

Hysteroscopy

Hysteroscopy is a technique used to look inside the **uterus**. A hysteroscope is a thin, telescope-like device that is placed into the uterus through the **vagina** and **cervix**. It may help a doctor diagnose or treat a uterine problem. This pamphlet will explain

- reasons for having hysteroscopy
- what happens during the procedure
- risks of the procedure

What Is Hysteroscopy?

A hysteroscope is a thin, lighted telescope-like device. It is inserted through your vagina into your uterus. The hysteroscope transmits the image of your uterus onto a screen. This allows the doctor to see the inside of the uterus during the procedure.

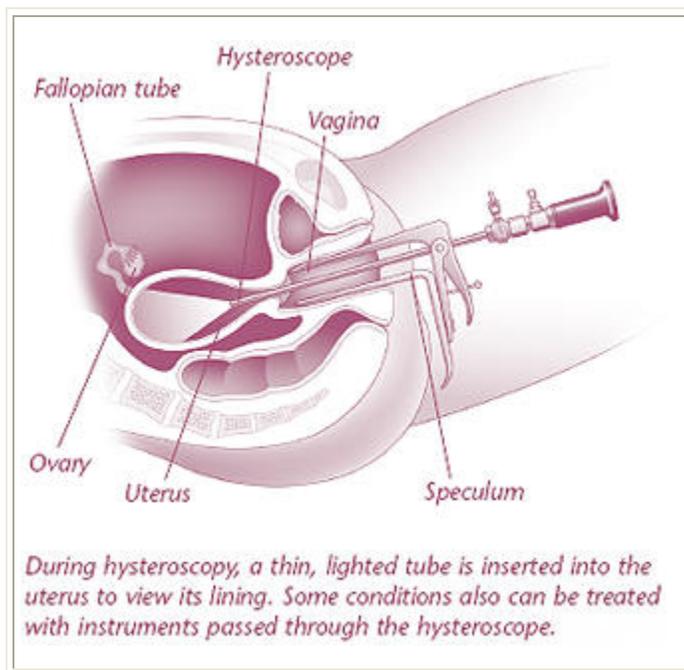
Hysteroscopy can be used to diagnose or treat a problem. Other instruments are used along with the hysteroscope for treatment. Some conditions can be treated right away.

Hysteroscopy allows your doctor to see the inside of the uterus. It can be used to diagnose and treat some medical problems.

Why Is It Done?

One of the most common uses for hysteroscopy is to find the cause of abnormal uterine bleeding. Abnormal bleeding can mean that a woman's periods are heavier or longer than usual or occur less or more frequently than normal. Bleeding between periods also is abnormal.

In some cases, abnormal bleeding may be caused by benign (not cancer) growths in the uterus, such as **fibroids** or **polyps**. Hysteroscopy allows your doctor to look for fibroids or polyps. If fibroids or polyps are found, a special instrument passed through the hysteroscope can be used to remove



them. If no growths are found, a tissue sample can be obtained for **biopsy**. If the sample of tissue does not reveal cancer but the bleeding persists, a hysteroscope with a heated instrument can stop the bleeding by destroying the lining of the uterus.

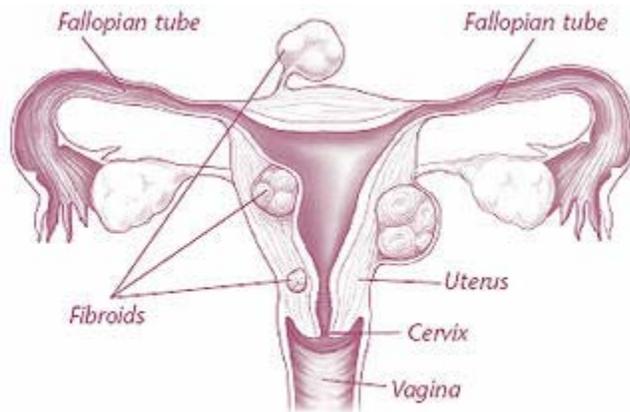
Doctors also use hysteroscopy in the following situations:

