

Hysteroscopy



Hysteroscopy is a way to look inside the uterus. A hysteroscope is a thin, telescope-like device that is inserted into the uterus through the vagina and cervix. It may help a doctor diagnose or treat a uterine problem.

This pamphlet will explain:

- Why hysteroscopy may be used
- How it is done
- What to expect before and after the procedure



Hysteroscopy may be used for diagnosis, treatment, or both.

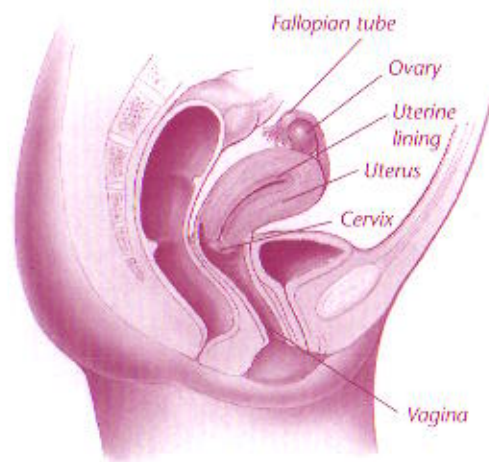
Uses of Hysteroscopy

Hysteroscopy is minor surgery that may be done in a doctor's office or operating room with local, regional, or general **anesthesia**. In some cases, little or no anesthesia is needed. The procedure poses little risk for most women. Hysteroscopy may be used for diagnosis, treatment, or both.

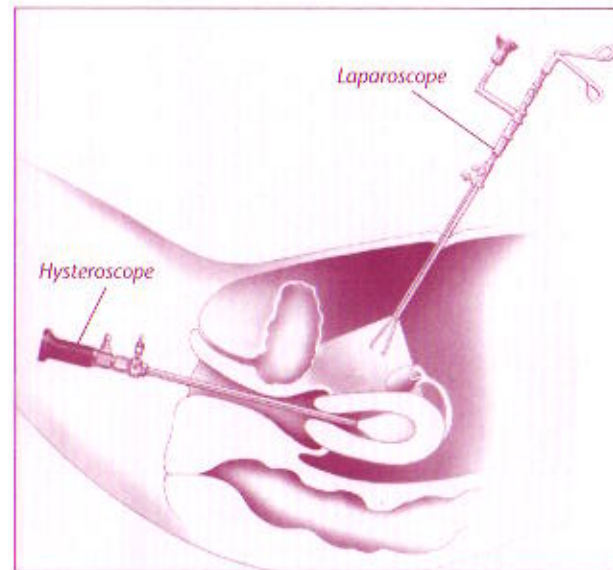
Diagnostic Hysteroscopy

Hysteroscopy can be used to diagnose some problems in the uterus. It also can be used to confirm the results of other tests, such as **hysterosalpingography (HSG)**.

The hysteroscope is sometimes used with other instruments or techniques. For instance, it may be done before dilation and curettage (D&C) or at the same time as laparoscopy. In a D&C, the cervix is widened (dilation) and part of the lining of the uterus is removed (curettage). In laparoscopy, a slender, telescope-like device is inserted into the abdomen through a tiny incision (cut) made through or just below the navel. Hysteroscopy also may be used for other conditions.



The uterus is a muscular organ located in the pelvis. It is broad at the top and narrow at the bottom. At each side of the upper part, a fallopian tube leads outward toward an ovary. The ovaries contain many eggs, or ova, and normally release one during each menstrual cycle. The tubes carry a fertilized egg from the ovaries to the uterus. The lower end of the uterus, called the cervix, is a narrow channel with a small opening. It opens into the vagina.



Laparoscopy sometimes is done along with hysteroscopy.

Abnormal Uterine Bleeding. A woman has this condition if she has heavier or longer periods than usual, bleeds between periods, or has any bleeding after her periods have stopped at **menopause**. Hysteroscopy may help the doctor find the cause of abnormal bleeding that other methods have not found. It may be used to take a **biopsy**.

Infertility. A couple may not be able to achieve pregnancy for a number of reasons. Sometimes the cause of female infertility is related to a defect in the shape or size of the uterus. One example of this is a septate uterus (a thin sheet of tissue divides the inside of the uterus into two sections). Hysteroscopy may find these problems if other tests do not.

Repeated Miscarriages. Some women, although able to get pregnant, lose the fetus to miscarriage—the loss of a pregnancy before 20 weeks. Hysteroscopy can be used with other tests to help find the causes of repeated miscarriage.

Adhesions. Bands of scar tissue, or **adhesions**, may form inside the uterus. This is called Asherman syndrome. These adhesions may cause infertility.

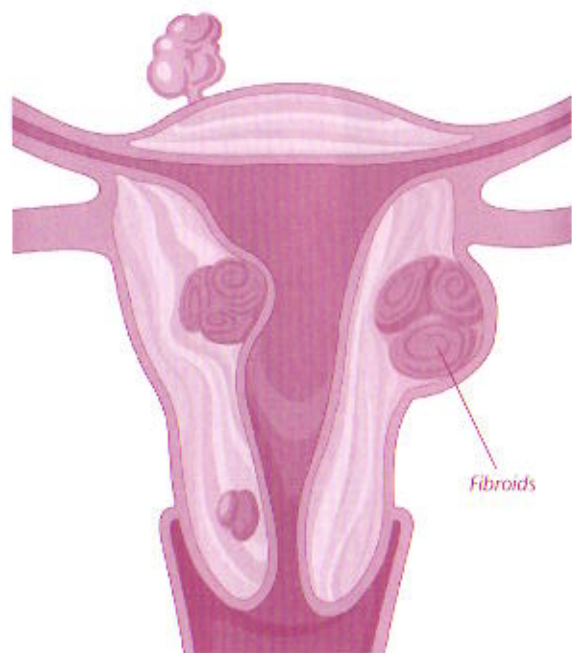
and changes in menstrual flow. Hysteroscopy can help locate adhesions.

