

Hysteroscopy

What is hysteroscopy?

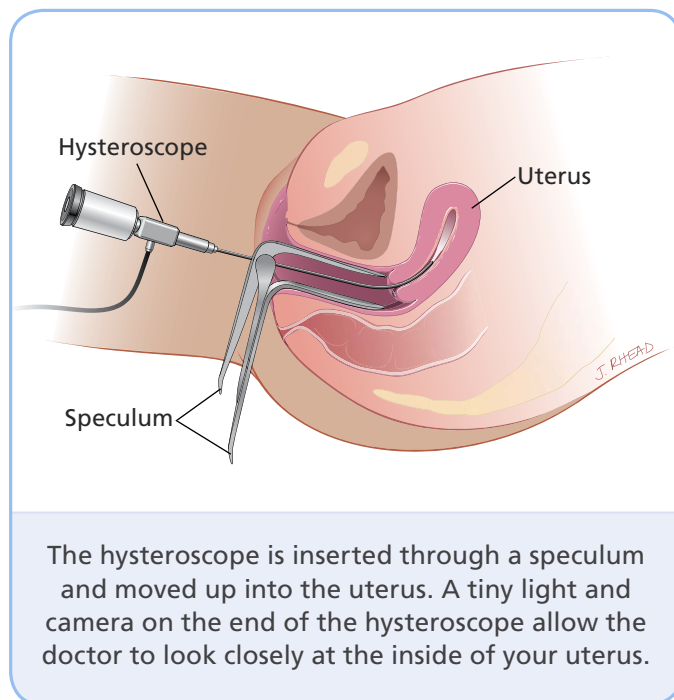
Hysteroscopy [HIS-tuh-ROS-kuh-pee] is a procedure that allows your healthcare provider to look closely at the inside of your uterus. It uses a **hysteroscope** [HIS-ter-oh-SKOHP], a long tube with a light and a video camera on the end. The hysteroscope transmits a picture of your uterus to a monitor.

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 growths, such as small fibroids, polyps, or 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:

- **Discuss the timing with your healthcare provider.** 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 medicine your doctor plans to use.
- **Tell your healthcare provider if you're allergic to any medicines.**

Talking with your healthcare provider

Before your hysteroscopy, your healthcare provider 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.

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.
- **Medicine.** You may be given medicine to help you relax and to block pain. If you have general anesthesia, you'll be asleep during the procedure.
- **Hysteroscope insertion.** Your healthcare provider will place a speculum (an instrument used to enlarge the opening) into the vagina. The hysteroscope is then inserted and gently moved up into the uterus.
- **Fluid.** A fluid (such as saline) is put through the hysteroscope into the uterus to expand it. This gives your healthcare provider a clearer view of the uterus.
- **Observation and procedures.** Using the monitor, your healthcare provider 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 wait a week or so before you have sex.

During your recovery:

- If your doctor prescribed or suggested pain medicine to ease cramping, take it as directed.
- Expect a small amount of bloody or watery discharge. Use sanitary pads to absorb it. (**Don't use tampons.**)
- Watch for any of the signs listed in the box below.

When do I learn the results?

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



When should I call my doctor?

Call your doctor right away if you have:

- A fever of 100.4°F (38°C) or higher
- Chills or body aches
- Heavy vaginal bleeding
- Severe cramps or abdominal pain
- Foul-smelling discharge

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

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