- Remove **adhesions** that may occur because of infection or from a past surgery
- Diagnose the cause of repeated miscarriage when a woman has more than two miscarriages in a row
- Locate an **intrauterine device (IUD)**
- Perform **sterilization**, in which the hysteroscope is used to place tiny spring-like devices into a woman's **fallopian tubes** as a permanent form of birth control

You should not have hysteroscopy if you are pregnant, have a vaginal or urinary tract infection, or if you have known cancer of the uterus. You and your doctor will discuss your options and why hysteroscopy may be needed.

What To Expect

Hysteroscopy can be done in a doctor's office or at the hospital. It will be scheduled when you are not having your period. To make the procedure easier, your doctor may dilate (open) your cervix before your hysteroscopy. You may be given medication that is inserted into the cervix, or special dilators may be used.



A fibroid is a benign growth that may form inside and sometimes outside the uterus.

Before the doctor begins, you may be given a medication to help you relax, or a general or local **anesthetic** may be used to block the pain. If you have general anesthesia, you will not be awake during the procedure.

A **speculum** is first inserted into the vagina. The hysteroscope is then inserted and gently moved through the cervix into your uterus. Carbon dioxide gas or a fluid, such as saline (salt water), will be put through the hysteroscope into your uterus to expand it. The gas or fluid helps your doctor see the lining more clearly. The amount of fluid used is carefully checked throughout the procedure. Your doctor can see the lining of your uterus and the openings of the fallopian tubes by looking through the hysteroscope. If a biopsy or other procedure is done, your doctor will use small tools through the hysteroscope, such as small scissors or a wire loop.

Your Recovery

You should be able to go home shortly after the procedure. If you were given general anesthesia, you may need to wait until its effects have worn off.

It is normal to have some mild cramping or a little bloody discharge for a few days after the procedure. Your doctor may give you a medication to help ease the pain. If you have a fever, chills, or heavy bleeding, call your doctor's office right away.

Talk to your doctor about when you can get back to your normal activities at work or home. For most women, it is the next day. You may be given instructions about when you can resume sex or use tampons.

Risks

Hysteroscopy is a very safe procedure. However, there is a small risk of problems. The uterus or cervix can be punctured by the hysteroscope, bleeding may occur, or excess fluid may build up in your system. In very rare cases, hysteroscopy can cause life-threatening problems. If a problem occurs during the procedure, it will be treated.

Make sure to talk with your doctor if you have any questions about the risks of hysteroscopy. He or she will be able to explain how hysteroscopy is being used to find or treat your condition and what risks you may face.

Finally...

Hysteroscopy allows your doctor to see the inside of the uterus. It can be used to diagnose some medical problems. Some of these conditions can be treated during hysteroscopy. The procedure and recovery time are brief in most cases. Talk with your doctor if you have any questions about what will happen during a hysteroscopy.

Glossary

Adhesions: Scars that bind together affected surfaces of the tissues inside the abdomen or uterus.

Anesthetic: A drug used to relieve pain.

Biopsy: A minor surgical procedure to remove a small piece of tissue that is then examined under a microscope in a laboratory.

Cervix: The lower, narrow end of the uterus, which protrudes into the vagina.

Fallopian Tubes: Tubes through which an egg travels from the ovary to the uterus.

Fibroids: Benign (noncancerous) growths that form on the inside of the uterus, on its outer surface, or within the uterine wall itself.

Intrauterine Device (IUD): A small plastic device inserted in the uterus to prevent pregnancy.

Miscarriage: Early pregnancy loss.

Polyps: Benign (noncancerous) growths that develop from membrane tissue, such as that lining the inside of the uterus.

Speculum: An instrument used to spread the walls of the vagina.

Sterilization: A permanent method of birth control.

Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

Vagina: A tube-like structure surrounded by muscles leading from the uterus to the outside of the body.