Health
Western Sydney
Local Health District

Women's & Newborn Health
Westmead Hospital

Fact sheet
Hysteroscopy

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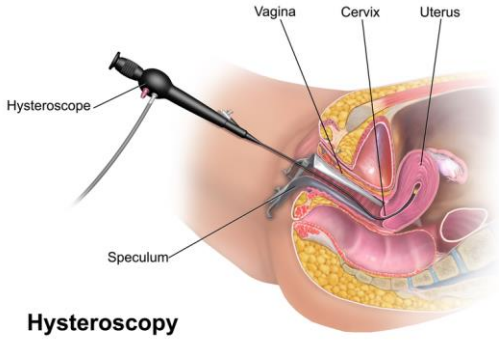
A hysteroscopy (hyster = uterus; scopy = to see) is a procedure which allows your gynaecologist to see inside the cavity (space) within the uterus using a long thin telescope called a hysteroscope.

This is a simple and commonly performed operation which can be done in the outpatient clinic with local anaesthetic (an injection of painkiller into the cervix) or in the operating theatre with a general anaesthetic (where you are asleep during the procedure).

Why would I need a hysteroscopy?
A hysteroscopy may be done to look for answers to any of the following problems:

- heavy or irregular periods
- bleeding or spotting in between your periods
- bleeding after the menopause
- looking for polyps, which are fleshy, benign (non- cancerous) growths in the cavity of the uterus
- looking for fibroids in the cavity [see fibroid fact sheet]
- infertility (difficulty falling pregnant) or difficulty keeping a pregnancy (repeated miscarriage)
- looking for IUCDs (contraceptive devices in the uterus) when the strings of the device cannot be seen in the vagina.



Hysteroscopy

Sometimes a hysteroscopy can also be used to fix problems inside the uterine cavity. This type of hysteroscopy is called an operative hysteroscopy. Conditions which can usually be treated with operative hysteroscopy include:

- polyps
- fibroids
- removal of adhesions (thin strands of scar tissue) in the cavity
- removal of a septum (thin dividing membrane in the cavity of the uterus)
- heavy periods – these can sometimes be treated with a special hysteroscopy called an endometrial ablation [see fact sheet on Endometrial ablation].

Is there any other test I can have instead of a hysteroscopy?
An ultrasound of the uterus and ovaries, including a special type of ultrasound (saline-sonohysterogram) where a small amount of fluid is placed inside the uterus, is often very useful for finding an abnormality such as a polyp, fibroid or adhesions. However, if further testing is needed, such as taking a sample of tissue or if a problem needs to be fixed, a hysteroscopy will usually be advised.

How is a hysteroscopy done?
A hysteroscope is carefully passed through the vagina and cervix (neck of the womb) into the uterine cavity.

Outpatient hysteroscopy
This is done in the clinic where you will be awake during the procedure. This may seem a little frightening but nearly all patients find the procedure straightforward, fairly quick (a few minutes), and only mildly uncomfortable.

You will be given a gown to change into. Your legs will be placed in stirrups and you will be made as comfortable as possible. The doctor will put a speculum in the vagina, similar to when you have a pap smear. Usually you will be given an injection of local anaesthetic into the cervix. This may briefly cause mild pain or discomfort but will then numb the cervix. Very occasionally the anaesthetic may make you feel lightheaded or nauseous; this generally settles very quickly. The doctor will not proceed until you are feeling comfortable again.

Taking ibuprofen 400mg an hour before your procedure will help decrease discomfort during your hysteroscopy.

The doctor will place the hysteroscope into the uterine cavity with a small amount of fluid or air to get a clear picture. Sometimes the hysteroscope has a camera attached so you can watch the pictures on a TV screen if you wish. If you do not want to watch the screen, please let the clinic staff know.

A small sample of tissue (called a curette) will be taken from inside the cavity to be checked under a microscope by the pathologist.

Once the procedure is over you will be able to go home. Mostly you will feel fine but sometimes you may feel slightly dizzy or nauseous for a short while. If this is the case we will ask you to stay in the clinic until you feel better.

We advise that you do not drive yourself to and from the appointment. Please arrange for someone to take you home.

You will have a small amount of watery discharge and bleeding for a few days. You may also feel occasional crampy pains in the lower abdomen (tummy) and we suggest that you to take ibruprofen or a similar painkiller for this.

We advise that you do not place anything (like tampons) in the vagina for two weeks after the hysteroscopy. We also advise against sex, swimming and bathing for two weeks after your procedure (having a shower is fine).

