

Hysteroscopy

Pronounced: His-ter-OSS-co-pee

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EnEspañol(SpanishVersion)

Definition

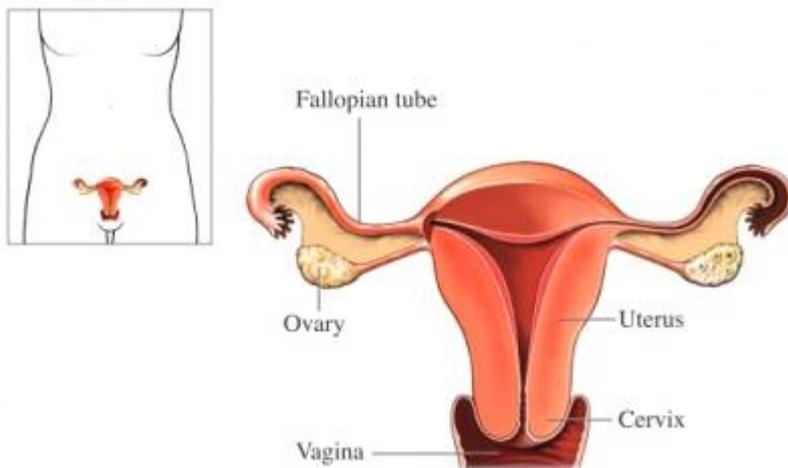
Hysteroscopy is the use of a hysteroscope to view the inside of a woman's uterus. A hysteroscope is a thin, lighted viewing tube. This tube can be outfitted with miniature surgical tools. Hysteroscopy is done to explore the uterus (diagnostic). It is also conducted to surgically repair damage and remove disease (operative/therapeutic).

Parts of the Body Involved

Three female reproductive organs are involved in a hysteroscopy.

- Vagina (birth canal)—elastic canal that leads to the cervix. Hysteroscope passes through the vagina on the way to the cervix.
- Uterine cervix—neck-like structure that connects the vagina and uterus. Dilation is often needed to widen the structure so a hysteroscope can pass through.
- Uterus (womb)—muscular cavity in the pelvis that houses a baby while it develops. This organ is examined by the hysteroscope, passed through the vagina into the cervix ('mouth' of the womb).

Female Reproductive Organs



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Reasons for Procedure

Hysteroscopies are conducted for both diagnostic and therapeutic reasons. A diagnostic hysteroscopy allows the doctor to survey the inner uterus to identify potential problems or abnormalities. An operative/therapeutic

hysteroscopy is done to correct anatomic problems and defects in the uterus.

Some reasons a doctor may recommend a hysteroscopy:

Diagnostic

- Repeated miscarriage
- Infertility
- Cancer screening/abnormal pap test
- Abnormal/excessive/postmenopausal uterine bleeding (suggesting the possibility of a uterine cancer)

Operative/Therapeutic

- Endometrial ablation—removal of uterine lining from the uterus
- Myomectomy—removal of fibrous or muscular tissue (fibroids)
- Removal of polyps (tumors, usually noncancerous)
- Locate and retrieve intrauterine devices (IUDs)

Risk Factors for Complications During the Procedure

The following factors may increase your risk of complications:

- History of pelvic inflammatory disease
- Vaginal discharge
- Inflammation of the cervix
- Distended bladder
- Pregnancy or possible pregnancy
- Allergies to surgical materials (eg, iodine, latex, medications, anesthetics)

What to Expect

Prior to Procedure

Your doctor will likely do the following:

- Explain the procedure
- Ask about medical history, medications, and allergies
- Conduct a physical exam and take bloodwork
- Allow you to ask questions (You may wish to ask how often he or she has performed hysteroscopies, as experienced decreases risk of complications.)

In the days leading up to your procedure:

- Arrange to have someone drive you home, and help with daily tasks.
- Follow instructions given by your doctor.
- Stop/start medications as directed.

The day before your procedure:

- Have a light dinner.
- Do not eat or drink anything after midnight, or the morning of the procedure (including coffee, tea, water, and juice) unless directed otherwise.

The day of the procedure:

- Wear comfortable clothes.
- Bring a sanitary napkin to catch any post-procedure fluids.
- The staff will ask you to use the bathroom.
- Anesthesia will be administered after you have been made comfortable.

Anesthesia

Anesthesia numbs the body temporarily. Pain and discomfort are not felt. There are three anesthesia options for hysteroscopy. Your doctor will help you to decide which is best for your procedure and needs. In certain instances you may opt not to have an anesthetic.

