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Introduction to Hysteroscopy

Backend Name: HYS_US_01_Intro

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Introduction to Hysteroscopy. Hysteroscopy is a minimally invasive procedure commonly performed for the diagnosis and treatment of conditions affecting the uterine cavity. During the procedure, your doctor will use a thin lighted telescope called a hysteroscope to visualize the uterine cavity and identify uterine abnormalities within the cavity like fibroids, polyps, scar tissue, or other irregularities. If necessary, small surgical tools can then be passed through the scope during the procedure to remove them.

Anesthesia, such as local, IV sedation, or general anesthesia is sometimes used during a hysteroscopy to limit discomfort. In some cases, no anesthesia is required. This is determined by your pathology physician and whether the procedure is in a clinic or operating room. These videos will review important information about your upcoming procedure, including how to prepare, what it entails, instructions for recovery, and warning signs of complications.

Before the Procedure

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Before The Procedure. Before the procedure, your doctor will review your medical history and any medications you are taking. Medications that increase the risk of bleeding should be stopped. In some cases, your provider may prescribe birth control pills to help thin the uterine lining to maximize visualization of the uterine cavity during the procedure. Hysteroscopy is not usually performed during menstruation. However, spotting before the procedure is not typically a cause for concern or a grounds for cancellation.

If irregular or unpredictable periods are a concern, birth control pills or other hormones may also be used to temporarily stop bleeding.

If you are unable to take hormones to prevent menstruation, you'll work with your care team to schedule a time that works best for you. If applicable, you'll take a pregnancy test before undergoing a hysteroscopy as the procedure should not be performed on a pregnant person. Other blood or diagnostic tests may be ordered as well. Sedation guidelines for hysteroscopy vary by provider and surgical setting. Your care team will let you know what type of sedation you'll be undergoing and how to prepare. If undergoing any kind of sedation, your medical team will have specific instructions for you about avoiding food and drink prior to your procedure.

It's important to follow all instructions provided by your care team. Otherwise, the procedure may be canceled. On the day of the appointment, wear loose, comfortable clothing and avoid wearing jewelry or fragrances. If your procedure requires sedation, plan to stay for observation until alert and cleared to leave, and make sure you have a ride home as you will be groggy and unable to drive. Please note, a ride-sharing service cannot be used for transportation after the procedure.

During the Procedure

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During the procedure. To begin the hysteroscopy, your doctor may use a speculum and/or soften the cervix to ensure the hysteroscope. A tube equipped with a camera and light is well-tolerated. As the scope is inserted through the cervix and into the uterine cavity, fluid is pumped through the tube to gently expand the uterus and assist with visualization.

Your doctor will visualize the uterine cavity via images transmitted from the scope to a screen looking for any abnormalities. If treatment is feasible, and indicated they will use instruments past through the hysteroscope to remove the abnormalities. This may include removing structural abnormalities like polyps, fibroids, and adhesions caused by scar tissue.

A hysteroscopy can also identify anomalies from birth, like uterine septum that can be addressed. It can also be used to identify and address any retained products of conception. The procedure can last anywhere from minutes to an hour, depending on the nature of the procedure and what the findings reveal. In some cases, your doctor may prescribe medication, a stent, or both. Stents, such as an inflated balloon catheter or IUD, provide gentle pressure and will be removed once the uterine cavity has healed, usually within a week. Once the procedure is completed, you'll be brought to the recovery area.

After the Procedure**Backend Name:** HYS_US_04_Post-Procedure**Source Video:****Section Copy:** None

After the procedure. Your recovery will depend on the nature of the procedure, though most can safely return to their routine the following day. If you had a stent placed, you will have it removed five to seven days after the procedure. If a stent dislodges prematurely, inform the team and place the stent in a plastic bag for the postoperative visit. Mild cramping, discharge, and light vaginal bleeding are common side effects in the days following a hysteroscopy.

Your doctor will provide specific instructions for your recovery, but often a period of pelvic rest can be helpful. Avoid using tampons or having intercourse for at least one week or until you feel well enough to resume those activities. Swimming pools, hot tubs, and baths should also be avoided until any residual bleeding has stopped. It's okay to take a shower. Sanitary pads and absorbent underwear are good options for managing bleeding in the days immediately following the procedure.

Your medical team will inform you when to restart or continue any medications, including all over-the-counter medications that were stopped prior to your procedure. If you are prescribed antibiotics or pain medication, take them exactly as directed. A heating pad placed on the lower abdomen may help as well.

Potential Risks and Complications**Backend Name:** HYS_US_05_Risks**Source Video:****Section Copy:** None

Potential risks and complications. Serious side effects from hysteroscopy are rare, with complications occurring in significantly less than 1% of procedures. Uterine perforation, a tear or hole in the uterine wall caused by a surgical instrument, is the most significant concern. If uterine perforation occurs, it may resolve on its own or require an additional surgery to repair. Rarely, uterine perforation can also result in damage to surrounding internal structures like the bowel, bladder, or blood vessels just outside the uterus. Other risks of hysteroscopy include a potentially adverse reaction to the anesthesia or fluid used during the procedure.

A fluid imbalance can also rarely result from the liquid solution instilled into the uterus during the procedure. Infection after a hysteroscopy is very rare. Intrauterine scarring from any surgical procedures performed during the hysteroscopy can

sometimes happen, and occasionally, a second hysteroscopy may be needed to fully complete a surgical procedure. Severe complications from hysteroscopy occur extremely rarely. You should contact your physician right away if you experience fever, severe abdominal pain, or heavy vaginal bleeding after the procedure, as these may be signs of a potential complication.