

Hysteroscopy

You received this leaflet as you must have been put on a waiting list for this procedure

Hysteroscopy is to have a look into the uterine cavity with a telescope.

Why do you need one?

The reasons for having a hysteroscopy are many. It can be done to diagnose or find a possible reason for your gynecological complaints such as heavy, irregular bleeding or infertility. Sometimes it's performed as a part of treatment such as removal of fibroids or polyp or adhesions in the uterine cavity

The procedure will help to find out if you suffer from any of the following conditions:

1. Fibroids: a fibroid is an overgrowth of the muscle of the uterus
2. Polyp: is an overgrowth of lining of the uterus (like a skin tag)
3. Endometrial cancer: can be diagnosed by taking a small piece of the tissue of lining of the uterus
4. Abnormal shaped uterus: can be associated with sub fertility and miscarriage

It's quite possible that we may not find any abnormality, in which case you can be reassured and consider other treatments.

What does the operation involve?

Hysteroscopy can be performed under local or general anesthesia. Sometimes it can even be performed as an outpatient procedure without any anesthesia depending upon various factors or be performed under general anesthesia along with other procedures such as a laparoscopy

The procedure usually takes between 10-15 minutes to perform.

A speculum is introduced in the vagina to visualize the cervix (neck of the uterus), which might need dilatation to ease the insertion of the hysteroscope (the telescope with camera attached at one end).

The surgeon introduces hysteroscope into the uterus through the cervix while distending the cavity with fluid (usually water or saline) so as to get a clear view. Different instruments might be used either to take biopsy (removing a small piece of the tissue) of the lining of the uterus or remove polyp or fibroid.

What can go wrong?

Pain, bleeding and infection are the commonest complications after any gynecological procedure. We always make sure that you've got enough pain relief during and after procedure. You might experience spotting or mild bleeding for couple of days later but any excess vaginal loss should warrant a prompt attention by your doctor. Infections are rare.

Uncommon complications are injury to the cervix or perforation of the uterus. Even though we take every precaution to avoid these complications, sometimes they do happen. In that case, we might need to do a laparoscopy (putting a camera through your belly button to look into the abdomen and pelvis to assess and repair the damage) although this is a rare complication.

How soon will I recover?

Most women go home on the same day. If the procedure is performed in outpatient clinic, you can leave once you feel comfortable. Your surgeon or someone from the team will come back and talk to you about the findings during the procedure. The surgeon will also communicate with you regarding biopsy reports and future plan, if any tissue was removed and sent for histology (examination under microscope).

Most women will be able to return to normal activities the day after the procedure. However you might take longer till you feel comfortable. You will get a sick note from us for a week if you had it done under general anesthesia. For the first couple of days you might experience cramping pain and some spotting or mild bleeding. You can try the simple painkillers on as and when needed basis.

The signs to look for are persistent pain, increased temperature, excessive bleeding or vaginal discharge. If any of it happens, please contact your doctors immediately as these signs indicate development of an infection. They will assess you and prescribe you antibiotics. The infection after a hysteroscopy is

quite rare and easily treated with antibiotics.

If you have any further queries, you can always contact relevant secretary or ask the surgeon on the day of the procedure