Abnormal Growths. Sometimes benign growths, such as *polyps* and *fibroids*, can be diagnosed with the hysteroscope. Hysteroscopy might help a doctor to biopsy a growth in the uterus to find out whether it may be cancer or may become cancer.

Displaced IUDs. An intrauterine device (IUD) is a small plastic device inserted in the uterus to prevent pregnancy. In some cases, it moves out of its proper position inside the uterus. It then embeds itself in the uterine wall or the tissue around it. Sometimes hysteroscopy can be used to locate an IUD.

Operative Hysteroscopy

When hysteroscopy is used to diagnose certain conditions, it may be used to correct them as well. For instance, uterine adhesions or fibroids often can be removed through the hysteroscope. Sometimes hysteroscopy can be used instead of open abdominal surgery. Often it will be done in an operating room with general anesthesia.



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

The hysteroscope is used to perform endometrial ablation—a procedure in which the lining of the uterus is destroyed to treat some causes of heavy bleeding. After this is done, a woman can no longer have children. For this procedure, the hysteroscope is sometimes used with other instruments, such as a laser or a resectoscope. The resectoscope is a specially designed telescope with a wire loop or a rollerball at the end. Using electric current, any of these tips can be used to destroy the uterine lining. Endometrial ablation is done in an outpatient setting in most cases.

What to Expect

Hysteroscopy is a safe procedure. Problems such as injury to the cervix or the uterus, infection, heavy bleeding, or side effects of the anesthesia occur in less than 1% of cases.

Before Surgery

Hysteroscopy is best done during the first week or so after a menstrual period. This allows a better view of the inside of the uterus.

If you are having a hysteroscopy in a hospital, you may be asked not to eat or drink for a certain time before the procedure. Some routine lab tests may be done. You will be asked to empty your bladder. Then your vaginal area will be cleansed with an antiseptic.

Anesthesia

Hysteroscopy may be performed with local, regional, or general anesthesia. The type used depends on a number of factors. This includes whether other procedures are being done at the same time. Where you have your surgery—in your doctor's office or in the hospital—also may affect the kind of pain relief used. You will want to discuss your options with your doctor.

Before the procedure, your doctor may prescribe a medication to help you relax (a sedative) before the anesthetic is injected. When a local anesthetic is used, it is injected around the cervix to numb it. You will remain awake during the procedure. You may feel some cramping.

With regional anesthesia, a drug will be injected to block the nerves that receive feeling from the pelvic region. You will be awake but will not feel



any pain. The anesthetic will be given through a needle or tube in your lower back. This is called a spinal or epidural.

With general anesthesia, you breathe a mixture of gases through a mask. You will not be conscious during the surgery. After the anesthetic takes effect, a tube may be put down your throat to help you breathe.

The Procedure

Before a hysteroscopy, the opening of your cervix may need to be dilated (made wider) with a special device. The hysteroscope then is inserted through the vagina and cervix and into the uterus.

A liquid or gas may be released through the hysteroscope to expand the uterus so that the inside can be seen better. A light shone through the device allows the doctor to view the inside of the uterus and the openings of the fallopian tubes into the uterine cavity. If surgery is to be done, small instruments will be inserted through the hysteroscope.

For more complicated procedures, a laparoscope may be used at the same time to view the outside of the uterus. In this case, a gas is flowed into the abdomen. The gas expands the abdomen. This creates a space inside by raising the wall of the abdomen and moving it away from the internal organs. This makes the organs easier to see. Most of this gas is removed at the end of the procedure. This procedure is not done in the office.

Recovery

If local anesthesia was used, you will be able to go home in a short time. If regional or general anesthesia was used, you may need to be watched for some time before you go home.

You may feel a pain in your shoulders if laparoscopy was done with hysteroscopy or if gas was used during hysteroscopy to inflate the uterus. In most cases, the pain passes quickly as the gas is absorbed. You may feel faint or sick or you may have slight vaginal bleeding and cramps for a day or two. Get in touch with your doctor if you have:

- A fever
- Severe abdominal pain
- Heavy vaginal bleeding or discharge

Finally...

Because hysteroscopy allows your doctor to see the inside of the uterus, it may permit a diagnosis of some medical problems. It also may be used to treat them. The procedure and recovery time are brief in most cases.

Glossary

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

Anesthesia: Relief of pain by loss of sensation.

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.

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

Hysterosalpingography (HSG): A special X-ray procedure in which a small amount of fluid is injected into the uterus and fallopian tubes to detect abnormal changes in their size and shape or to determine whether the tubes are blocked.

Menopause: The process in a woman's life when ovaries stop functioning and menstruation stops.

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

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

Vagina: A passageway surrounded by muscles leading from the uterus to the outside of the body, also known as the birth canal.

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