



Hysteroscopy

A hysteroscopy is a procedure used to examine the inside of the uterus (womb).

It is carried out using a narrow telescope, called the hysteroscope, which is inserted through the cervix (opening of the womb) into the uterus. The hysteroscope is connected to a light and camera, which sends images to a monitor so that your gynaecologist is able to see inside the uterus.

As the hysteroscope is passed into your uterus through the vagina and cervix, no cut needs to be made in your skin.

Why is a hysteroscopy performed?

To diagnose certain problems, your gynaecologist will need to look directly at the inside of your uterus.

Common reasons for having a hysteroscopy include abnormal bleeding, fibroids, polyps or difficulty getting pregnant. You should have a clear understanding why you are having this surgery, if not, please ask your doctor.

Are there any risks when having a hysteroscopy?

A hysteroscopy is generally safe, but like any procedure, there is a small risk of complications, and the risk is higher if the procedure is used for carrying out a surgical treatment rather than simply to make an examination (diagnostic hysteroscopy).

Your doctor will explain the risks to you when you sign the consent for the procedure.

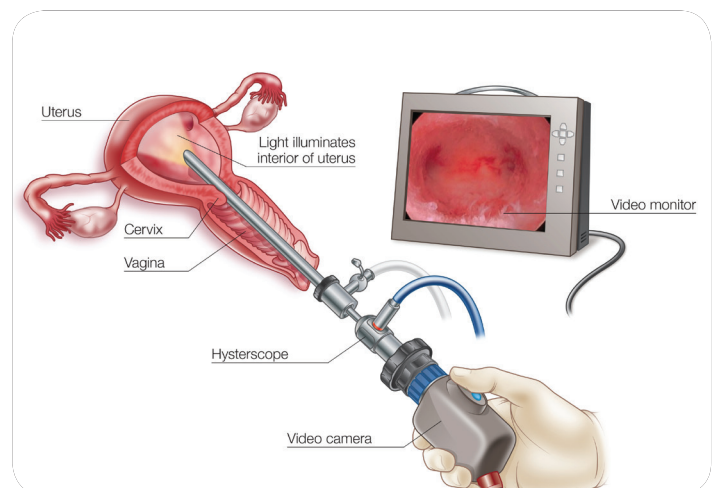
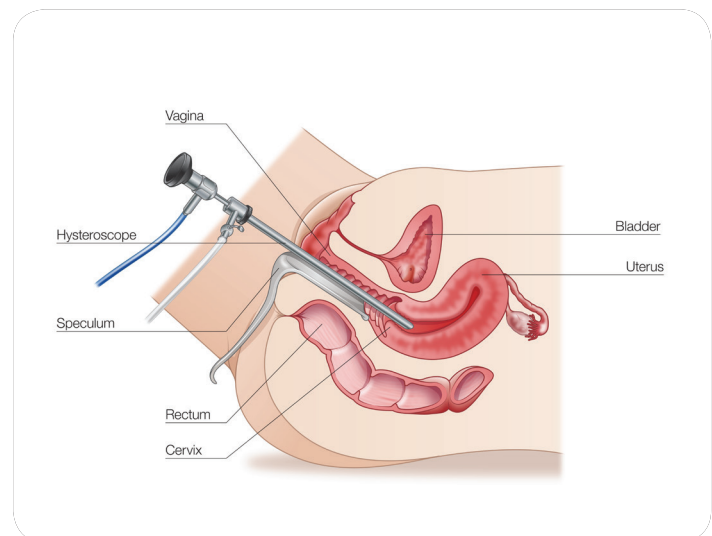
Some of the main risks include:

- accidental damage to the uterus where a perforation (hole) is made in the wall. This is not common, but may require treatment with antibiotics in hospital, or in rare cases, another operation such as laparoscopy (keyhole surgery) or laparotomy (open surgery) to repair the uterus or organs closeby such as the bowel
- accidental damage to the cervix – this is rare and can be easily repaired
- infection – this can cause a vaginal discharge, fever and heavy bleeding. It is usually treated with a short course of antibiotics from your doctor
- excessive bleeding during or after surgery – this can be treated with medication or another procedure; very rarely it may be necessary to remove the womb (hysterectomy)

Alternatives to hysteroscopy

This depends on the nature of the problem.

An ultrasound scan may be performed to look at the uterus, but it does not provide as detailed an examination as hysteroscopy.





Hysteroscopy

What happens during a hysteroscopy?

A hysteroscopy is generally a simple procedure which is usually carried out as a day case procedure, meaning that you need not stay in hospital overnight.

Some hospitals offer an outpatient hysteroscopy service where the procedure is performed in a clinic setting without the need to have a general anaesthetic. You will usually be advised to take some pain killers an hour before the procedure. Sometimes a local anaesthetic or light sedation may be given.

Preparation for a hysteroscopy

Before a hysteroscopy, you may be advised to:

- have tests such as blood tests to make sure that there are no health issues that might prevent you from proceeding with the procedure. This is usually done in the week before the hysteroscopy
- have a vaginal swab taken to make sure there is no likelihood of infection
- use contraception as a hysteroscopy cannot be performed if you are pregnant. You may have a pregnancy test on the day you arrive for the procedure
- stop smoking – this will reduce the risks of complications from the anaesthetic

Anaesthetic

Although hysteroscopy is usually carried out under general anaesthetic, modern hysteroscopes are very thin and allow for the procedure to be performed in an outpatient setting without anaesthetic.

Your doctor will discuss with you which type of procedure will be suitable for you. It is usually a quick procedure, lasting 10 to 30 minutes and does not involve any cut.

