

SPECIAL PROCEDURES

AP084

Hysteroscopy

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The American College of
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WOMEN'S HEALTH CARE PHYSICIANS

PATIENT EDUCATION

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 diagnose or treat a uterine problem.

This pamphlet explains

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

What Is Hysteroscopy?

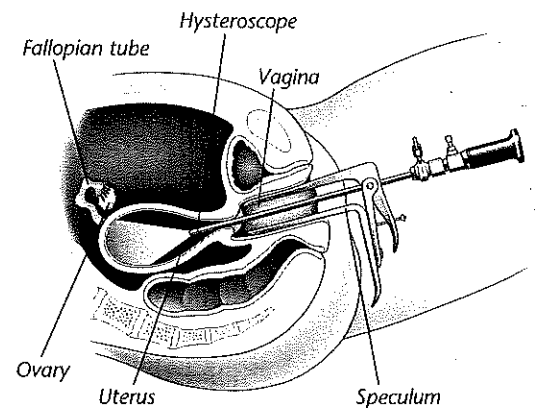
A hysteroscope is a thin, lighted telescope-like device. It is inserted through your vagina into your uterus. The hysteroscope transmits the image of your uterus onto a screen. This allows your health care professional to see the inside of the uterus during the procedure.

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.

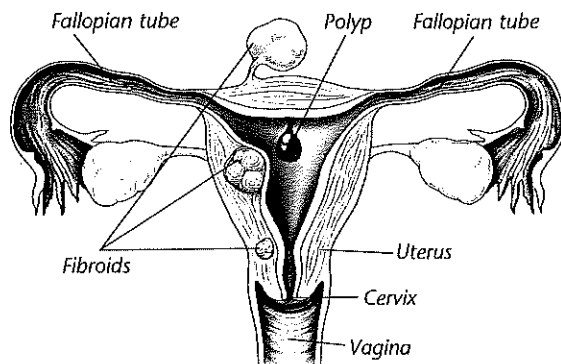
Why Is It Done?

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 health care professional 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



During hysteroscopy, a thin, lighted tube is inserted into the uterus to view its lining. Some conditions also can be treated with instruments passed through the hysteroscope.



A fibroid is a benign growth that may form inside or sometimes outside the uterus. Polyps, which usually are benign, attach to the inner wall of the uterus.

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.

Hysteroscopy also is used 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 small implants 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 health care professional will discuss your options and why hysteroscopy may be needed.

What to Expect

Hysteroscopy can be done in a health care professional's office or at the hospital. It will be scheduled when you are not having your menstrual period. To make the procedure easier, your cervix

may be dilated (opened) before your hysteroscopy. You may be given medication that is inserted into the cervix, or special dilators may be used.

Before the procedure 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 then is 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 health care professional to see the lining more clearly. The amount of fluid used is carefully checked throughout the procedure. Your health care professional 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 health care professional will use small tools passed 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. You may be given medication to help ease the pain. If you have a fever, chills, or heavy bleeding, call your health care professional's office right away.

Talk to your health care professional 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 health care professional 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 are involved.

Finally...

Hysteroscopy allows your health care professional 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 health care professional if you have any questions about what will happen during a hysteroscopy.

Glossary

Adhesions: Scars that can make tissue surfaces stick together.

Anesthetic: A drug used to relieve pain.

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

Cervix: The lower, narrow end of the uterus at the top of the vagina.

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

Fibroids: Growths that form in the muscle of the uterus. Fibroids usually are noncancerous.

Intrauterine Device (IUD): A small device that is inserted and left inside the uterus to prevent pregnancy.

Miscarriage: Loss of a pregnancy that is in the uterus.

Polyps: Abnormal tissue growths that can develop on the inside of an organ.

Speculum: An instrument used to hold open the walls of the vagina.

Sterilization: A permanent method of birth control.

Uterus: A muscular organ in the female pelvis. During pregnancy this organ holds and nourishes the fetus.

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