Hysteroscopic Surgery





Hysteroscopy is an outpatient diagnostic exam used to examine the inside of your uterus.

The procedure is carried out using a thin telescope connected to a camera called a hysteroscope, which is inserted through your vagina to look inside your uterus and your fallopian tubes.

There are two types of hysteroscopy procedures.

Diagnostic hysteroscopy

A hysteroscopy is usually performed to assess any abnormal bleeding that a patient may be experiencing. It can be used to investigate problems such as

- heavy or abnormal periods,
- · post-menopausal bleeding,
- · fibroids, polyps, or
- infertility.

Operative hysteroscopy

Hysteroscopy can also be used to aid in performing some minor procedures in the uterus such as removing any found abnormal fibroid or polyp tissue.

Operative hysteroscopy is often used to

- treat endometrial ablation.
- · remove polyps.
- · remove fibroids.
- · Remove intrauterine contraceptives (IUD).

Diagnostic and operative hysteroscopy may be performed separately or during the same procedure.



What to expect during a hysteroscopy

A hysteroscopy usually takes between five to thirty minutes. During the procedure, you will lie on your back with your legs held in support. A speculum is inserted into your vagina to hold it open, and your doctor will clean the area with an antiseptic solution. The hysteroscope is then passed through your cervix and fluid is gently pumped into the womb to enable your doctor to clearly see inside. At this point, you may experience some mild cramping.

If you are undergoing a hysteroscopy to treat fibroids or polyps, your doctor will pass the relevant surgical tools along the hysteroscope to cut or burn the abnormal tissue.

Preparing for a hysteroscopy

Depending on your circumstances, your doctor will advise you on the preparations you need to make before your scheduled hysteroscopy. This may include,

- Having blood tests to make sure that there are no interfering health issues.
- Vaginal swab to make sure there is no likelihood of infection.
- Taking contraceptive precautions, as a hysteroscopy cannot be performed if you are pregnant. You may be required to have a pregnancy test on the day of your procedure.

- Some patients may need an x-ray examination, also known as a hysterosalpingogram (HSG) to check for any abnormalities in the uterus and fallopian tubes.
- Your doctor inserts a medical pessary deep inside your vagina a day before the surgery to allow your cervix to soften.
- As you will be under general anaesthetic, you will need to arrange for someone to pick you up after the procedure.

IMPORTANT

- Before the procedure
- Let your doctor know If you are allergic to any medication or anaesthetic drug (local and general).
- Let your doctor know your full medical history, including if you have or have had any health issues.
- Let the doctor know if you are or plan to become pregnant.
- Inform your doctor of any bleeding disorders you may have and if you are taking any blood thinning medication.
- Tell your doctor if you have experienced prolonged bleeding or excessive bleeding after an injury.
- Let the doctor know if you have recently or have an infection.
- Update your doctor on any past surgeries you may have had.
- You are advised to stop smoking at least three weeks before and for three weeks after your procedure to avoid any complications during and after surgery.
- Provide your doctor with a list of all the medication you may be taking or have recently taken (including, prescribed, over-the-counter, herbal, or naturopathic).

Recovery after a hysteroscopy

A hysteroscopy generally has a quick recovery time, with patients usually discharged on the same day. You will be monitored in the hospital until the anaesthetic wears off.

Most women experience post-operative bleeding for two to seven days and any mild cramping can be treated with over-the-counter pain killers.

IMPORTANT

- You are advised not to drive for at least 24 hours after you have a general anaesthetic. We advise that you arrange for someone to pick you up after the procedure. You may also find it beneficial to take the next few days off work.
- Patients shouldn't insert tampons into the vagina to avoid the risk of infections.
- Avoid engaging in sexual intercourse for at least seven days after the procedure and until 48 hours after any bleeding has stopped.
- You may shower as normal but avoid hot baths, saunas, swimming and spas to reduce the risk of infections.

Next Steps

More information Contact our advice team on 02 4225 1999

Diagnosis and treatment Contact us to book an appointment with Dr Kothari 02 4225 1999

Possible risks

As with most surgeries, there is a small risk of complications during and after a hysteroscopic procedure is performed. Although considered a generally safe procedure, your doctor will advise on any risks beforehand.

Some potential risks include:

- Accidental damage to the wall of the uterus where a hole is made. This may require treatment with antibiotics in the hospital, or in rare cases, another operation such as laparoscopy or laparotomy to repair the uterus or surrounding organs.
- Accidental damage to the cervix this is rare and can be easily repaired.
- Infection, causing vaginal discharge, fever and heavy bleeding. This is usually treated with a short course of antibiotics from your doctor.
- Excessive bleeding during or after surgery this can be treated with medication or another procedure, or in very rare cases it may be necessary to have a hysterectomy (removal of the womb).

IMPORTANT

If you notice any of the following, contact your doctor immediately.

- · Nausea or vomiting that worsens.
- Persistent pain that does not reduce with painkillers.
- Persistent vaginal bleeding that is heavier than a normal period.
- · Persistent pain or swelling around the incisions.
- · Fever or chills.
- Pain or burning when urinating.
- Feeling of faintness and shortness of breath.

Treatment costs

Depending on the level of treatment and care required, the costs will vary from patient to patient. The exact structure of the cost and which of those can be claimed on Medicare and private health insurance can be discussed with your doctor before you undergo any form of surgery.

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