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Oxiplex/IU®
Adhesion Barrier Gel for Intrauterine Surgery

CASE REPORT

Septate Uterus

Dr. Uche A. Menakaya
Canberra, Australia

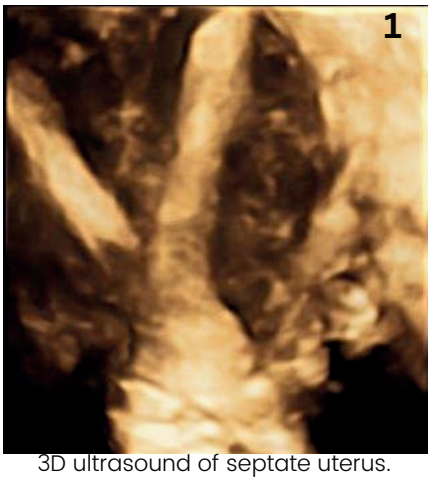
- MBBS, MCE, Dip Obs, FRANZCOG, DDU
- Obstetrician, Gynecologist, Sonologist and Laparoscopic Surgeon
- Director of JUNIC Specialist Imaging and Women's Center

Case Introduction

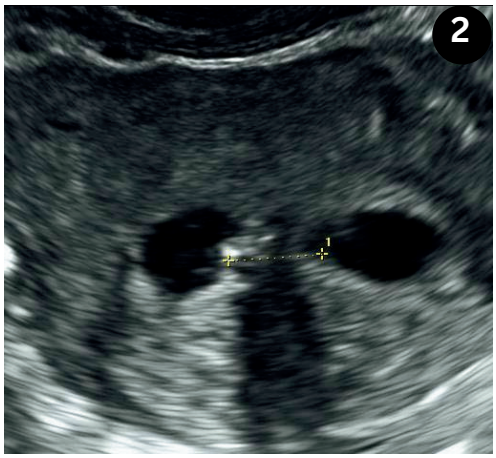
A 34-year-old woman with a septate uterus has a history of miscarriages and unusual bleeding. The patient underwent a hysteroscopic resection of the uterine septum, which went smoothly, and the patient went on to conceive and deliver a healthy baby.

Case Presentation

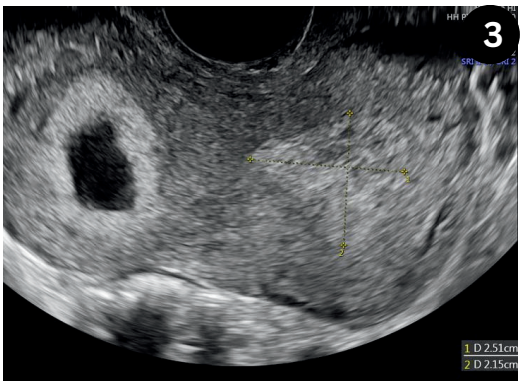
The patient underwent 3D ultrasound imaging (fig.1) and a saline infusion sonography (fig. 2) that confirmed a septate uterus.



3D ultrasound of septate uterus.



2D saline infusion sonography of septate uterus.



Gestational sac at 7 weeks 5 days in the right uterine cavity with dense decudua ultrasonographic image in the left uterince cavity.

The patient had counseling to go over the impact of the uterine septum on recurrent pregnancy losses and went through options for management. The patient decided to manage the septum expectantly and subsequently conceived (fig. 3) within three months of her first miscarriage.

The patient had a difficult second pregnancy with persistent bleeding from 8 weeks gestation. She subsequently miscarried at 17 weeks gestation. Her mid-trimester pregnancy loss investigation did not reveal any fetal genetic abnormality or maternal thrombophilia. Following the 2nd episode of miscarriage, she elected to have a hysteroscopic resection of the uterine septum.

