Hysteroscopy

Hysteroscopy is a procedure used for looking inside the womb (*uterus*). It may be done for many different reasons, including:

- To evaluate abnormal bleeding, fibroid (*benign, noncancerous*) tumors, polyps, scar tissue (*adhesions*), and possibly cancer of the uterus.
- To look for lumps (*tumors*) and other uterine growths.
- To look for causes of why a woman cannot get pregnant (*infertility*), causes of recurrent loss of pregnancy (*miscarriages*), or a lost intrauterine device (IUD).
- To perform a sterilization by blocking the fallopian tubes from inside the uterus.

A hysteroscopy should be done right after a menstrual period to be sure you are not pregnant.

BEFORE THE PROCEDURE

- **Do not** take aspirin or blood thinners for a week before the procedure, or as directed. It can cause bleeding.
- Arrive at least 1 hour before the procedure to read and sign the necessary forms.
- Arrange for someone to take you home after the procedure.
- If you smoke, **do not** smoke for 2 weeks before the procedure.

LET YOUR CAREGIVER KNOW ABOUT:

- Allergies.
- Medicines taken, including herbs, eyedrops, over-the-counter medicines, and creams.
- Use of steroids (by mouth or creams).
- Previous problems with anesthetics or numbing medicines.
- History of bleeding or blood problems.
- History of blood clots.
- Possibility of pregnancy, if this applies.
- Previous surgery.
- Other health problems.

RISKS AND COMPLICATIONS

- Putting a hole in the uterus.
- Bleeding.
- Infection.
- Damage to the cervix.
- Injury to other organs.
- Allergic reaction to medicines.
- Too much fluid used in the uterus for the procedure.

PROCEDURE

- Your caregiver may give you medicine to relax you. He or she may also give you a medicine that numbs the area around the cervix (*local anesthetic*) or a medicine that makes you sleep (*general anesthesia*).
- Sometimes, a medicine is placed in the cervix the day before the procedure. This medicine makes the cervix have a larger opening (*dilate*). This makes it easier for the instrument to be inserted into the uterus.
- A small instrument (*hysteroscope*) is inserted through the vagina into the uterus. This instrument is similar to a pencil-sized telescope with a light.
- During the procedure, air or a liquid is put into the uterus, which allows the surgeon to see better.
- Sometimes, tissue is gently scraped from inside the uterus. These tissue samples are sent to a specialist who looks at tissue samples (*pathologist*). The pathologist will give a report to your caregiver. This will help your caregiver decide if further treatment is necessary. The report will also help your caregiver decide on the best treatment if the test comes back abnormal.

AFTER THE PROCEDURE

- If you had a general anesthetic, you may be groggy for a couple hours after the procedure.
- If you had a local anesthetic, you will be advised to rest at the surgical center or caregiver's office until you are stable and feel ready to go home.
- You may have some cramping for a couple days.

- You may have bleeding, which varies from light spotting for a few days to menstrual-like bleeding for up to 3 to 7 days. This is normal.
- Have someone take you home.

HOME CARE INSTRUCTIONS

- **Do not** drive for 24 hours or as instructed.
- Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver.
- **Do not** take aspirin. It can cause or aggravate bleeding.
- **Do not** drive or drink alcohol while taking pain medicine.
- You may resume your usual diet.
- **Do not** use tampons, douche, or have sexual intercourse for 2 weeks, or as directed by your caregiver.
- Rest and sleep for the first 24 to 48 hours.
- Take your temperature twice a day for 4 to 5 days. Write it down. Give these temperatures to your caregiver if they are abnormal (above 98.6° F or 37.0° C).
- Take medicines your caregiver has ordered as directed.
- Follow your caregiver's advice regarding diet, exercise, lifting, driving, and general activities.
- Take showers instead of baths for 2 weeks, or as recommended by your caregiver.
- If you develop constipation:
  - Take a mild laxative with the advice of your caregiver.
  - Eat bran foods.
  - Drink enough water and fluids to keep your urine clear or pale yellow.
- Try to have someone with you or available to you for the first 24 to 48 hours, especially if you had a general anesthetic.
- Make sure you and your family understand everything about your operation and recovery.
- Follow your caregiver's advice regarding follow-up appointments and Pap smears.

FINDING OUT THE RESULTS OF YOUR TEST

Not all test results are available during your visit. If your test results are not back during the visit, make an appointment with your caregiver to find out the results. Do not assume everything is normal if you have not heard from your caregiver or the medical facility. It is important for you to follow up on all of your test results.

SEEK MEDICAL CARE IF:

- You feel dizzy or lightheaded.
- You feel sick to your stomach (*nauseous*).
- You develop abnormal vaginal discharge.
- You develop a rash.
- You have an abnormal reaction or allergy to your medicine.
- You need stronger pain medicine.

SEEK IMMEDIATE MEDICAL CARE IF:

- Bleeding is heavier than a normal menstrual period or you have blood clots.
- You have an oral temperature above 102° F (38.9° C), not controlled by medicine.
- You have increasing cramps or pains not relieved with medicine.
- You develop belly (*abdominal*) pain that does not seem to be related to the same area of earlier cramping and pain.
- You pass out.
- You develop pain in the tops of your shoulders (shoulder strap areas).
- You develop shortness of breath.

MAKE SURE YOU:

- Understand these instructions.

- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

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