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# Subsequent pregnancy outcomes in women with prior hysteroscopic resection of retained products of conception: A retrospective audit.

Dr Jessica Wagstaff, Mercy Hospital for Women, Hospital Medical Officer  
Dr Samantha Mooney, Mercy Hospital for Women, Department of Obstetrics and Gynaecology

## Introduction

Retained products of conception (RPOC) may result from miscarriage, abortion, and both vaginal and caesarean deliveries, and may be managed medically or surgically. Traditionally, dilatation and blunt curette or suction curette was performed as the standard surgical technique, however hysteroscopic resection may be associated with reduced short and long-term complication rates, and improved fertility outcomes.

## Aim

To investigate subsequent pregnancy outcomes in women who underwent hysteroscopic resection of RPOC at a tertiary women's hospital.

## Methods

A retrospective audit of all hysteroscopic resections of RPOC performed between 2017 to 2020 (inclusive) was performed. Local patient files were used to collect subsequent pregnancy information. Variables of interest included: mode of delivery or pregnancy complication resulting in retained products, intraoperative complications at time of hysteroscopic resection, conception following hysteroscopic resection, and outcome of subsequent pregnancies. Data presented as number and percent. Information concerning pregnancies managed external to the institution were not sought. Ethics approval was granted by Mercy Health Human Research Committee.

## Results

Fifty-six hysteroscopic resections of RPOC were performed. The RPOC were a result of miscarriage in 32 cases (57.1%), abortion in 13 cases (23.2%), vaginal birth in 6 cases (10.7%), caesarean birth in 4 cases (7.2%), and there was 1 case of molar pregnancy. Ten (31%) of the 32 miscarriage cases and 2 (15%) of the 13 abortion cases had undergone incomplete surgical evacuation of pregnancy tissue with suction curette.

