Fertiloscopy: A New Procedure for Infertility

August 25, 2006
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OBGYN.net Conference Coverage From American Association of Gynecological Laparoscopists Las Vegas, Nevada, November, 1999

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Dr. Duncan Turner: “Thanks, Mark. What I wanted to talk about today is a procedure called “Fertiloscopy,” which I think will radically change our approach to infertility patients. This is a combination of old ideas and new technology that allows us to look in the pelvis from a different angle. This has been extremely helpful for patients in that it’s a quicker, less painful, and less dangerous procedure than going to the full hysteroscopy and laparoscopy. It’s also economically sound to do it in that way. What this comprises of is an evaluation of the pelvis going through the posterior cul-de-sac, going down behind the uterus with a Veress needle, and putting a couple hundred cc’s of saline into the pelvis. Once that’s established, a larger instrument is put in which carries with it a 2.9-mm hysteroscope, and this puts us very close to the posterior aspect of the uterus, the ovaries, and the fallopian tubes. With the equipment that I’ve worked with there is a five French operating channel as well, so we’re able to grasp the fallopian tube and use the same hysteroscope to go directly into the tube and do salpingoscopy in a much easier way than we’ve ever managed before. So we’re now seeing things that we haven’t really seen well before. The other advantage is by doing this underwater you have all the optical benefits of doing that as opposed to the distortion of the gas. Fertiloscopy is actually a trade name of one of the companies that’s developed the equipment but it’s called that because it allows us - within a fifteen minute time period - to look at the pelvis and the ovaries, look at the inside and outside of the fallopian tube, and do a dye test by passing dye through the uterus. Also, in using that same scope, we can take it out of the posterior cul-de-sac, put it directly into the uterus, and do a hysteroscopy at the same time. The scope that’s used also has a magnifying lens on it so that you can go do contact salpingoscopy also, which is essentially microscopy. There’s some data coming out now that there is some correlation between the take up of methylene blue dye by the nuclei of the fallopian tube that directly relates to inflammation of the tube, and it has some correlation with the ability of that tube to function properly. It’s so slick and easy to learn for physicians. The great benefit I see here is that it is going to replace hysterosalpingograms, give us a much better tool, and put the visual inspection of the pelvis much higher on the list of the work-up of the infertility patient. As you know, in the United States, most of the patients undergoing infertility work-up or treatment have to pay out of pocket, although insurance funds are usually pretty limited. So anything we can do to speed things up and to make it more cost acceptable to the patient the better. So I see this not to be done by reproductive endocrinologists and infertility specialists, this should be in the hands of the general gynecologist who would otherwise order an HSG to the patient who comes to him that hasn’t been able to conceive.”

Dr. Mark Smith: “It sounds very intriguing. Obviously you’re very excited about it, and there’s quite a buzz here at the AAGL about this technique this year too.”

Dr. Duncan Turner: “We’ve actually been able to observe ovulation and see the follicular fluid float down into the fimbria of the tube. It’s just remarkable, the pictures are beautiful.”

Dr. Mark Smith: “Five or ten years ago, we had no concept of these things.”
**Dr. Duncan Turner:** “Right, no concept.”

**Dr. Mark Smith:** “Dr. Turner, thank you very much for joining us today. We look forward to seeing you next year and finding out what new advances have gone with it.”

**Dr. Duncan Turner:** “Thank you.”


Links:
[1] [http://www.physicianspractice.com/authors/mark-smith-jr-md](http://www.physicianspractice.com/authors/mark-smith-jr-md)