If general anaesthesia is used, you will be asleep throughout the procedure and will not feel anything. If it is performed as an outpatient procedure, most women do not feel much pain but may feel some discomfort, similar to period pain.

Taking painkillers such as ibuprofen or paracetamol about an hour beforehand can help reduce this. Occasionally, local anaesthetic may be used to numb your cervix during the procedure.

The Australian and New Zealand College of Anaesthetists provides information through its website www.anzca.edu.au/Patients about the types of anaesthesia, how to prepare for an anaesthetic and what to expect afterwards.

Every patient is different and the anaesthetist will make changes as required to suit your needs.

What will my doctor see during a hysteroscopy?

During the procedure, your doctor will be looking at the inside of your uterus via the narrow hysteroscope.

Any abnormality is noted and sometimes a small sample of the lining of the womb is taken for testing (this is called a biopsy). If there is a need to remove any abnormality such as a polyp or fibroid, an appropriate instrument can be inserted through the side of the hysteroscope for this purpose. Any tissue removed is sent to the laboratory for testing.

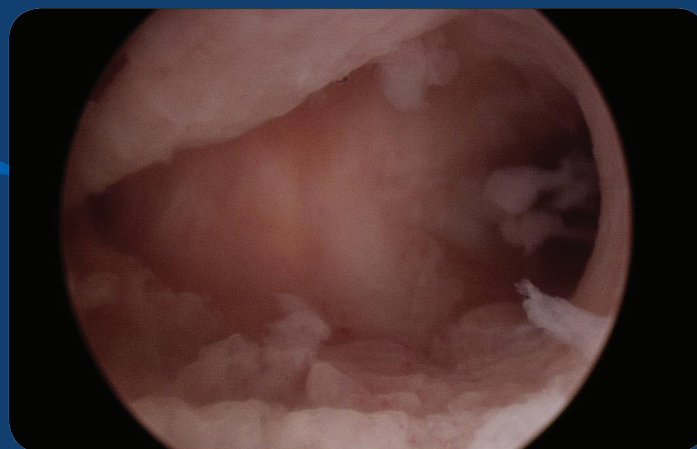


Image: Normal space within the uterus

After a hysteroscopy

Most women having a general anaesthetic are able to go home after two to four hours, although some may stay longer. You must have a responsible adult to take you home afterwards and stay with you for 24 hours.

If you are having an outpatient procedure, you will have a short stay in the department and be allowed home if you feel well. Arrange for a relative or friend to drive you home.

You should be able to return to normal activities later that day or the next day.

You might feel some mild, period-like pain or cramps. Some discomfort is to be expected after the procedure and you can take painkillers (such as paracetamol or ibuprofen) as instructed. If you find that the pain is hard to control, please contact your GP or your gynaecologist, or attend the Emergency Department of your local hospital if outside working hours.



Recovering at home

You may eat and drink as normal straight away. You may have a shower as normal but avoid baths, spas and swimming because there is a small risk of infection.

You may experience:

- cramping that is similar to period pain – this should settle down in a few days and taking regular paracetamol or ibuprofen will help relieve the pain
- vaginal spotting or bleeding – this can last up to a week. This bleeding might be heavier than a normal period and can stop and start – these variations are normal. Use sanitary pads rather than tampons until your next period to reduce the risk of infection

When can I return to work?

This will depend on the type of anaesthetic you had, and your occupation. Please ask your doctor or nurse before you go home.

Every patient reacts differently to the anaesthetic and there is no definite rule as to when you can return to work. Most women feel that they can return to normal activities, including work, the day after having a hysteroscopy. Some women return to work later the same day if they had an outpatient hysteroscopy.

You may wish to have a few days off to rest, particularly if you had treatment such as fibroid removal or endometrial ablation.

When can I have sexual intercourse?

It is not advisable to have sexual intercourse for at least seven days after the procedure to help prevent an infection in the uterus or vagina.

When can I use tampons again?

Do not use tampons during your next period. This will help to prevent an infection. After your next period, you can start to use tampons again.

Are there any follow-up appointments?

You might need a follow-up appointment in the outpatient clinic. Your doctor will inform you of this before you go home and an appointment will be posted to you.

When will I get the results?

Before you go home, your doctor will talk to you about the results of the procedure and whether further treatment is needed.

If you need to phone the hospital for your results, you will be given the necessary contact details before you leave. Information about your procedure will be sent by post to your GP. If you need to contact the hospital or see your GP within the next few days please have this information available.

When to get medical advice

Contact your GP or your gynaecologist if you notice any of the following:

- persistent bleeding from the vagina that becomes heavier than a normal period and is bright red
- severe pain in the lower part of your abdomen
- a high temperature (38°C or above)
- an offensive (bad) smelling vaginal discharge
- increasing nausea and vomiting
- pain or burning on passing urine or the need to pass urine frequently (this may indicate a urinary tract infection)

If you think it is an emergency and are unable to see your GP or contact your gynaecologist, please go straight to the Emergency Department of your nearest hospital.



© RANZCOG 28/07/2016
Reproduction of any content is subject to permission from RANZCOG unless permitted by law.

DISCLAIMER: This document is intended to be used as a guide of general nature, having regard to general circumstances. The information presented should not be relied on as a substitute for medical advice, independent judgement or proper assessment by a doctor, with consideration of the particular circumstances of each case and individual needs. This document reflects information available at the time of its preparation, but its currency should be determined having regard to other available information. RANZCOG disclaims all liability to users of the information provided.



College House,
254-260 Albert Street
East Melbourne,
Victoria 3002, Australia.

Ph: +61 3 9417 1699
Fax: +61 3 9419 0672
Email: ranzcog@ranzcog.edu.au
ranzcog.edu.au