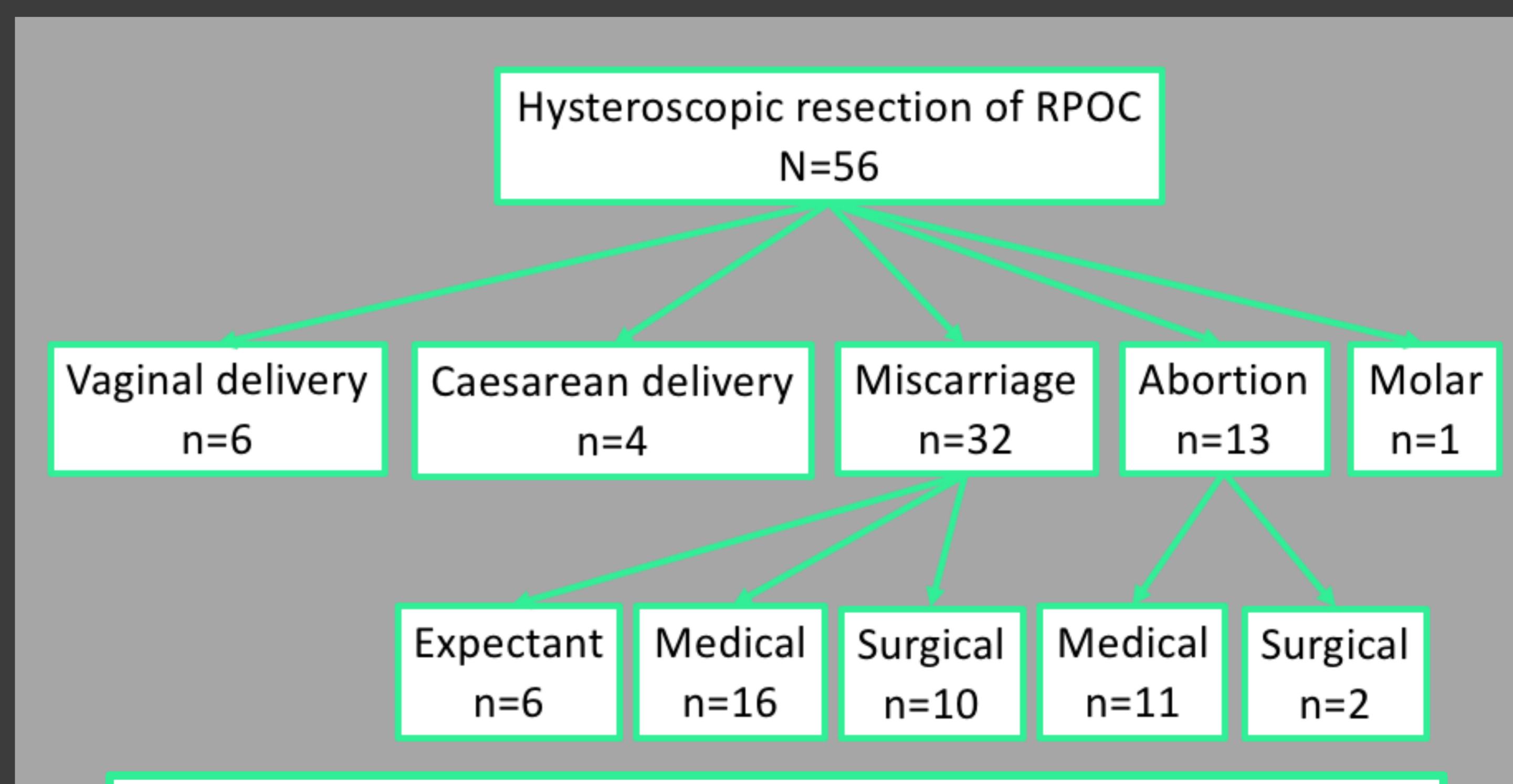


Figure 2: Origin of RPOC treated with hysteroscopic resection

Twenty-three women subsequently presented for pregnancy care (conception rate 41.1%). 3 women have had 2 subsequent pregnancies each, giving a total of 26 pregnancies. There were 15 livebirths (1 preterm at 35 weeks for severe preeclampsia), 5 miscarriages, 2 transferred to other health services, and 4 women are currently pregnant (as of 9/2022).

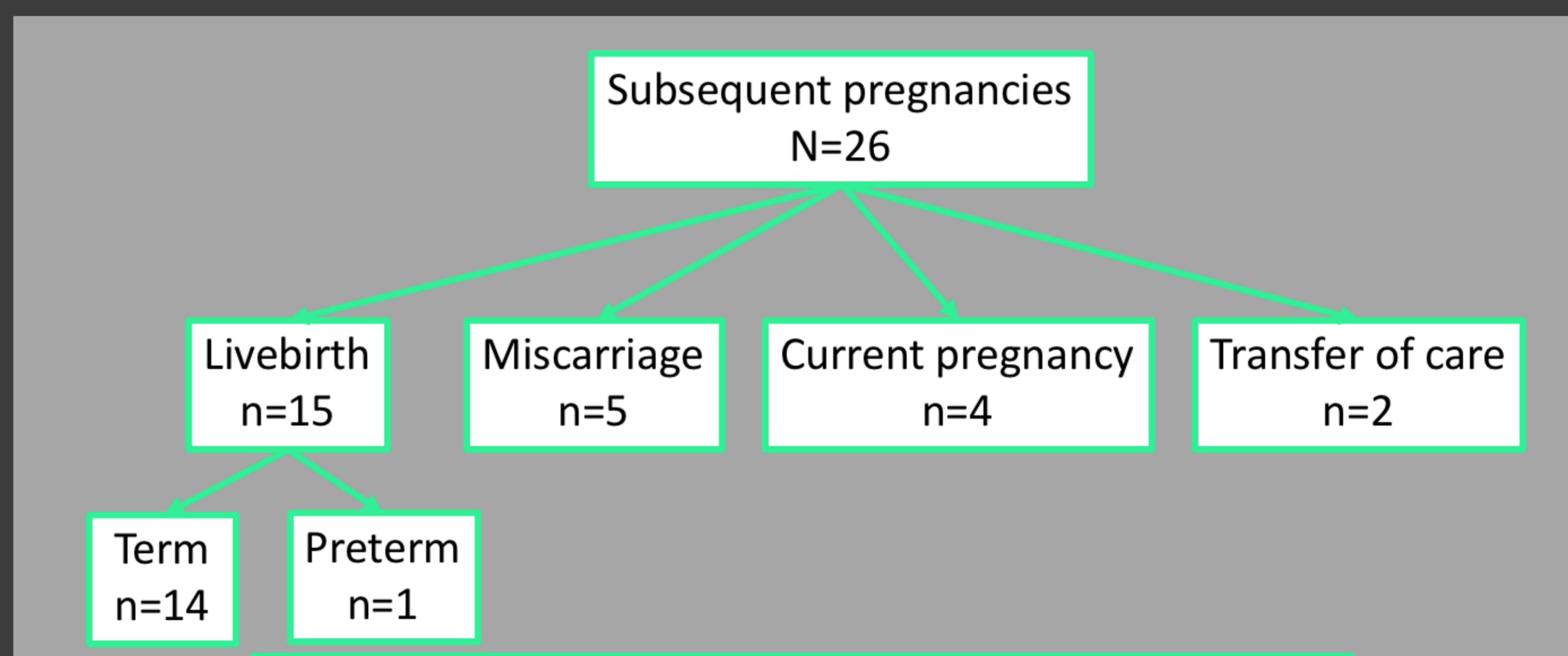


Figure 3: Subsequent pregnancies following hysteroscopic resection, and their outcome

## Complications:

A single case was complicated by operative haemorrhage (estimated blood loss 1000mL) during hysteroscopic resection, requiring blood transfusion. Two patients have been referred to our Reproductive Biology Unit for subfertility. No cases of hysteroscopic resection of RPOC required repeat procedure. There were no cases of uterine perforation. No patients have presented with clinical symptoms or hysteroscopic findings suggestive of Asherman's syndrome.