Inpatient hysteroscopy
An inpatient hysteroscopy is done in the operating theatre where you will be asleep during the procedure.

An inpatient diagnostic hysteroscopy is very similar to what has been described above. However, because of the general anaesthetic you will be expected to stay in the recovery ward for several hours before going home.

An operative hysteroscopy to fix problems inside the uterus is slightly different from a diagnostic hysteroscopy in the following ways:

- The hysteroscope is a little larger and so the cervix will need to be dilated (opened) more.
- The operation may take longer while the polyps or fibroids are removed.
- More fluid is used to keep the cavity clear so the doctor can see well to operate.
- This means that you may experience a bit more discomfort and bleeding after an operative hysteroscopy than a diagnostic one.

What are the advantages of hysteroscopy?
Hysteroscopy allows your gynaecologist to look inside your uterus and make a diagnosis or fix a number of problems fairly quickly without you having major surgery or any cuts on your tummy. Recovery after hysteroscopy is usually fast and without much discomfort.

What are the risks of hysteroscopy?
Hysteroscopy is a very straightforward and low risk procedure. However, no surgical procedure is completely without risk. Below are listed some complications that can happen with any surgery and some that can happen with hysteroscopy.

Please be reassured that these complications are rare with hysteroscopy and in most cases the benefits of the hysteroscopy are much greater than any risks.

Risks of any surgery

- Problems with anaesthetic [*see anaesthetic fact sheet*]
- Bleeding
- Clots blocking blood vessels in the legs (deep vein thrombosis DVT) and lungs (pulmonary embolism PE)
- Infection - which will require antibiotic treatment

Risks of hysteroscopy

- Failed procedure - sometimes the cervix (neck of the womb) is very tight and the telescope cannot be passed into the uterus.
- Perforation (making a small hole in the uterus) can happen with the hysteroscope. This nearly always heals without any problems or need for treatment.
- Extremely rarely, organs like the bladder, bowels or blood vessels around the uterus can be damaged by the hysteroscope. If your doctor thinks this may have happened she/he may need to do a laparoscopy (place a telescope in the abdomen through a small cut) to look for, and repair, the damage. Sometimes she/he may need to make a bigger cut in the abdominal (tummy) wall to repair the damage.
- With an operative hysteroscopy the staff in the theatre will keep a close eye on the fluid being used to keep the uterine cavity open. This is to prevent too much fluid from being absorbed (taken up) by your body. Sometimes the procedure cannot be finished if it appears that too much fluid is being used; it may be necessary to come back on another day to complete the procedure.

These last two complications are very uncommon with operative hysteroscopy and extremely rare with diagnostic hysteroscopy. However, the risk of complication with any surgery is never zero.

What should I expect after my inpatient hysteroscopy?
After your hysteroscopy you will be taken to the recovery ward where the nurses will monitor you and check your vital signs (pulse and blood pressure) and give you pain relief if you need it.

- You will be able to go home in 4-6 hours, after you have had something to eat and drink and are feeling fine.
    - Please arrange for someone to drive you as you are not allowed to drive in the 24 hours after an anaesthetic (some insurance companies request even longer – check your policy).
- You will have a small amount of watery discharge and bleeding for about 7-10 days.
- You may also feel occasional crampy pains in the lower abdomen (tummy) and we suggest that you take ibuprofen or a similar painkiller for this.
- We advise that you do not place anything (like tampons) in the vagina for two weeks after the hysteroscopy. We also advise against sex, swimming and bathing for two weeks after your procedure (having a shower is fine).

Are there any symptoms I should look out for?
It is extremely rare to have problems after hysteroscopy. However, if you have any of the following symptoms you should have a review.

For minor symptoms you should see your local doctor (GP), or your gynaecologist, or contact the hospital clinic. For more serious symptoms you should go to the emergency department.

Such symptoms include:

- burning and stinging when you pass urine or needing to pass small amounts of urine often
- heavy bleeding or bad smelling vaginal loss
- increasing abdominal pain
- severe nausea and vomiting
- a temperature (fever)
- pain, swelling, redness of your legs or any difficulty standing or walking
- shortness of breath or chest pain – if you have these problems you should call an ambulance.

Most women will feel well the next day and many will be able to return to work and normal activities after 24 hours.

We welcome further feedback on this brochure as a way of continually improving our service.

Send your feedback to:
WSLHD-Get_Involved@health.nsw.gov.au

Attributes

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