

Hysteroscopy

A hysteroscopy is a procedure used to look inside the uterus. A thin instrument called a hysteroscope is passed through your vagina and cervix and into your uterus to help your doctor find the cause of a possible problem, to look for cancer in the lining of the uterus or to operate.

When is it used?

Your doctor might suggest a hysteroscopy if you have:

- heavy and/or long menstrual periods
- bleeding between your periods
- bleeding after menopause
- irregular cycles
- severe cramping
- frequent miscarriages (lost pregnancies)
- a displaced intrauterine device (IUD)
- difficulty getting pregnant (infertility).

Following a diagnosis, hysteroscopy could be used to correct the problem with the help of special equipment.

How do I prepare for the hysteroscopy?

If you are having the operation done while under general anaesthetic:

- You may need to have some blood work done, usually one week before your operation.
- Most hospitals will ask to check with their admitting department on the day of your operation to find out at what time you should come to the hospital.
- Shower or bathe the night or morning before the operation.

- Do not eat or drink (even water) after midnight on the night before the operation.
- If the operation is going to be done while you are awake, your doctor will let you know at what time you should arrive at the clinic or hospital.

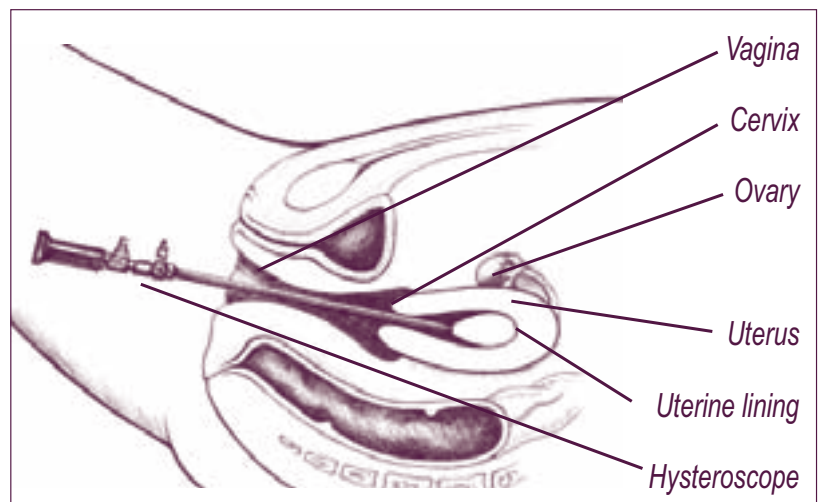
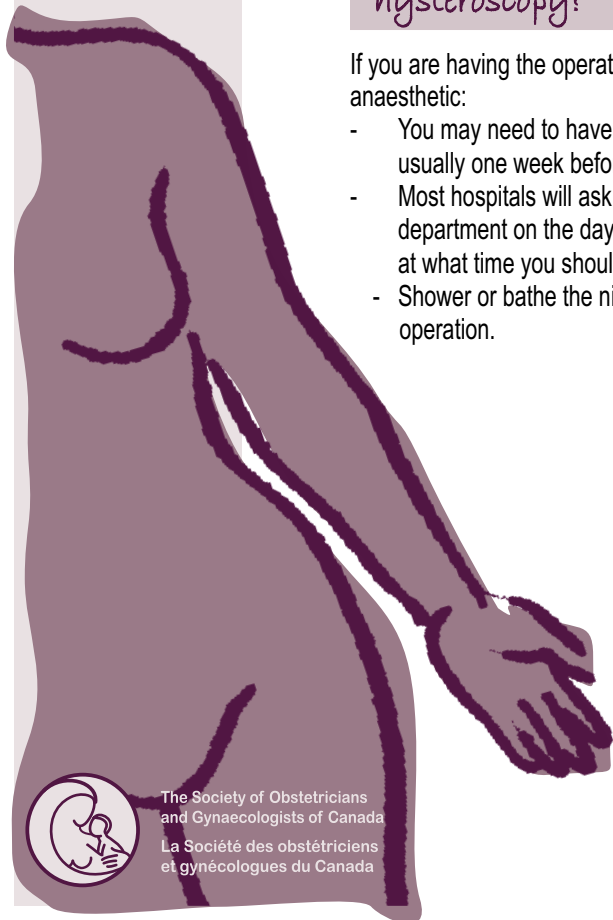
Your doctor may also have additional instructions for you.

