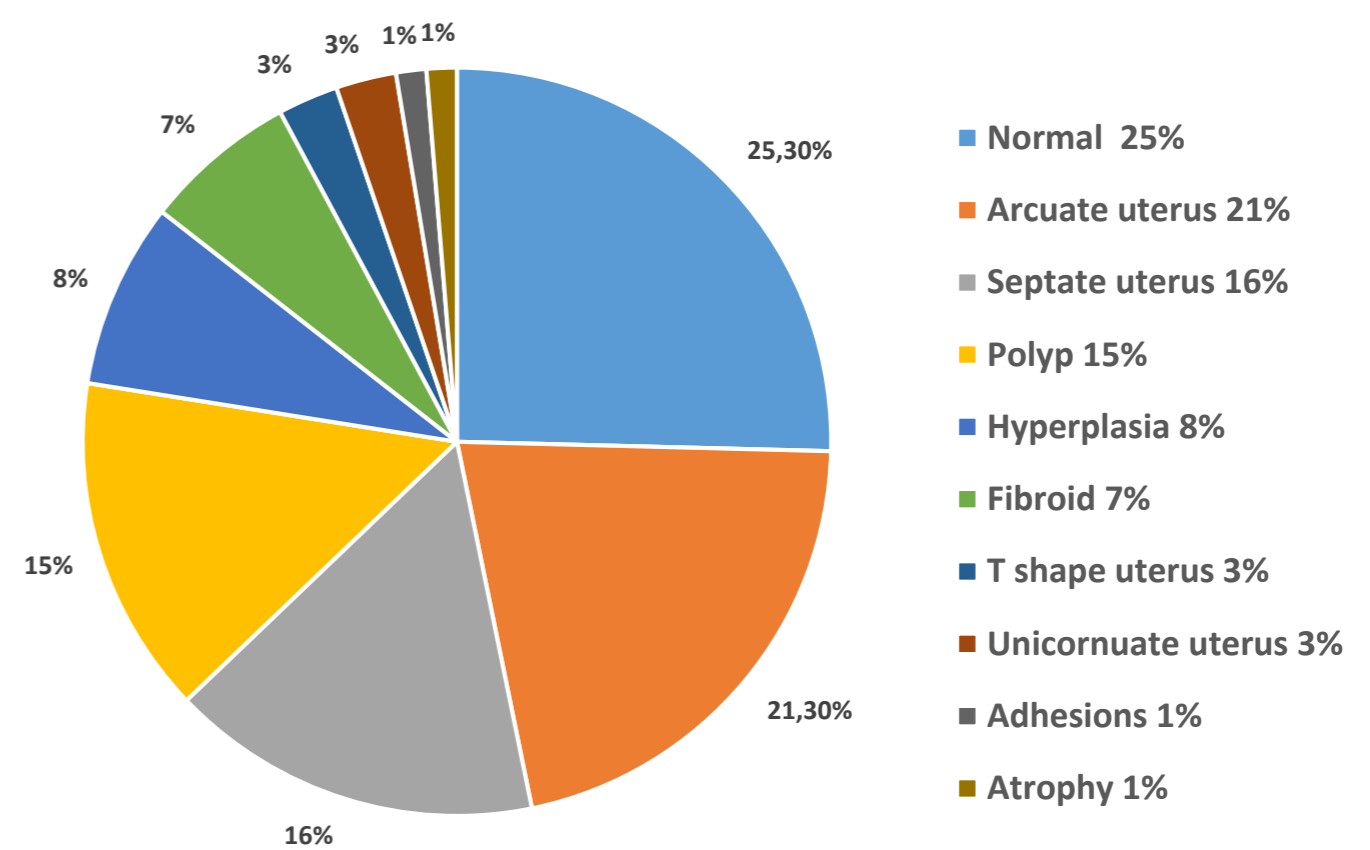
## Material and Methods

We reviewed 75 cases of patients that had undergone a hysteroscopic surgery in our clinic by the same surgeon. We analyzed data in terms of surgery indication and its correspondence with the final diagnosis. Results of the subsequent treatments is also reported. Statistical analysis was generated using SAS software (SAS Institute Inc., Cary, NC).

