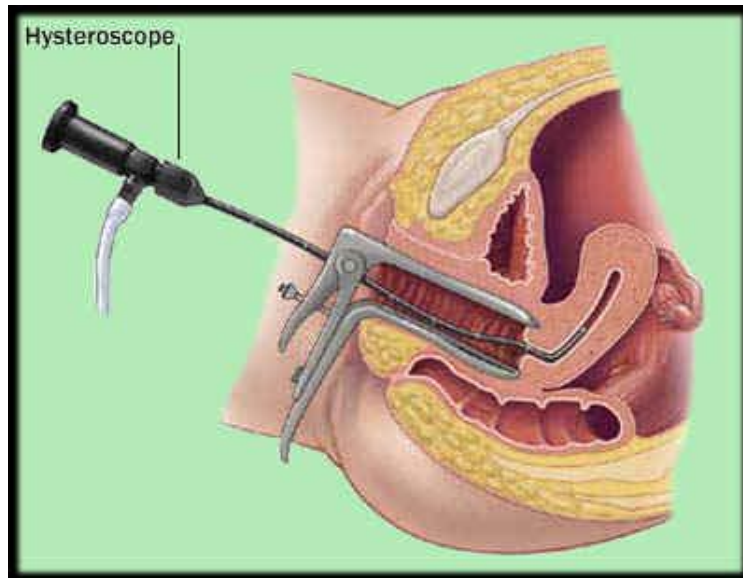


Hysteroscopy

Hysteroscopy is minor surgery that may be done in the doctor's office or operating room with local, regional, or general anesthesia. In some cases, little or no anesthesia is needed. The procedure poses little risk for most women. Hysteroscopy may be used for diagnosis of uterine problems (diagnostic hysteroscopy) or the treatment of problems of the uterus (Operative hysteroscopy).



Typically a hysteroscopy is used for the evaluation of the following disorders:

Abnormal uterine bleeding- Hysteroscopy may help the doctor find the cause of abnormal bleeding. Common causes of abnormal bleeding are fibroids, polyps, hyperplasia or cancer.

Recurrent pregnancy loss- Some women, although able to get pregnant, lose the pregnancy to miscarriage. Hysteroscopy can be used with other tests to help find the causes of repeated miscarriage, such as an abnormal shape to the uterus.

Adhesions or scar tissue inside of the uterus- Bands of scar tissue, or adhesions, may form inside the uterus. This is called Asherman syndrome. These adhesions may cause infertility and changes in menstrual flow. Hysteroscopy can help locate adhesions and treat the adhesions.

Abnormal Growths. Sometimes benign growths, such as polyps and fibroids, can be diagnosed with the hysteroscope. Hysteroscopy might help a doctor to biopsy a growth in the uterus to find out whether it may be cancer or may become cancer.

When hysteroscopy is used to diagnose certain conditions, it may be used to correct them as well. For instance, uterine adhesions or fibroids often can be removed through the hysteroscope at the same time they are diagnosed. Sometimes hysteroscopy can be used instead of open abdominal surgery. Most often hysteroscopies are performed in the operating room with mild anesthesia to decrease the discomfort of the procedure.

What to Expect

Hysteroscopy is a safe procedure. Problems such as injury to the cervix or the uterus, infection, heavy bleeding or side effects of the anesthesia occurs in less than 1% of cases.

Before Surgery

Hysteroscopy is best done during the first week or so after a menstrual period, this allows a better view of the inside of the uterus. If you are having a hysteroscopy in a hospital, you may be asked not to eat or drink for a certain time before the procedure. Some routine lab tests will be done prior to the procedure. Some patients may need to insert medications into their vagina a few hours before the procedure.

Anesthesia

Hysteroscopy may be performed with IV sedation, a general anesthesia or mask anesthesia. The type used will depend on a number of factors. You will want to discuss your options with your anesthesiologist on the day of your procedure.

The Procedure

A hysteroscopy starts with dilating the cervix. The opening of your cervix may need to be dilated (made wider) with a special device. The hysteroscope then is inserted through the vagina and cervix and into the uterus. A liquid or gas may be released through the hysteroscope to expand the uterus so that the inside can be seen better. The device has a light and allows the doctor to view the inside of the uterus and the openings of the fallopian tubes. If surgery is to be done, small instruments will be inserted through the hysteroscope to perform the surgery.

Recovery

After the procedure, you will go to the recovery room for at least one hour. Once you are able to tolerate fluids, move without difficulty and think clearly you will be discharged to home. After the surgery, you may feel faint or nauseous and have slight vaginal bleeding and cramps for a day or two. Get in touch with your doctor if you have:

- A fever
- Severe abdominal pain
- Heavy vaginal bleeding or discharge (more than 1 pad every 2 hours)

Finally...

Because hysteroscopy allows your doctor to see the inside of the uterus, it may permit a diagnosis of some medical problems. It also may be used to treat them. The procedure and recovery time are brief in most cases. Please allow yourself 48 hours for recovery.