



Hysteroscopy: patient information

What is a hysteroscopy?

'Hyste-' refers to the uterus (or womb), and '-oscopy' means to use a video camera. So hysteroscopy means to use a small (3 – 5mm wide) video / telescope to look inside your uterus.

How should I prepare for having a hysteroscopy?

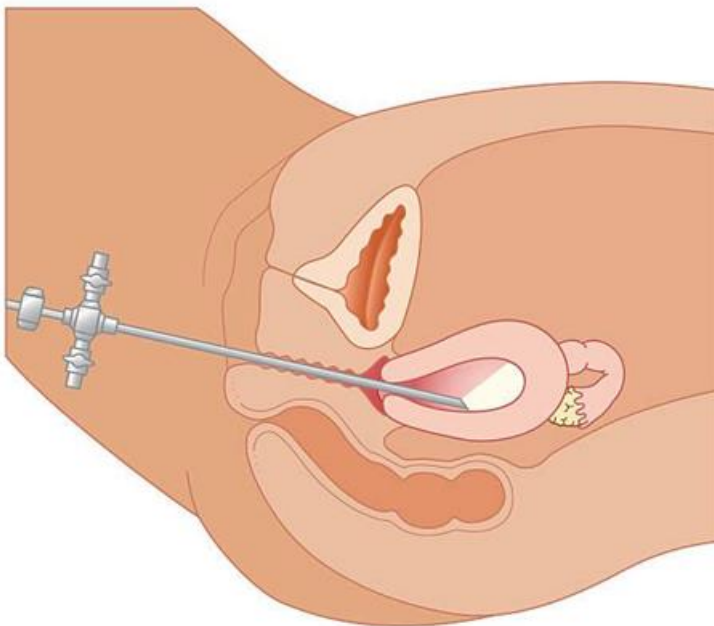
It is important that you are not pregnant when you have your hysteroscopy, as this procedure will likely inadvertently disrupt any growing embryo, leading to miscarriage.

If you are still having regular periods: please use reliable contraception from your most recent period up until your hysteroscopy.

All women of childbearing age will be asked to undertake a urine pregnancy test as part of your admission to hospital, to confirm that you are not pregnant on the day of your hysteroscopy.

How is a hysteroscopy done?

Hysteroscopy is completed while you are under a general anaesthetic. Once you are asleep, you won't feel or remember anything.



A narrow telescope (called a 'hysteroscope') is then inserted through your vagina, and the opening (cervix) into the uterine cavity. The uterus is filled with clear fluid, so all the inside of the uterus to be viewed. The hysteroscope sends these video images to a monitor, so that your gynaecologist can watch exactly what's happening, in real time. Often a small shallow sample of the uterine lining (called an 'endometrial biopsy') is collected. If a polyp or fibroid is seen, it will be removed. Any such tissue will be sent to the laboratory for analysis under the microscope by the pathology doctors.



As the hysteroscope is passed through the vagina and cervix (a natural entry into the uterine cavity), no cuts need to be made in your skin.

The duration of your hysteroscopy depends on what needs to be done: a simple 'diagnostic hysteroscopy' to assess the shape of the uterine cavity may only take 10 minutes. A complicated resection of a large fibroid may take up to 60 minutes.

More often than not, a stand-alone hysteroscopy is a day procedure, which means that you won't need to stay in hospital overnight. If a hysteroscopy is undertaken as part of a bigger operation (eg. keyhole surgery, or 'laparoscopy'), you may need to stay in hospital overnight because of that bigger operation.

Why has my gynaecologist recommended that I undertake a hysteroscopy?

There are several reasons why your gynaecologist may suggest a hysteroscopy. This includes:

- For diagnosis, in order to investigate: infertility; heavy or irregular periods; bleeding after menopause; recurrent miscarriage; a 'lost' intrauterine device
- For treatment, to: remove fibroids or polyps; remove a difficult intrauterine device; cut intrauterine adhesions or a septum; burn the lining of the uterus (called 'endometrial ablation')

If you don't understand why your gynaecologist has suggested you have a hysteroscopy, please ask them to clarify this!