Local anesthesia:

- Used for diagnostic hysteroscopy
- Can be applied like a lotion or injected
- Loss of feeling only to the area where the anesthetic is applied
- You are awake

Regional anesthesia:

- Used for either diagnostic or operative/therapeutic procedure
- Anesthetic is injected
- Regional loss of feeling (similar to the injection given to numb the pelvic region during childbirth)
- You are awake

General anesthesia:

- Used for operative/therapeutic hysteroscopy
- Medication is given intravenously (IV)
- Entire body is numbed
- You will be asleep

Description of the Procedure

The doctor will clean the vagina and may dilate (gradually open) the cervix. Cervical dilatation is done to facilitate passage of the hysteroscope into the uterus. The hysteroscope is then fed into the uterus, and the uterus is filled with carbon dioxide gas or a liquid. Filling the uterus causes it to inflate like a balloon, allowing the doctor to get a closer look at its walls. Also, the pressure put on the walls reduces bleeding. The remainder of the procedure depends on the purpose of having the hysteroscopy.

Diagnostic Hysteroscopy

The doctor will examine the uterus for abnormal looking tissue. A [biopsy](#) (tissue sample) may be taken, or the uterine walls may be swabbed to gather cells samples. The gathered samples will then be sent to a lab for testing.

Operative/Therapeutic Hysteroscopy

Miniature tools are inserted through the hysteroscope. The doctor uses the tools to remove diseased tissue and make repairs. Depending on the procedure, a laparoscope (another type of viewing tube) may be needed to help the doctor monitor the outside of the uterus and detect any possible perforation of the uterus. This tube is inserted through a small cut in the abdomen. Using a laparoscope with the hysteroscope allows the doctor to view the outside and inside of the uterus at the same time.

After Procedure

The doctor may prescribe pain relievers and limit some activities. Also, the following may be experienced:

- Sleepiness (from the anesthetic)
- Difficulty using the bathroom for a few hours following the procedure
- Cramping
- Watery or bloody vaginal discharge for 3-4 weeks

Note: Do not take medications without your doctor's approval. Some medicines may make bleeding worse. Notify your doctor if you experience a great deal of bleeding or abdominal pain.

How Long Will It Take?

The length of the operation depends on the degree of difficulty. It could take anywhere from 15-45 minutes or more.

Will It Hurt?

Hysteroscopy should not hurt since the anesthesiologist numbs and relaxes the body. Let your doctor know if you do experience pain during the procedure. After the procedure, pain relievers can be prescribed for mild cramping and soreness.

Possible Complications

Complications are more likely to occur during an operative/therapeutic hysteroscopy than diagnostic hysteroscopy.

- **Edema**—organs swelling that is caused by the excessive absorption of the uterine inflation fluid. Finding a doctor that is experienced with hysteroscopy can reduce risk of edema. The shorter the procedure, the less time organs have to absorb the liquid and swell. If there has been excessive over-absorption of fluid, this can be dangerous. More commonly, the fluid is absorbed by the body and passed by urination.
- **Allergic reaction**—substance used to inflate the uterus, materials used during surgery, and anesthetic can cause an allergic reaction. To reduce your risk, tell your doctor about your allergies.
- **Infection**—bacterial infection may result from irritating or injuring the uterus. It may also be a result of an existing condition that makes a person more susceptible (eg, pelvic inflammatory disease). Antibiotics may be prescribed prior to surgery for individuals at risk for infection or post-operatively for infections as they arise.
- **Organ injury**—the bladder and bowel may be injured as a result of the procedure. The uterus may also be punctured and require additional surgery to repair. This injury is very rare. Risk is reduced by the skill of the doctor. However, some injuries may be difficult to avoid depending on the condition.

Average Hospital Stay

Most hospital stays are 1-2 hours. Certain operative/therapeutic hysteroscopies require an overnight hospital stay.

Postoperative Care

Recovery time is minimal. Daily routines can usually be resumed the day after the procedure. Some individuals may need extra rest and help to perform tasks. Your doctor will give you instructions, and let you know if a follow-up appointment is needed.

Outcome

Some side effects of anesthesia may be experienced (eg, coughing, chest pain, nausea, and vomiting).

The end result of the hysteroscopy depends on the reason for the procedure and the skill of the doctor. Certain conditions may be rectified immediately, while others (eg, removal of a uterine cancer detected by hysteroscopy)

may need further exploration and surgery. More knowledgeable and skilled doctors are more successful at performing a smooth hysteroscopy.

Call Your Doctor If Any of the Following Occurs

It is important for you to monitor your recovery once you leave the hospital. That way, you can alert your doctor to any problems immediately. If any of the following occur, call your doctor:

- Abnormal bleeding (like during a menstrual period)
- Fever develops (greater than 100°F)
- Pain develops in the lower abdomen
- Side effects of an anesthesia develop (eg, cough, chest pain, severe nausea, vomiting, shortness of breath)

RESOURCES:

The American College of Obstetricians and Gynecologists
<http://acog.org>

Merck Manual
<http://www.merck.com>

CANADIAN RESOURCES:

The Society of Obstetricians and Gynaecologists of Canada (SOGC)
<http://www.sogc.org>

Women's Health Matters
<http://www.womenshealthmatters.ca/index.cfm>

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