



Hysteroscopy

Hysteroscopy is considered to be minimally invasive surgery that enables a complete assessment of the uterine cavity. For this surgery, general anesthesia is usually given, although it can be performed with IV sedation, spinal or local anesthesia. No incision is necessary since the procedure is performed by accessing the uterus transvaginally. First, the cervix is dilated. Next, the hysteroscope (a small telescope camera) is placed inside the uterus. Fluid is used to distend the uterus so that the entire endometrium can be clearly visualized with the hysteroscope.

A diagnostic hysteroscopy involves looking inside uterus only (and, therefore, does not require anesthesia). Operative hysteroscopy includes surgery to remove polyps, myomas (fibroids), a septum or adhesions from the uterus. Occasionally, the surgery cannot be safely performed without laparoscopic guidance. If that is the case, your doctor will tell you about this possibility in advance.

Risks from hysteroscopy are unlikely, but include: bleeding, infection, fluid overload and uterine perforation. Fluid overload involves absorption of the fluid being used to distend the uterus. Usually the procedure is stopped if 1000 ml of fluid is absorbed. The patient is then observed in the recovery room. The risk of uterine perforation is rare (approximately 1/1000). Typically no intervention is necessary, but the hysteroscopy procedure is stopped and the patient is observed.

This surgery usually takes thirty to sixty minutes, but may take longer depending on a woman's anatomy and what pathology is found during hysteroscopy. After the surgery is completed, you should expect to rest in the recovery room for about one hour before being ready to be discharged to home. The day of the surgery you may not go to work. You will need to fast from midnight onward on the day of the surgery. After surgery, you may eat normally once you are at home. Be sure to take the pain medication that you were prescribed so that you are comfortable. You should call the doctor if you are having a fever (temperature >101 F), pain that is not relieved by your pain medication or heavy vaginal bleeding (saturating a maxi pad in one hour).

You will need to be seen in the office for follow-up in one to two weeks after surgery. During that visit, the doctor will review the surgical findings with you including any photographs that were taken and the pathology report from any tissue removed. After this visit, you may resume normal activities including exercise, sex and swimming.