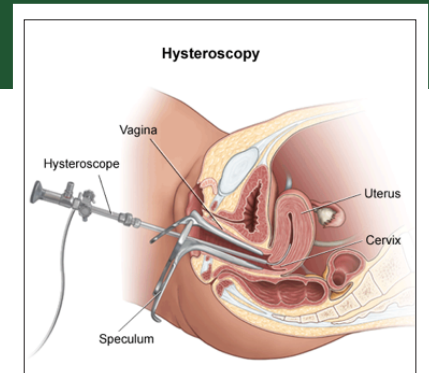


## **Pre-Procedure Patient Information: Flexible Hysteroscopy**

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 an 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.

(over)



## **Pre-Procedure Patient Information: Flexible Hysteroscopy**

*(cont'd)*

### **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