THE NATIONAL HOSPITAL OF OBSTETRICS AND GYNECOLOGY

Laparoscopy-guided hysteroscopic tubal catheterization for infertility due to proximal tubal obstruction

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OVERVIEW

- Infertility and female infertility: affect the quality of life of many couples.
- Viet Nam: 7-10%.
- Tubal disease accounts of infertility in women:
 - Nguyen khac lieu (1998): 47%
 - Pham Nhu Thao (2003): 59%

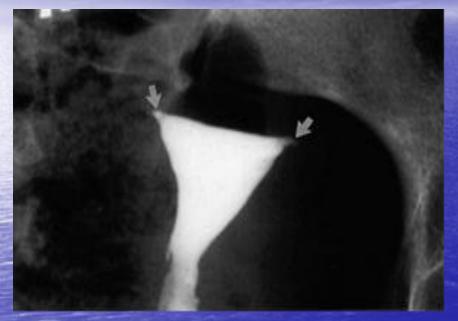
Infertility due to proximal tubal obstruction

- The intramural or isthmic segment blocked
- Papaioannou S (2009): 10 25% of women with tubal disease
- Viet Nam:

Tran Thi Ngoc Ha (2012): 15%

Tran Quoc Viet (2004) : 18%

Image of proximal tubal obstruction on HSG





1. Intramural segment blockage 2. Isthmic segment blockage

Causes of proximal tubal obstruction Zhang (1995):

- 71%: chronic tubal inflammation.
- 29%:
 - Debris-containing aggregates, Mucosal agglutination.
 - Cornual polyp, endometriosis, obliterative fibrosis, tuberculosis.

Treatment of proximal tubal obstruction

- Microsurgical Tubocornual Anastomosis
- In vivo fertilisation (IVF)
- Tubal Catheterization

Microsurgical Tubocornual Anastomosis

- Gerard (1999): pregnancies rate 47,4%
- The surgeon must be well trained.
- Results: depends on the skill of each surgeon.

In vivo fertilisation (IVF)

In Viet Nam, Many infertile patients are not financially able to pay.

Tubal Cannulation

- Salpingoscopy and tubal cannulation
- Tubal Catheterization:
 - Selective Salpingography
 - Ultrasound-Guided tubal recanalization
 - Laparoscopy-guided hysteroscopic tubal catheterization

Advantages of the laparoscopy-guided hysteroscopic tubal catheterization

- Limitations in surgical complications: perforation of the fallopian tubes, peritonitis after surgery...
- Degree of damage of the fallopian tube and adnexal Adhesions
- Remove adnexal adhesions
- Affordability
- Easy to implement so it can be widely applied

Studies on tubal recanalization

Gerard (1999):

Meta—analysis study through MEDLINE searche (1997): Evaluate the effectiveness of four infertility treatments for proximal tubal obstruction:

Methods	Pregnancy rate (%)
Microsurgical Tubocornual Anastomosis	47,4
Macrosurgical Tubocornual Anastomosis	22,1
Selective Salpingography	28,8
Hysteroscopic Transcervical Tubal Cannulation	48,9

Gerard M. Honore, Ph.D., M.D., Alan E. C. Holden et al. (1999). Pathophysiology and management of proximal tubal blockage. Fertil Steril; 5:785–95.

Studies on the laparoscopy-guided hysteroscopic tubal catheterization

Jacqueline. CHUNG (2012):

- 70 patients with proximal tubal obstruction
- Successful recanalisation rate: 72 %
- Pregnancy rate: 37,8%
- Ectopic pregnancy: 2%
- The overall mean time to become pregnant: 10.5 8.9 tháng

Jacqueline P.W. Chung, Christopher J. Haines and Grace W.S. Kong (2012). Long-term reproductive outcome after hysteroscopic proximal tubal cannulation — an outcome analysis. Australian and New Zealand Journal of Obstetrics and Gynaecology, 52(5):470-5.

Studies on the laparoscopy-guided hysteroscopic

tubal catheterization

Hai Yan Hou (2014):

Pregnancy rate after surgery :

37,6% after one year

43,7% after tow year

Recommendation:

The first choice for infertile patients due to proximal tubal obstruction

What patients are indicated for tubal catheterization?

- Infertility patients with proximal tubal obstruction
- Under the age of 40
- Distal tubal fallopian are not yet severely damaged
- There is no severely pelvic adhesion on laparoscopy

Implementation process Infertility patients with proximal tubal obstruction (HSG) Laparoscopy Degree of damage Proximal tubal severely pelvic of Distal tubal obstruction adhesion fallopian No Tubal severely catheterization catheterization

