Pre-Procedure Patient Information: Flexible Hysteroscopy

Hysteroscopy is a procedure used for looking inside the womb (uterus). A small telescope (hysteroscope) is inserted through the cervix into the uterus. The telescope is about as thick as a pencil (3 mm) and allows the physician to see the inside of the 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 causes of why a woman cannot get pregnant (infertility), causes of recurrent loss of pregnancy (miscarriages), or the location of a intrauterine device (IUD).

A hysteroscopy should be done right after a menstrual period or while you are on hormonal contraception to be sure you are not pregnant and to give the best view.

**Before the procedure**
- Arrive at least 15 minutes before the procedure or as directed to read and sign the necessary forms.
- Arrange for someone to take you home after 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).
- Sometimes misoprostol is used the morning of 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 speculum is placed in the vagina. A small instrument (hysteroscope) is inserted through the cervix into the uterus. This instrument is similar to a pencil-sized telescope with a light.
- During the procedure, saline fluid is put into the uterus, which allows the surgeon to see better.
- You may experience mild cramping, but the procedure is not usually painful.

**Risks and complications**
Although hysteroscopy is safe, there are potential complications with any procedure. The chance of complications with this procedure is low. Less than one in 1,000 will have a problem.

*Specifically there is a rare chance of:*
- Poking a hole in the uterus (uterine perforation).
- Excessive bleeding.
- Infection.
- Damage to the cervix.
- Injury to other organs.
- Allergic reaction to medicines.
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After the procedure
- Recovery tends to be quick as there are no incisions.
- You may have some mild cramping for a couple of days.
- Some patients will need pain medication for 24 to 48 hours after the procedure, but usually an anti-inflammatory drug such as ibuprofen/Motrin is enough.
- You may have bleeding, which varies from light spotting for a few days to light menstrual-like bleeding for up to seven days. This is normal.
- You will need someone to take you home after the procedure if your provider plans to give you any medication to relax you before the procedure.

Finding out the results of your test
You will know the results of the hysteroscopy at the time of the testing.

Home care instructions
- Do not use tampons, douche, or have sexual intercourse for one week or as advised by your caregiver.
- Take your temperature if you feel hot. Write it down. Call your caregiver if it is high (above 100.4° F or 38.0° C).
- Follow your caregiver’s advice regarding follow-up appointments.

Seek medical care if:
- You feel dizzy, lightheaded, are unable to stand, or pass out.
- You develop a foul-smelling vaginal discharge.
- Bleeding is heavier than a normal menstrual period.
- You have an oral temperature above 100.4° F (38.0° C).
- You have increased cramps or pain not relieved with medicine.

Questions?
Call: (401) 274-1122, ext. 42735 (Monday through Friday, 8:30 a.m. to 4:30 p.m.)
After hours: (401) 274-1100