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In-office hysteroscopic removal of retained or fragmented intrauterine device without anesthesia: a cross-sectional analysis of an international survey.

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ABSTRACT

To investigate about the opinions of gynecologists regarding the in-office hysteroscopic removal of retained or fragmented intrauterine device (IUD) without anesthesia. An online survey was made available to gynecologists who routinely performed in-office hysteroscopy. Five areas of interest were analyzed: average number of hysteroscopic procedures performed without anesthesia, availability on their local market of the different types of hormonal and non-hormonal IUDs, reasons for the hysteroscopic removal of the IUD, types of IUDs that were more commonly found retained or fragmented and, overall difficulty of the hysteroscopic removal. A total of 419 surgeons voluntarily responded the survey, of which 19 were excluded for not performing in-office hysteroscopy. The most commonly available IUD was the Levonorgestrel-based Mirena (Bayer Healthcare, Germany) or similar, (399/400, 99.7%), followed by Copper T (Paragard, CooperSurgical INC, United States) (397/400, 99.2%), Multiload (234/400, 58.5%) and Jaydess (Bayer Healthcare, Germany) (227/400, 56.7%). The intracavitary retention of the IUD with (44.5%, 178/400) and without (42.2%, 169/400) visible strings accounted as the most common reason for undergoing hysteroscopic IUD removal. Copper T IUD was the most common intracavitary retained (297/400, 74.2%) as well as fragmented device (236/400, 59.9%). The in-office hysteroscopic removal of the IUD was considered an easy procedure by almost all the operators (386/400, 96.5%). In-office hysteroscopy without anesthesia is seen as a feasible and easy approach to remove retained or fragmented IUDs inside the uterine cavity or cervical canal. While the Levonorgestrel-based IUD is the most commercialized, Copper T IUDs are the most commonly found retained or fragmented.