No catheterization

Follow up to get pregnant

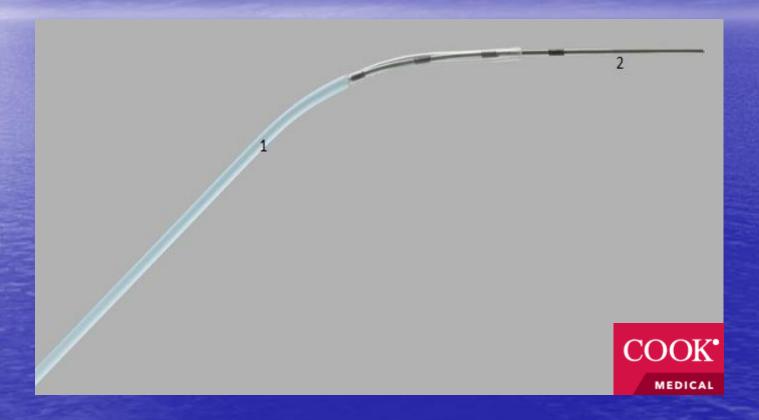
Instruments for Tubal catheterization

Optics 30 degrees with integrated catheter path



Instruments for Tubal catheterization

Catheter - Guidwire

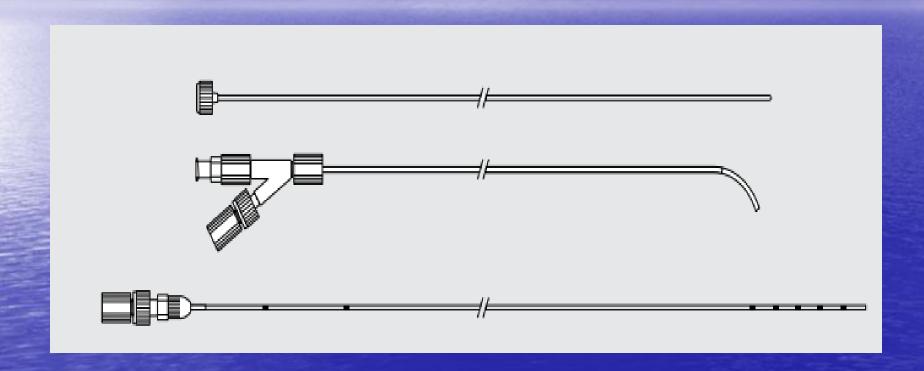


Supplier: Cookmedical - USA

Name: Modified Novy

Instruments for Tubal catheterization

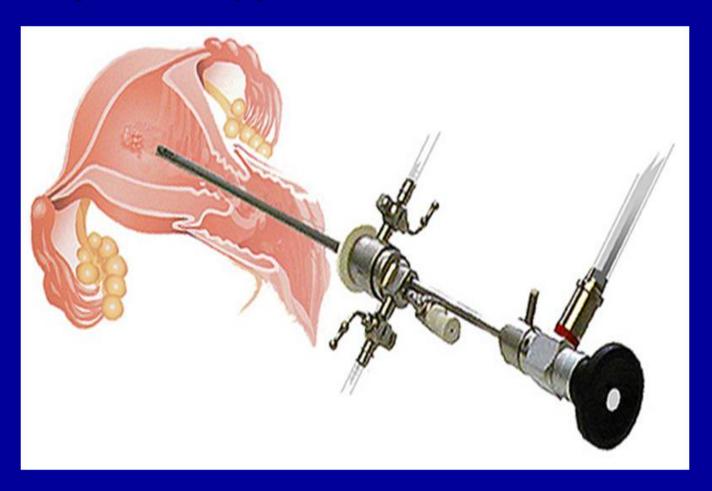
Catheter - Guidwire



Step 1: Laparoscopy

- Evaluate Degree of damage of Distal tubal fallopian and pelvic adhesion
- Evaluation of tubal obstruction: proximal or distal

Step 2: Hysteroscopy and tubal catheterization



Hysteroscopy and tubal catheterization





Laparoscopy control

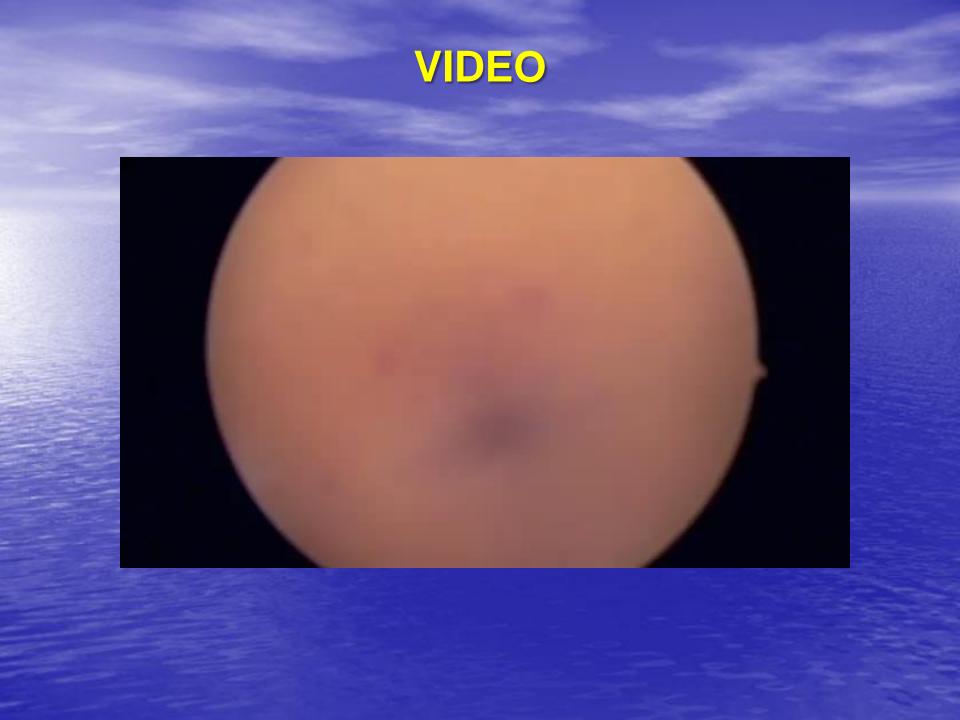






Evaluate results immediately after surgery

- Successful recanalisation: catheter head through the obstructed segment, Xanhmethylen flows through the fimbrea
- Recanalisation Fail: catheter head not through the obstructed segment
- Perforation



RESULT

- Number of patients: 7 patients
- Successful recanalisation rate: 5/7 (71%)
- Tubes successfully recanalized: 9/13 (69%)
- Successful recanalisation patients will follow up with a natural pregnancy for 1 year after surgery.

