OPERATIVE HYSTEROscopy

A hysteroscopy is a technique used to look inside of the uterus. The uterus is a pear-shaped organ in the abdomen. A hysteroscopy may be done if you are having trouble getting pregnant, have had repeated miscarriages, or have abnormal uterine bleeding. It may also be done to check or remove fibroids, cancer, or polyps. Sometimes a hysteroscopy is used to open fallopian tubes or remove adhesions inside the uterus.

Other procedures may also be done at the same time as the hysteroscopy. A dilation and curettage (D&C) may be performed to remove the inner lining of the uterus. Another procedure called a laparoscopy may be done at the same time as the hysteroscopy.

Before Surgery

Usually you will be advised not to eat or drink anything for a specific time before the operation. You will be asked to undergo some laboratory tests before the procedure.

A hysteroscopy is performed with an anesthetic. You and your doctor can discuss which type is best for you. With general anesthesia, you will be asleep, so you will not feel any discomfort. With local anesthesia, you will be awake during the operation. There may be minor discomfort. If a local anesthetic is used, you may be given medication to help you relax before the anesthetic is injected.

The vaginal area is cleansed and draped for the procedure.

The Hysteroscopy Procedure

A thin, telescope-like instrument called a hysteroscope will be inserted through the vagina and cervix to look inside the uterus. A gas, such as carbon dioxide or a liquid saline may be put inside the uterus. This distends (stretches open) the inside of the uterus to allow the physician to see inside the uterus. Special instruments may be used if needed to remove polyps, cancer, an IUD, or to check for other problems. A tissue sample may also be taken and sent to the lab for tests.

Complications

Hysteroscopy is a very safe procedure. However, there is a small risk of problems. The uterus or cervix can be punctured by the hysteroscope, bleeding may occur, or excess fluid may build up in your system. In very rare cases, hysteroscopy can cause life-threatening problems. If a problem occurs during the procedure, it will be treated.

Recovery

After surgery you will be allowed to rest about 2-4 hours to recover from the anesthesia. If there were no complications, you can go home the same day.

After the operation, you may feel some discomfort that usually disappears in a day:
• Mild nausea from the medication or the procedure
• A scratchy throat if a breathing tube was used during general anesthesia
• Mild cramping
• Small amount of bloody discharge for a day or two

Most of these minor symptoms will be gone by the day after surgery, though you may be tired for a day or two more. If you feel up to it, you can shower or bathe within 24 hours. It is safe to resume normal activities as soon as you feel able. You may resume sexual activity after one week.

Any unusual symptom, either minor or severe, should be reported to your doctor at once.

Glossary

Adhesions: Scars that bind together affected surfaces of the tissues inside the abdomen or uterus.

Anesthetic: A drug used to relieve pain.

Biopsy: A minor surgical procedure to remove a small piece of tissue that is then examined under a microscope in a laboratory.

Cervix: The lower, narrow end of the uterus, which protrudes into the vagina.

Fallopian Tubes: Tubes through which an egg travels from the ovary to the uterus.

Fibroids: Benign (noncancerous) growths that form on the inside of the uterus, on its outer surface, or within the uterine wall itself.

Intrauterine Device (IUD): A small plastic device inserted in the uterus to prevent pregnancy.

Miscarriage: Early pregnancy loss.

Polyps: Benign (noncancerous) growths that develop from membrane tissue, such as that lining the inside of the uterus.

Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

Vagina: A tube-like structure surrounded by muscles leading from the uterus to the outside of the body.