



BASIC INFORMATION

DEFINITION

The hysteroscope is a small lighted telescope used for visual examination of the cervix and the uterus to help diagnose and treat infection or abnormalities within the genital tract.

REASONS FOR PROCEDURE

- Evaluation and treatment of abnormal uterine bleeding.
- To view the status or location of an IUD (intrauterine device).
- Infertility.
- Habitual abortion.
- Uterine polyps, fibroids or adhesions (e.g., Asherman's syndrome).
- Obstructed fallopian tubes.
- Congenital malformations.
- Staging of cancer.
- Placement of silicone plugs for tubal sterilization.

RISK INCREASES WITH

- Active uterine bleeding.
- Current infection.

DESCRIPTION OF PROCEDURE

- The procedure may be performed in the doctor's office, an outpatient facility or a hospital. A general or a local anesthetic is used. It is sometimes done in conjunction with a laparoscopy, hysterosalpingogram, and/or an endometrial biopsy.
- The urinary bladder is drained and the cervix is gradually dilated as needed to pass the lighted telescope.
- Saline fluid or carbon dioxide gas (CO₂) may be used to distend (expand) the uterine cavity to improve visualization and allow any operative manipulations to be achieved.
- The hysteroscope is passed through the vagina and cervix into the uterine cavity for viewing. Video monitoring is often used at the same time.
- A variety of instruments are available for use in hysteroscopic procedures including microscissors, special clamps with electrocautery attachment, wire loops for excision and lasers when needed.
- One attachment is a "rollerball" or wire loop through which electrical heat travels to remove (resection) the endometrial lining. After the uterus is filled with fluid to enlarge it for better viewing, the doctor moves the rollerball back and forth across the lining or uses the wire loop to shave off the tissue.
- Further examination and any other surgical measures will be performed.
- The hysteroscope is withdrawn.

EXPECTED OUTCOME

- There may be some pain or discomfort following the procedure.
- Hysteroscopic diagnostic studies may rule out a medical problem or indicate the need for further evaluation and treatment.
- Hysteroscopic treatment or surgical procedures have a high success rate.

POSSIBLE COMPLICATIONS

- Uterine perforation.
- Excessive bleeding.
- Pelvic infection.
- Allergic reaction to the fluid used to distend the uterus.



POSTPROCEDURE CARE

GENERAL MEASURES

- Following the procedure, your vital signs will be monitored for a period of time. Have someone drive you home.
- There may be some slight bleeding and cramping. Use sanitary napkins for the bleeding.

MEDICATION

- Medicine for pain may be given during or after the procedure.
- In some surgical procedures, estrogen may be prescribed to promote regrowth of the uterine lining.
- You may use nonprescription drugs, such as acetaminophen or ibuprofen for minor pain.
- Antibiotics may be prescribed prior to the procedure to prevent infection.

ACTIVITY

- Rest at home the remainder of the day. Additional restrictions may be required depending on the extent of the surgical procedure.
- Avoid sexual intercourse for 2 weeks or as directed.

DIET

No special diet.



NOTIFY OUR OFFICE IF

Any of the following occurs:

- Excessive bleeding.
- Signs of infection develop: headache, muscle aches, dizziness or a general ill feeling or fever.
- New, unexplained symptoms develop, such as nausea, vomiting, constipation or abdominal swelling.