

Hysteroscopy

What is a hysteroscopy?

This is a procedure where a doctor uses a thin tube with a tiny camera to look inside the uterus. There are no incisions. Saline solution is used to expand the uterus in order to look at the inside of the uterus.

When is this surgery used?

The procedure allows us to see if there are any abnormalities in your uterus.

To evaluate and or treat diseases of the uterus

- Recurrent miscarriages
- Lost or retained IUD, will be removed if seen.
- Heavy or irregular vaginal bleeding, a scraping will be obtained.
- Inability to obtain an office endometrial sampling will be obtained.
- Sub mucosal fibroids, will be removed using electrical energy or cut out.
- Endometrial polyps will be removed using electrical energy or cut out.
- Scar tissue inside the uterus, will be cut out or use electrical energy to remove.
- Permanent sterilization (Essure), the devices will be placed into the opening of the fallopian tubes.

How do I prepare for surgery?

- Before surgery, a pre-op appointment will be scheduled with your doctor at their office or with a nurse practitioner or physician assistant at Domino Farms.
- Depending on your health, we may ask you to see your primary doctor, a specialist, and/or an anesthesiologist to make sure you are healthy for surgery.

- The lab work for your surgery **must be done at least 3 days before surgery.**
- Some medications need to be stopped before the surgery. A list of medications will be provided at your pre-operative appointment.
- Smoking can affect your surgery and recovery. Smokers may have difficulty breathing during the surgery and tend to heal more slowly after surgery. If you are a smoker, it is best to quit 6-8 weeks before surgery. If you are unable to stop smoking before surgery, your doctor can order a nicotine patch while you are in the hospital.
- You will be told at your pre-op visit whether you will need a bowel prep for your surgery and if you do, what type you will use. The prep to clean your bowel will have to be completed the night before your surgery.
- You will need to shower at home before surgery. Instructions will be provided at your pre-operative appointment.
- Do not wear makeup, nail polish, lotion, deodorant, or antiperspirant on the day of surgery.
- Remove all body piercings and acrylic nails.
- If you have a “Living Will” or an “Advance Directive”, bring a copy with you to the hospital on the day of surgery.
- Plan for your care and recovery before surgery. Most women recover and are back to most activities in 1-2 days.

What can I expect during the surgery?

- In the operating room, you will be given either a general anesthesia, or a spinal anesthesia, or a local anesthesia. The choice of anesthesia is a decision that will be made by the anesthesiologist based upon your history and your wishes.
- If a general anesthesia is given, after you are asleep and before the surgery starts:
 - A tube to help you breathe will be placed in your throat.

- Another tube will be placed in your stomach to remove any gas or other contents to reduce the likelihood of injury during the surgery. The tube is usually removed before you wake up.
- A catheter will be inserted into your bladder to drain urine and to monitor the amount of urine coming out during surgery.
- Compression stockings will be placed on your legs to prevent blood clots in your legs and lungs during surgery.
- Your cervix will be dilated and then the hysteroscope is placed through the cervix into the uterus. Fluid is instilled into the uterus for better visualization.
- A **dilation and curettage** is often performed at the same time to remove tissue for further testing.
- Photographs may be taken during the surgery and may be placed in your medical records.

What are possible risks from this surgery?

Although there can be problems that result from surgery, we work very hard to make sure it is as safe as possible. However, problems can occur, even when things go as planned. You should be aware of these possible problems, how often they happen, and what will be done to correct them.

Possible risks during surgery include:

- **Bleeding:** If there is excessive bleeding, you will be given a blood transfusion unless you have personal or religious reasons for not wanting blood. **This should be discussed with your doctor prior to the surgery.**
- **Damage to the bladder, ureters** (the tubes that drain the kidneys into the bladder), **uterus, and to the bowel:** Damage occurs in less than 1% of surgeries. If there is damage to the bladder, ureters, uterus, or to the bowel they will be repaired while you are in surgery.

