

# Hysteroscopy

This handout explains the uses of hysteroscopy, its potential benefits and risks, and what you can expect during and after the procedure.

## What is hysteroscopy?

**Hysteroscopy** is a procedure that allows your doctor to look closely at the inside of your uterus. It uses a **hysteroscope**, a long tube with a light and a video camera on the end. The hysteroscope transmits a picture of your uterus to a monitor.

When the procedure only involves imaging to learn more about a problem, it's called a **diagnostic hysteroscopy**. When other instruments are used with a hysteroscope to treat a problem or perform a sterilization, the procedure is called an **operative hysteroscopy**.

## Why do I need it?

Your doctor may recommend hysteroscopy to diagnose or treat a problem with your uterus. For example, hysteroscopy is commonly used to:

- Find the cause of abnormal uterine bleeding or repeated miscarriage
- Locate a displaced IUD (intrauterine device)
- Remove small fibroids, polyps, or other growths or remove adhesions (bands of scar tissue caused by infection or previous surgery)
- Perform a permanent sterilization by placing tiny implants in the fallopian tubes



## How do I prepare?

Hysteroscopy can be done in a clinic, surgical center, or hospital. Before the procedure, do the following:

- Discuss the timing with your doctor. It's best to schedule the procedure for a time when you are not menstruating (having your period).
- Make plans for someone to take you home after the procedure.
- Talk with someone at the clinic or hospital about any special preparation you should do. (Your instructions may depend on the type of anesthesia or other medication your doctor plans to use.)
- Tell your doctor if you're allergic to any medications.

## Talking with your doctor

Before your hysteroscopy, your doctor will explain the procedure's potential benefits, risks, and alternatives. (These are summarized in the table below.) Be sure to ask any questions you have.

Potential benefits	Risks and potential complications	Alternatives
<p>May identify the cause of your symptoms</p> <p>May prevent the need for open surgery</p>	<p>Hysteroscopy is considered very safe. However, as with any procedure, there are risks and possible complications. The following are associated with hysteroscopy:</p> <ul style="list-style-type: none"> <li>• Abdominal pain lasting a day or two</li> <li>• Cramping and bloody discharge lasting a day or two</li> <li>• More rarely: injury to the cervix or uterus, infection, or heavy bleeding</li> </ul> <p>You may also have side effects from any anesthesia or anti-anxiety medication, such as nausea and vomiting.</p>	<p>Other imaging techniques, such as ultrasound or x-ray</p>

## What happens during the procedure?

A hysteroscopy lasts between 5 and 60 minutes. (In general, an operative hysteroscopy lasts longer than a diagnostic hysteroscopy.) Here's what happens:

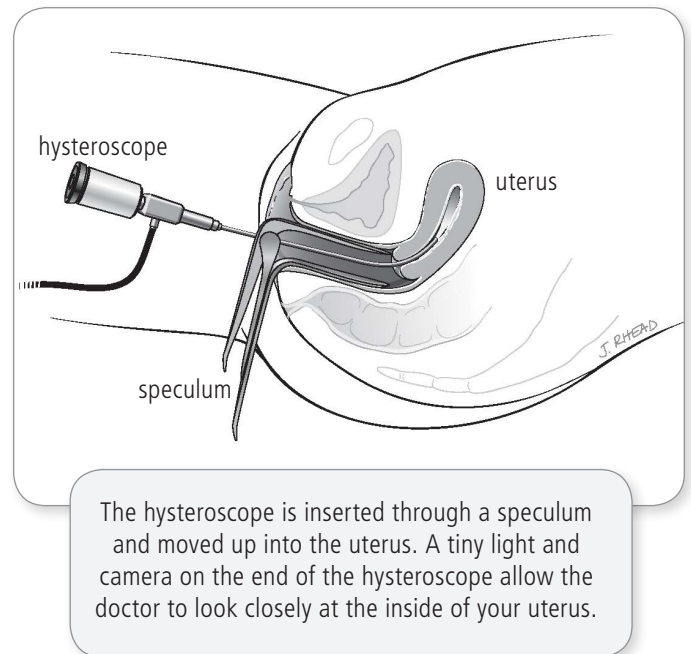
- **Positioning and prepping.** You will lie on your back on the table or bed, with your feet in footrests, as you would for a pelvic exam. The area around your vagina will be cleaned.
- **Medication.** You may be given medication to help you relax and to block pain. If you have general anesthesia, you'll be asleep during the procedure.
- **Hysteroscope insertion.** Your doctor will place a speculum into the vagina. The hysteroscope is then inserted and gently moved up into the uterus.
- **Fluid.** Through the hysteroscope, a fluid (such as saline) is put into the uterus to expand it. This gives your doctor a clearer view of the uterus.
- **Observation and procedures.** Using the monitor, the doctor will look closely inside your uterus and the openings to your fallopian tubes. If a procedure is needed — for example, if the doctor wants to get a tissue sample or remove a growth — other instruments can be inserted through the hysteroscope.

## What happens after the procedure?

You should be able to go home soon after your hysteroscopy. If you had general anesthesia, you'll need to wait until the effects have worn off. Clinic or hospital staff will observe you and let you know when you can go. (You shouldn't drive yourself.)

Most women are able to go back to normal work and activity 24 hours after a hysteroscopy. However, you should a week or so before you resume sexual activity.

During your recovery, do the following:



- If your doctor prescribed or suggested pain medication to ease cramping, take it as directed.
- Expect a small amount of bloody vaginal discharge. Use sanitary pads to absorb it. (Don't use tampons.)
- Watch for any of the signs listed in the “When to call your doctor” box below on this page.

## When do I learn the results?

In many cases, the doctor can discuss the findings of hysteroscopy right away. However, if your doctor removed any tissue, it may be sent to a lab to be studied. In this case, you may need to schedule a follow-up visit or phone call to discuss the results.

### *When to call the doctor*

Call your doctor right away if you have any of the following after your hysteroscopy:

- Fever of 101°F or higher
- Chills
- Heavy vaginal bleeding
- Severe cramps or abdominal pain
- Foul-smelling discharge