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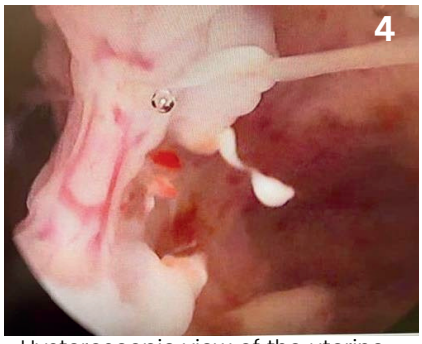
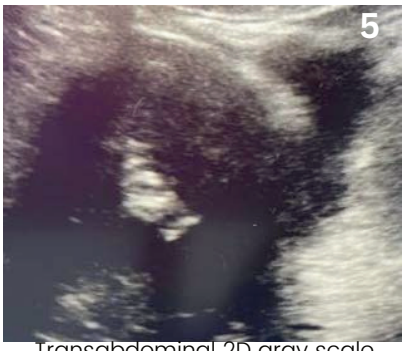
Operative Approach

The patient had an MRI of the abdomen and pelvis to rule out associated renal abnormalities. This came out normal. She underwent a hysteroscopic resection of the uterine septum with the Karl Storz Operative Bettocchi hysteroscope 2.9mm. The procedure was uncomplicated, with less than 50ml blood loss. After the procedure, 10mls of **Oxiplex/IU gel** was instilled into the uterine cavity to reduce the risk of postoperative intrauterine adhesions (fig. 4). There was minimal resection site ooze at the time of **Oxiplex/IU** application (fig. 5).



Hysteroscopic view of the uterine septum showing the left cavity and the septum.



Transabdominal 2D gray scale imaging of Oxiplex/IU gel appearing as a hyper echogenic material in the edometrial cavity.

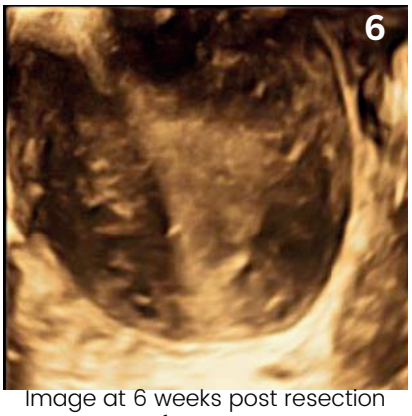
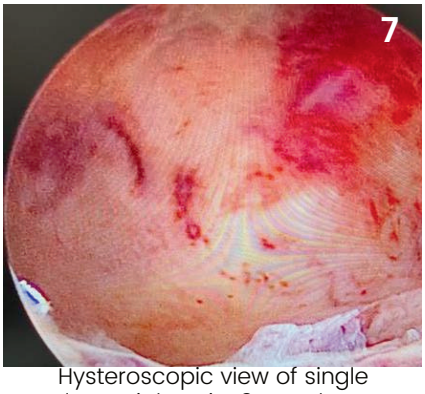


Image at 6 weeks post resection of septum.

Follow-Up

The patient reported no abdominal discomfort nor vaginal discharge in the immediate postoperative period and was started on a 3-month regimen of hormonal treatment as per routine postoperative management regimen following intrauterine surgery. She had 3 weeks of Progynova 2mg daily, followed by a week of Provera 10mg daily. Her periods were reported as normal, with duration of menstrual flows lasting 3 days in the first 3 months after surgery while on hormonal treatment. At her 6-week postoperative review, she had another 3D image of her uterus (fig. 6).



Hysteroscopic view of single endometrial cavity 3 months post resection of septum.

She also had a repeat hysteroscopy three months post-surgery to further evaluate her endometrial cavity and assess her tubal patency. The hysteroscopy showed a normalized single endometrial cavity with no post-resection adhesions and open tubal ostia (fig. 7). She ceased hormonal treatment after the repeat hysteroscopy and spontaneously conceived within a month of ceasing hormonal therapy.

The patient subsequently delivered a baby boy at 39+3 weeks gestation via Caesarean Section following an unsuccessful induction of labor. Her pregnancy was complicated by insulin-requiring gestational diabetes.

Discussion

10 mls of **Oxiplex/IU® Adhesion Barrier Gel (FizioMed® Inc., San Luis Obispo, CA, USA)** was well tolerated by the patient - she did not report any abnormal vaginal discharge, abdominal discomfort or adverse reaction to Oxiplex/IU. Minimal physician training was required for the use of Oxiplex/IU. The use of Oxiplex/IU negated the need for an intrauterine device or pediatric Foley catheter to reduce the risk of uterine adhesions post-surgery. Oxiplex/IU did not inhibit her ability to become pregnant. She conceived within a month of ceasing hormonal treatment.