What are the possible complications of a hysteroscopy?

Generally, having a hysteroscopy is extremely safe. However, like any procedure, there is a small risk of complications.

Common but less serious complications include:

- Shallow tear to the cervix. This can be easily remedied at the time by your gynaecologist.
- Light vaginal bleeding. Your gynaecologist can give you medicines during the operation to stop the bleeding.
- Heavy vaginal bleeding. If there is heavy vaginal bleeding, which is very rare, we may need to temporarily leave a surgical balloon inside the uterus, to apply pressure to the uterine lining. This is deflated a few hours later, and removed vaginally.



- **Infection.** If the uterine lining gets infected, you may develop the following symptoms a few days after your hysteroscopy: smelly vaginal discharge, abdominal pain, and fever. If you are worried about this, please contact Maven Centre and ask to be reviewed. Afterhours, if you are very concerned, please attend your local Emergency Department.

A rare but serious complication is 'uterine perforation', which is when our surgical instruments accidentally go through the walls of the uterus. If this happens, we realise at the time, and may suggest that you stay in hospital overnight to receive antibiotics through a drip. This occurs in approximately 1 in 200 women who have a hysteroscopy.

If we are really worried that there might be serious damage to bowel, bladder, or blood vessels, while you are still asleep we will perform keyhole surgery to assess and manage any internal injuries. This is extremely rare, and occurs in approximately 1 in 1,000 hysteroscopies.

What can I expect afterwards?

You can eat and drink as soon as you wake up from your general anaesthetic.

Most women can go home without 2 – 4 hours of a general anaesthetic. You need to have a responsible adult pick you up from hospital, as you may still feel a little drowsy from the general anaesthetic.

You may experience some pelvic cramping (like period pain) and light vaginal bleeding after a hysteroscopy. It can help to take simple pain relief, like paracetamol and ibuprofen. Pelvic cramps should improve over the next few days. Vaginal spotting may last for up to a week after a hysteroscopy, especially if an endometrial biopsy or fibroid resection ('myomectomy') was performed. It is normal for such bleeding to be heavier than your usual period, and it may stop and start. Use sanitary pads rather than tampons until your next period, to reduce the risk of infection.

If your pain gets worse and / or your bleeding heavier day-by-day, please contact Maven Centre and ask to be reviewed. If you are really concerned after hours, please attend your local Emergency Department.

You should be able to return to light activities on the same day as your procedure, and all of your usual activities within a day or two.



When to seek medical advice

Please contact your Maven Centre gynaecologist if you notice any of the following:

- Persistent vaginal bleeding that is bright red and / or getting heavier each day
- Passing large blood clots (eg. the size of a fifty cent piece or larger)
- Severe pain in your pelvis (the part of your tummy below your belly button)
- A temperature at or above 38°C
- An abnormally smelly vaginal discharge
- Worsening nausea and / or vomiting

If you think it is an emergency, and it can't wait until you can see your GP or Maven Centre gynaecologist, please attend your local Emergency Department.

Frequently asked questions

When can I go back to work?

The answer to this question will depend what type of work you do. If you work at a desk, you may feel up to going to work the day after your hysteroscopy.

If you had a fibroid resected, or an 'endometrial ablation' performed, and / or perform manual labour and heavy lifting, you may want to take a few days off work.

When can I have sex again?

To reduce the risk of infection after your hysteroscopy, please don't have penetrative (penis in vagina) sex for a week after your procedure.

When can I use tampons again?

Use sanitary pads (rather than tampons or a menstrual cup) up until your next period. This helps to reduce the risk of infection. You can start to use tampons again during your next period, if you want to.

When will I get the results of my procedure?

It usually takes 7 – 10 days for a laboratory to finalise the results from the specimens that are sent there (eg. biopsy of the uterine lining, fibroid, polyp etc). If you are concerned, please contact Maven Centre and ask your gynaecologist to pass the results on to you.

This pamphlet is a general overview of hysteroscopy, and may not apply to everyone.

If you have any further questions, please speak to your gynaecologist.