What happens during the operation?

At first, you will be given a medication called an anaesthetic to block the pain. A general anaesthetic will make you unconscious during the operation. A tube or breathing mask may be used to help you breathe. A local anaesthetic (often used at the dentist's) or regional anaesthetic such as an epidural (often used during child birth) can also be used, depending on your situation and the type of operation.

Before the hysteroscopy, your cervix may be gently widened with another instrument to allow the hysteroscope to enter your uterus. Once inside, a gas or a liquid is usually inserted through the hysteroscope to expand the uterus, making it easier for the doctor to see.

The doctor will then carefully look at the inside of the uterus, searching for the source of the problem. If there are any abnormal findings, the doctor may remove a small sample for further examination.



If surgery is required to treat a problem, small instruments will be passed through the hysteroscope. Doctors may then repair a septum, remove fibroids or polyps, or use an electric current, extreme heat or cold to destroy the lining of the womb.

At the end of the operation, the doctor will remove the instruments and the gas or liquid if it was used.

What happens after the procedure?

You may be able to leave shortly after the procedure, but most patients need to stay at the hospital for 2 to 4 hours until they recover. If you had an anaesthetic, you should have someone drive you home since it can make you feel sore, drowsy and "washed out".

You may experience nausea, sore throat (if a tube was placed in your throat during general anaesthetic) and some shoulder pain if gas was used. It is also possible that you have cramps, spotting and light bleeding similar to what you would experience during your period. These symptoms are normal and may last up to a few days after the operation.

Your doctor may give you a prescription for painkillers when you leave the hospital. You can also try some pain relievers like Acetaminophen or Ibuprofen that you can buy without a prescription. Depending on your progress, the nature of your work and your own pain tolerance, you might need to take a few days off work to fully recover.

Your doctor will let you know when you should return for a check-up or report.

What are the risks?

Although hysteroscopy is a safe procedure, there still remains a small risk as with all operations. Safety measures are taken and you are monitored throughout the operation to reduce potential risks.

- Problems can arise with the medications and anaesthetic given.
- The cervix might get torn when instruments are passed through it or removed. If a woman were to become pregnant following such an injury, it might cause her difficulty carrying the pregnancy to term.
- Although rare, the gas or fluid inserted in your uterus could spill into the blood stream and cause serious problems.

- Organs close to the uterus like the ovaries, bladder or bowel could be damaged. Any unexpected damage or uncontrollable bleeding could require a blood transfusion or more surgery to repair the damage.
- Infections can occur. Sometimes this is severe enough to require the patient to stay in the hospital for several days.

Call the doctor or return to the hospital immediately if you develop:

- a fever
- severe abdominal pain
- heavy vaginal discharge
- excessive bleeding.

Call the doctor during office hours if you:

- have abnormal bleeding or pain that continues more than 2 or 3 days
- would like to go over the results of your operation
- want to make another appointment
- experience increasing pain over the next few days.

Glossary

- **Fibroids:** an overgrowth of the muscle tissue, which can grow inside or outside the cavity of the uterus. They can cause irregular or heavy periods, infertility and miscarriages.
- **Polyps:** an overgrowth of the lining of the uterus. They can cause irregular or heavy periods.
- **Septum:** extra tissue in the womb causing an abnormal shape that increases miscarriages.
- **Womb:** synonym of uterus, the organ that contains the fetus (baby) during pregnancy.

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