- **Conversion to a laparoscopic surgery or to an open surgery requiring an up and down or Bikini incision:** If a bigger open incision is needed during your surgery, you may need to stay in the hospital for one or two nights.
- **Death:** All surgeries have a risk of death. Some surgeries have a higher risk than others.

Possible risks that can occur days to weeks after surgery:

- **A blood clot in the legs or lung:** Swelling or pain, shortness of breath, or chest pain are signs of blood clots. Call your doctor immediately if any of these occur.
- **Bowel obstruction:** A block in the bowel that results in not being able to pass stool or gas. May cause stomach pain, bloating or vomiting.
- **Infection:** Fever, redness, swelling or pain at the site of surgery.
- **Scar tissue:** Tissue thicker than normal skin forms at the cervix or uterus.

What happens after the surgery?

- You will be taken to the recovery room and monitored for a short time before going home.
- You will be given medications for pain and nausea.
- You will have the compression stockings on your legs to improve circulation.
- You may have some vaginal spotting of bright red, brown, or black discharge.
- You may have a scratchy throat if a general anesthetic was used.
- You will start walking as soon as possible after the surgery to help healing and recovery.

When will I go home after surgery?

Most women are able to go home the same day the surgery is done. You must arrange for someone to come with you, stay while you are having surgery and drive you home afterwards.

If you do not know someone who can do this, please call the Guest Assistance Program at: (734)764-6893 or (800)888-9825.

You will not be able to have your surgery if there is no-one with you.

At home after surgery:

Call your doctor right away if you:

- develop a fever over 100.4°F (38°C)
- start bleeding like a menstrual period or (and) are changing a pad every hour
- have severe pain in your abdomen or pelvis that the pain medication is not helping
- have heavy vaginal discharge with a bad odor
- have nausea and vomiting
- have chest pain or difficulty breathing
- develop swelling, redness, or pain in your legs
- develop a rash
- have pain with urination

Other Symptoms:

- **Vaginal Bleeding:** You may have some vaginal spotting of watery bright red, brown, or black discharge for up to 3-4 weeks. You may have abdominal cramping for 48 hours.
- **Diet:** You will continue with your regular diet.

- **Medications:**
- **Pain:** Medication for pain will be prescribed for you after surgery. Do not take it more frequently than instructed.
- **Nausea:** Anti-nausea medication is not typically prescribed. Tell your doctor if you have a history of severe nausea with general anesthesia.

Activities:

- **Energy level:** It is normal to have a decreased energy level after surgery. After you are home, you should minimize any strenuous activity for the first day or two. It is important not to overdo, but once you settle into a normal routine at home, you will find that you slowly begin to feel better. Walking around the house and taking short walks outside can help you get back to your normal energy level more quickly.
- **Showers:** Showers are allowed within 24 hours after your surgery. Do not take baths for at least 1 week after surgery.
- **Climbing:** Climbing stairs is permitted, but you may require some assistance initially.
- **Lifting:** For 1-2 days after your surgery you should not lift anything heavier than a gallon of milk. This includes pushing objects such as a vacuum cleaner and vigorous exercise.
- **Driving:** The reason you are asked not to drive after surgery is because you may be prescribed medications. You should not drive or operate heavy machinery for 24 hours after surgery.
- **Exercise:** Exercise is important for a healthy lifestyle. You may begin normal physical activity within hours of surgery. Start with short walks and gradually increase the distance and length of time that you walk.
To allow your body time to heal, you should not return to a more difficult exercise routine until 2 days after your surgery. Please talk to your doctor about when you can begin exercising again.
- **Intercourse:** No sexual activity for 2 weeks after surgery.

- **Work:** Most patients can return to work between 1-2 days after surgery. You may continue to feel tired for a couple of weeks.

Follow-up with your doctor:

You should have a post-operative appointment scheduled with your doctor for 4-6 weeks after surgery.

If you have any further questions or concerns about getting ready for surgery, the surgery itself, or after the surgery, please talk with your doctor.

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