

FOREWORD

Uterine sparing management of abnormal uterine and heavy menstrual bleeding in the outpatients setting

Abnormal uterine bleeding (AUB), including heavy menstrual bleeding (HMB), is one of the most common symptoms together with pelvic pain in women during their reproductive years. It results in a high number of consultations both in primary and secondary care settings.

Technological advances in the diagnosis and treatment of conditions that cause AUB and HMB have changed clinical practice in the last few decades. Concomitant developments in both hysteroscopic equipment and ultrasound technology have influenced our ability to diagnose and manage uterine pathology that cause AUB/HMB; we now approach the underlying conditions in a substantially less invasive manner. High resolution ultrasound has become very accurate in assessing the uterine wall, cavity and endometrium, hence conditions such as uterine fibroids, adenomyosis, endometrial polyps, hyperplasia/malignancy, retained products of conception and caesarean section scar defects can now be reliably detected with detailed description in experienced hands. Fibroid mapping by defining the number, location and size of fibroids has made it possible to plan appropriate treatment, including the type and place of surgery. Improved ultrasound imaging may have reduced the need for diagnostic hysteroscopy, but at the same time it may have resulted in detection of less obvious pathology which may prompt the clinician and patient to take action. As a result we may be performing more therapeutic procedures than we would have done in the past.

Improved hysteroscopic technology as a result of smaller diameter hysteroscopes, energy modalities for hysteroscopic surgery and development of hysteroscopic tissue removal systems has enabled us to perform hysteroscopy not only to diagnose but also treat uterine lesions in the outpatient setting. In addition, second generation endometrial ablation techniques have made it possible to perform highly effective treatment of HMB in the outpatient/ambulatory setting. These resulted in a substantial change in the treatment procedures we currently perform for AUB/HMB. The hysterectomy rates are declining, but at the same time the endoscopic or other minimally invasive procedures we perform are now moving from the operating theatres to the outpatient clinics.

In this special issue of Facts, Views and Vision we have a complete package that describes approaches to diagnose and treat AUB and HMB in the outpatient setting. All articles have been written by internationally renowned experts/teams who not only contributed to the global literature in this field, but at the same time have a very much hands-on practical experience. Therefore, the articles give not only the most up-to-date information on the subject, but provide practical information to the reader. I am confident that the clinicians, patients and manufacturers will find this issue most useful.

Ertan Saridogan

Professor of Gynaecological Surgery,
Elizabeth Garrett Anderson Institute for Women's Health, University College London.

Consultant in Reproductive Medicine and Minimal Access Surgery,
Women's Health Division, University College London Hospital, 250 Euston Road, London NW1 2PG, United Kingdom.