VIDEO COMMENTARY

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Hysteroscopic removal of a retained intrauterine foreign body: a step-by-step technique

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ABSTRACT

Background: Retained intrauterine foreign bodies are rare but may cause abnormal uterine bleeding (AUB) and pelvic pain. Hysteroscopy is the preferred approach for diagnosis and management.

Objectives: This video describes a step-by-step hysteroscopic technique for intrauterine foreign body removal.

Participant: A 60-year-old woman presented with pelvic pain and AUB. She underwent resectoscopic polypectomy three years before. A computed tomography scan revealed a cylindrical foreign body (12 x 8 millimetres) in the uterine cavity. The patient was referred to the Digital Hysteroscopic Clinic CLASS Hysteroscopy in Fondazione Policlinico Universitario A. Gemelli IRCCS in Rome, where she was scheduled for a minimally invasive hysteroscopic procedure.

Intervention: Hysteroscopic evaluation identified a tubular foreign body firmly adherent to the posterior uterine wall. Removal was performed using a hysteroscopic approach combined with a traction suture technique. First, 5 Fr scissors were used to detach the foreign body from the posterior uterine wall. Then, a Collins electrode of a 15 Fr bipolar miniresectoscope was employed to incise the lateral isthmic walls to facilitate extraction. Finally, a 0 Vicryl traction suture loop, inserted through the foreign body using 5 Fr grasping forceps, enabled controlled removal under hysteroscopic guidance. The foreign body was successfully extracted.

Conclusions: This video demonstrates a step-by-step hysteroscopic technique for intrauterine foreign body removal, highlighting the safety and precision of this minimally invasive approach.

What is New? This is the first reported case of hysteroscopic removal of a retained intrauterine foreign body, using a traction suture technique under hysteroscopic guidance for a controlled extraction.

Keywords: Foreign body, grasping forceps, hysteroscopy, minimally invasive surgery, pelvic pain. uterine bleeding

Video 1. This video demonstrates a structured, step-by-step hysteroscopic strategy to remove a retained intrauterine foreign body under continuous visualisation. Hysteroscopy represents the preferred and safest approach for the diagnosis and management of intrauterine pathology.[1,2] In our case, the foreign body was a cylindrical object adherent to the posterior uterine wall, and the removal was performed in an ambulatory model of care.[3] After diagnostic vaginoscopy confirmed the lesion, 5 Fr scissors were used to gently release the adhesions, avoiding blind traction. A 15 Fr bipolar miniresectoscope with a Collins electrode was used to incise the lateral isthmic walls, creating a controlled egress path for extraction. A 0 Vicryl traction loop was fashioned by passing the thread through the lumen of the foreign

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body with 5 Fr graspers, allowing for progressive, atraumatic removal under direct hysteroscopic guidance. The video also illustrates completion polypectomy and final cavity check. Educational highlights include the selection of appropriate instruments for miniaturised, outpatient hysteroscopy, and the use of a traction loop to achieve controlled extraction in challenging cases. Previous literature has described hysteroscopic retrieval of intrauterine materials,[4] but to our knowledge, this is the first case demonstrating a traction-suture-assisted extraction performed entirely under hysteroscopic guidance. This approach is reproducible in expert hands and ensures safety, precision, and preservation of uterine integrity within a minimally invasive framework.

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Transparency: The lead author (EBP) affirms that this manuscript is an honest, accurate, and transparent account of the work being reported; no important aspects have been omitted, and any discrepancies from the original plan have been explained.

Video 1. Hysteroscopic removal of a retained intrauterine foreign body: a step-by-step technique:

https://youtu.be/v4ugHZzi_h8