

HYSTEROSCOPY

What is a hysteroscopy?

Hysteroscopy is a procedure that your doctor may recommend to examine the inside of your uterus. This is a minimally invasive surgery that can be done on an outpatient basis. A hysteroscope is a thin telescope-like device with a light. Your doctor will insert the hysteroscope into your uterus to be able to see inside of it.

Why am I having a hysteroscopy?

This procedure can be helpful in diagnosing uterine conditions such as those which may cause bleeding, including but not limited to:

- Fibroids within the uterus
- Scarring
- Polyps
- Congenital malformations (such as septums)

Your doctor may recommend a hysteroscopy as part of an infertility evaluation.

A hysteroscopy also may be used to locate an intrauterine device (IUD) or place permanent implants into the fallopian tubes for permanent sterilization.

What happens during hysteroscopy?

Before the procedure, you will be given general anesthesia medication that will make you fall asleep for the entire procedure. The doctor will insert a speculum, the same instrument used during a Pap smear, into the vagina. Your cervix may be dilated in order to make the procedure easier. The hysteroscope will then be inserted into the vagina and moved through the cervix and into your uterus. The hysteroscope sends an image of the inside of your uterus to a screen. Fluid, like saline (salt water), is passed through the hysteroscope into the uterus. This will help to expand the uterus so the doctor can see the uterus lining more clearly. The image from the hysteroscope will allow the doctor to examine the internal anatomy of the uterus including, but not limited to, the lining of the uterus and the openings of the fallopian tubes.

What are the risks?

Thanks to technological advances, minimally invasive surgery can be done instead of major gynecologic surgery. This means smaller risks and less recovery time. However, hysteroscopy still has a small risk of:

- Infection of the uterus or fallopian tubes
- The hysteroscope poking a hole in the uterus or cervix
- Need for additional surgery
- Fluid overload

What should I do to prepare for the procedure?

Do not eat or drink anything after midnight the night before your procedure.

You will be under anesthesia for the procedure so you will need someone to drive you to and from your appointment.

The procedure is usually scheduled during the first half of your menstrual period (after you finish bleeding but before you ovulate). However, the procedure can be postponed with medication. If you postpone the surgery, your doctor will give you progesterone pills. Take the first pill on day 1 of your cycle (the first day of your period) and continue to take 1 pill every day. Take a pill on the day of your surgery, and then you can stop.

Ask your provider any questions you may have before the procedure, especially instructions on stopping or continuing to take any existing medications. Follow the instructions on your surgery information sheet to complete your pre-op appointments with your surgeon, the laboratory, and anesthesiology.

What can I expect after surgery?

After a hysteroscopy you can expect to return to normal activities in about 1 to 2 days. It is normal to experience mild cramping, similar to cramps during your menstrual period, as well as have some bloody discharge for several days. You should avoid sexual intercourse for **at least one week** or for as long as bleeding occurs.

Be sure to follow the instructions on your surgery information sheet to complete your post-op appointment with your doctor, if necessary. Ask your doctor any questions you may have about medications after surgery.

Call your doctor if:

Call your doctor if after surgery you have any of the following symptoms:

- Fever greater than 100.4 degrees Fahrenheit
- Severe nausea / vomiting or abdominal pain
- Heavy bleeding (greater than 2 pads soaked / hour for more than 4 sequential hours)

Office number: **(404) 778-3401**, Monday – Friday 8:00AM – 5:00PM

- For emergencies after hours, calling this number will connect you to the operator, who will page the OBGYN physician on call.

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