

InfoSheet : HYSTEROSCOPY

INTRODUCTION

Hysteroscopy is a procedure which allows a doctor to look inside your uterus. This is done with a very small telescope, about 4 mm in diameter – almost half the size of an average pencil. The usual reason for looking inside the uterus is to investigate, and hopefully find a cause for, things such as abnormal uterine bleeding, and to identify problems within the uterus which might interfere with pregnancy.

Surgical procedures can also be done during a hysteroscopy using an operating hysteroscope, which has an extra channel for introducing very fine instruments.

PREGNANCY AND HYSTEROSCOPY

It is very important that you are not pregnant when a hysteroscopy is performed. If there is any chance that you might be pregnant, please inform me.

WHAT IS INVOLVED DURING THE PROCEDURE?

A hysteroscopy can be done either under light general anaesthetic or under local anaesthetic. A speculum is introduced into the vagina, just like having a Pap smear, and the cervix is identified and cleaned with iodine. If local anaesthetic is going to be used it is either sprayed onto the cervix or injected around the cervix with a fine needle. The cervix is then held steady with an instrument called a tenaculum while the hysteroscope is introduced through the cervix. The uterine cavity is then distended either with carbon dioxide gas or fluid to allow examination of the cavity. Once the hysteroscope is inside the uterus the cavity can be examined carefully.

Passing the hysteroscope through the cervix can be uncomfortable. The gas or fluid used to distend the uterus can also cause some cramping. You might be asked to take some medication prior to the hysteroscopy to make the procedure easier and more comfortable. This might include inserting some tablets of a drug call *Misoprostol* into the vagina – this drug softens the cervix and makes it easier to pass the hysteroscope through

the cervix. Secondly, you might be asked to take either some Tylenol or Advil before the procedure to reduce the discomfort caused by cramping.

WHAT TO EXPECT AFTER THE SURGERY

If you have had a general anaesthetic you might experience some mild hoarseness or a slightly sore throat from an airway tube used by the anaesthetist during the procedure. You might also have some mild muscle aching for a few days. These symptoms usually disappear by themselves. If you have had a general anaesthetic you might also feel nauseated and will be given some medication to help control this. You will not be allowed to drive yourself home and should arrange for someone to pick you up after the procedure. After a general anaesthetic it would be wise for you to have someone stay with you for the 24 hours after the operation.

SELF-CARE AFTER THE OPERATION

You should not do excessive activity for the first 24 hours after the procedure. It is better to shower than take baths for the first day or two afterwards. You might have some period-like cramps and a small amount of vaginal bleeding for 3 or 4 days after the procedure. You can take Tylenol or Advil to help control the cramping. You should not have sexual intercourse for at least 48 hours after the hysteroscopy. After this time, if you are still bleeding, you should use a condom for intercourse until the bleeding stops completely. You should feel better every day. As mentioned above, you will have some bleeding for the first few days after the procedure. It is important that you use pads and not tampons at this time. ***If you develop signs of infection, such as a fever, increasing abdominal pain, or malodorous vaginal discharge, you must call me right away.***

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