## Conclusion

These data may reassure clinicians regarding the likelihood of successful livebirth after hysteroscopic resection of RPOC. A comparison group of patients who underwent dilatation and curettage for RPOC in the same time frame should be analysed to support clinicians in their recommendation of surgical management options of RPOC.

Reference: Taylor C, Ellet L, Hiscock R, et al.: Hysteroscopic management of retained products of conception: A systematic review. ANZJOG. 2022 Feb;62(1):22-32.

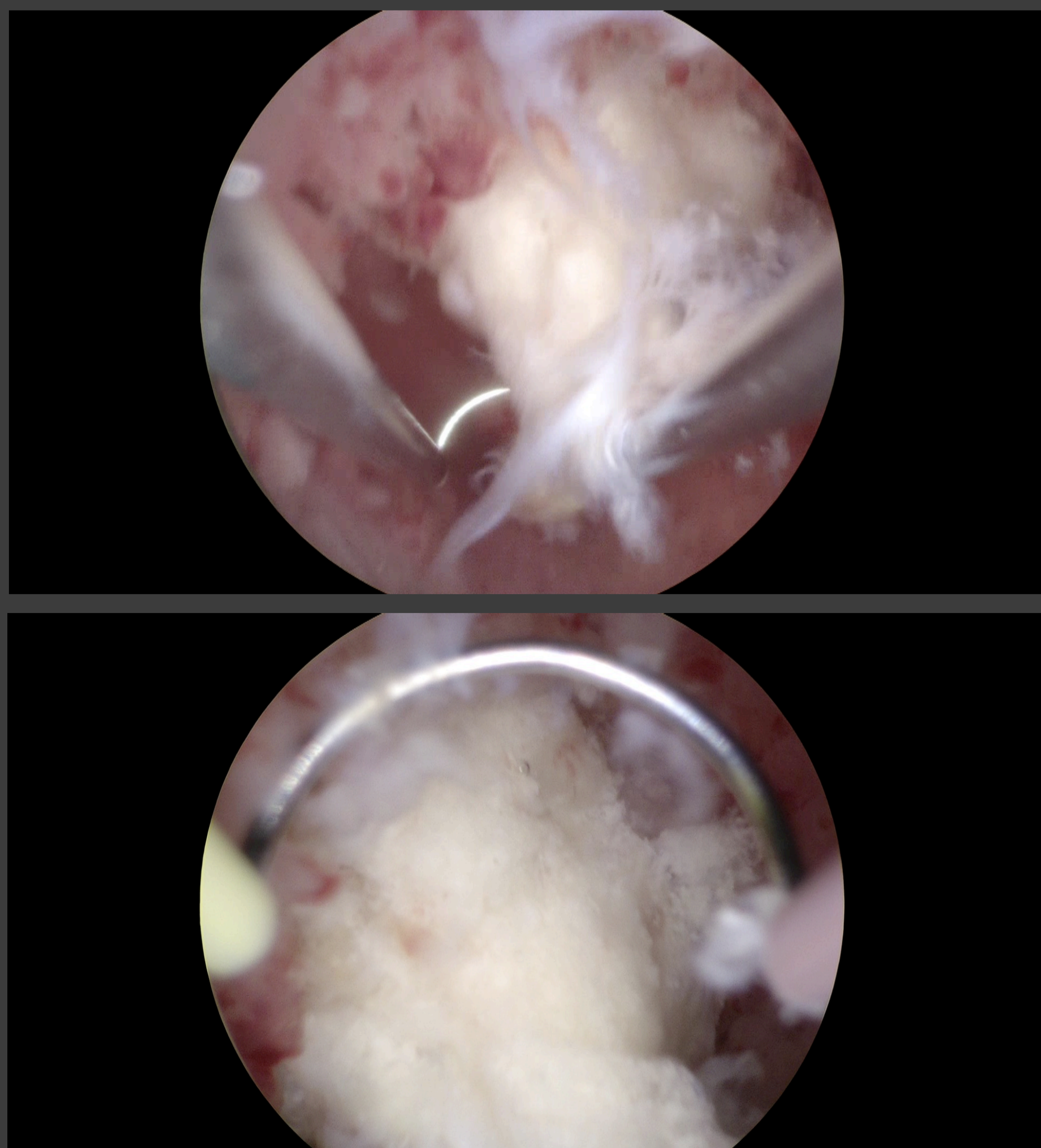


Figure 1: Images of hysteroscopic resection