### Hysteroscopic surgery indications



### Hysteroscopic findings



## Results

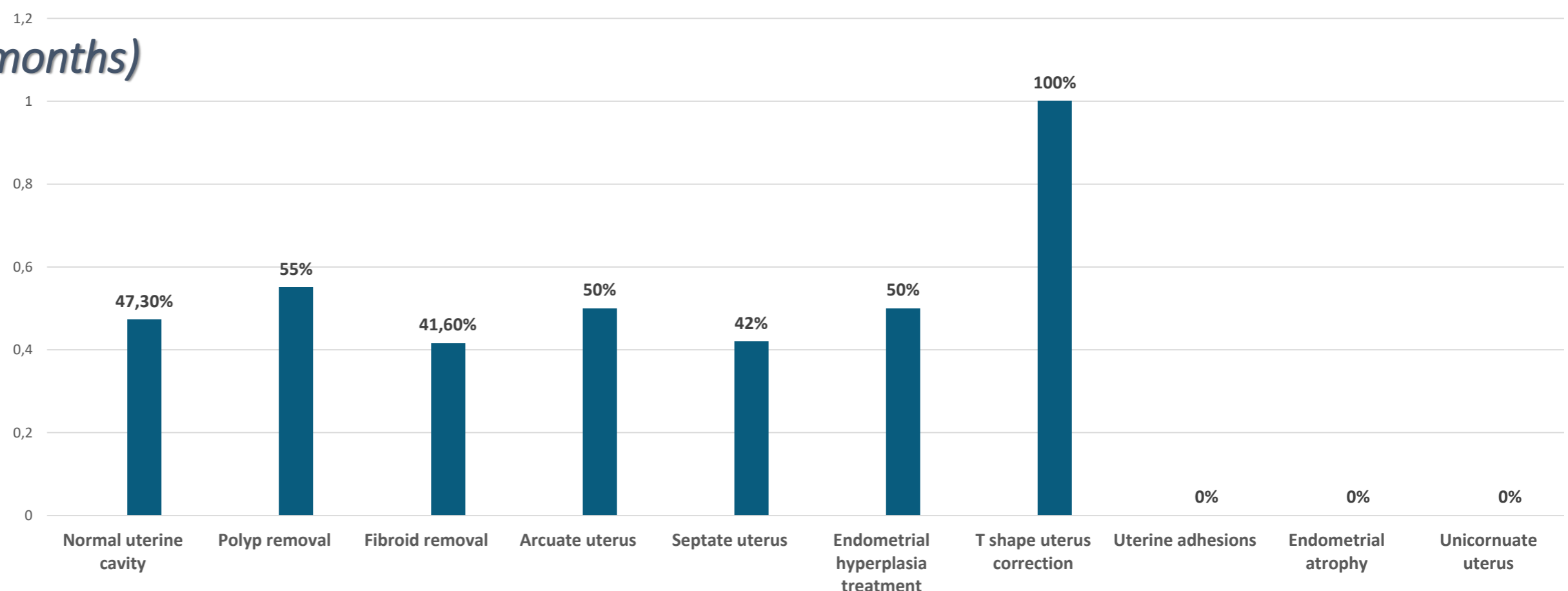
Indications for hysteroscopic surgery and hysteroscopic findings are shown above.

PR after 6 months for patients with normal uterine cavity was 47.3%. PR for arcuate, septate uterus, after polyp or fibroid removal were 50%, 41.6%, 54.5% and 40% respectively. After the treatment of endometrial hyperplasia PR was 50%. Both cases where a T shape uterus was corrected achieved a pregnancy (100% PR).

No pregnancy was achieved after the diagnosis of uterine adhesions or endometrial atrophy or unicornuate uterus.

The overall PR for egg donation treatments was 52.3% and for IVF cycles was 35.7%, equivalent to the average PR in our clinic, 42% for IVF and 54% for egg donation.

### Pregnancy rate (6 months)



## Conclusions

Our experience shows a good correlation between the initial diagnosis and the hysteroscopic findings. PR in cases where arcuate and septate uterus were found, treatment for hyperplastic endometrium was performed or polyps and fibroid were removed, are equivalent to average PR in our clinics. The outcome of patients with uterine adhesions, endometrial atrophy and unicornuate uterus was very poor.