**Optimize Outcomes of Hysteroscopy for Myomas**

**By Damian McNamara**
Miami Bureau

**Fort Lauderdale, Fla.** — Outcomes of operative hysteroscopy for uterine leiomyomas can be optimized using tips and techniques presented at a meeting on hysterectomy sponsored by the Cleveland Clinic.

- **Large fibroids.** If a patient has larger fibroids or the case is long or involves a new resident, use a bipolar resection device instead of a unipolar instrument, recommended Dr. Linda Bradley, director of the center for menstrual disorders, fibroids, and hysteroscopic services at the clinic.

"You will have more time to do the procedure. You just continue to shave, shave, shave, always working toward yourself ... Sometimes it’s a lot of work," she said.

New technology targets the treatment of large fibroid resections. For example, perforated roller devices are good for removal of huge myomas, Dr. Bradley said. "If you step on the pedal and within 10 minutes you can get about half of the volume out." A hysteroscopic morcellator is another option. This device uses no electricity but quickly removes tissue as it cuts. A third option is a conventional resectoscope. "This will suck 85%-90% of the chips right into the scope. But you have to go a little slower and make smaller bites of the tissue. I still like my conventional hysteroscope, but you can see how this would be less frustrating," she said.

- **The "snowstorm."** With traditional hysteroscopy, free-floating tissue pieces in the saline can obscure the view.

"Sometimes at the end you get what we call the snowstorm," Dr. Bradley said. "The pieces can be pulled out with polypropylene or removed one by one by the loop. I have a rule of thumb. If I go three times through and do not catch any, I go back to work. Be careful not to perforate while you are doing this."

- **Pressure.** Inflation and deflation during hysteroscopy aid visualization, Dr. Bradley said. "When pressure is at 100, everything is really flat. Lower the pressure to 50-80 and a fibroid might pop out of its capsule."

If the visual field gets very bloody, you can turn the pressure back up, she added. "It’s a very dynamic process."

- **Complications.** Reinspect the endometrial cavity a few minutes after removal of the hysteroscope, Dr. Bradley said. Postoperative hysteroscopic complications are infrequent, but malodorous discharge and persistent fever, vomiting, constipation, or abdominal pain can occur. "Instruct patients to call if symptoms are not improving, she added, especially if the pain worsens or there is a new onset of fever."

- **Contraindications.** Contraindications to operative hysteroscopy include fibroids that are completely intramural or subserosal.

"These are much more difficult to remove hysteroscopically," Dr. Bradley said.

**Risk Reduction of Salpingo-Oophorectomy Tied to Genetics**

**By Kate Johnson**
Montreal Bureau

The type and degree of cancer protection afforded by prophylactic salpingo-oophorectomy varies depending on whether women are BRCA1 or BRCA2 mutation carriers, according to a multicenter, prospective study in the Journal of Clinical Oncology.

In women with BRCA1 mutations, risk-reducing salpingo-oophorectomy (RRSO) significantly reduced gynecologic cancer risk, with only a trend toward breast cancer risk. By comparison, in carriers of the BRCA2 mutation, the surgery’s protection against breast cancer was significant, with a trend toward protection against breast cancer.

The study comprised 792 individuals with BRCA1 mutations who underwent prophylactic oophorectomy and 294 individuals with BRCA2 mutations who underwent prophylactic oophorectomy and were matched with 184 individuals with BRCA1 mutations who did not undergo prophylactic oophorectomy.

- **RRSO appeared to be protective against estrogen-receptor (ER) positive invasive breast cancer (HR 0.22), but not ER-negative invasive breast cancer (HR 1.10).** "Prevention of ER-negative breast cancer remains a challenge," they wrote.

- **The optimal strategy for reducing the risk of this important cancer in carriers of both BRCA1 and BRCA2 mutations will emerge from future prospective studies stratified according to genetic linkage to one or the other of these related, but distinct, cancer susceptibility syndromes."

The authors suggested one explanation for the study’s findings to find a significant protective effect of RRSO against BRCA2-associated gynecologic cancer could be the age of the participants.

As lead author of the study, Dr. Kauff disclosed that he was compensated by Wyeth Pharmaceuticals for a consultant/advisory role, as well as for providing expert testimony. A coauthor, Dr. Judy E. Garber, director of the cancer risk and prevention program at Dana Farber Cancer Institute, Boston, acknowledged consultant/advisory compensation and honoraria from Myriad Genetics, and remuneration from Astrazenea Pharmaceuticals by coauthor Dr. Rosalind A. Eales of the Institute of Cancer Research at the Royal Cancer Hospital, London.