What is a Hysteroscopy?

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Hysteroscopy is a form of minimally invasive surgery. The surgeon inserts a tiny telescope (hysteroscope) through the cervix into the uterus. The hysteroscope allows the surgeon to visualize the inside of the uterine cavity on a video monitor. The uterine cavity is then inspected for any abnormality. The surgeon examines the shape of the uterus, the lining of the uterus and looks for any evidence of intrauterine pathology (fibroids or polyps). The surgeon also attempts to visualize the openings to the fallopian tubes (tubal ostia).

How is hysteroscopy performed?
After a general anesthesia is given (this procedure may also be performed in the office with local anesthesia but is usually limited to diagnosis only) the hysteroscope is inserted into the uterus using a salt solution (NACL) or a sugar solution (Sorbitol) to distend the uterus and obtain visualization of the uterine cavity. A local anesthetic block of the cervix is often performed first to provide some local anesthesia. After completing the inspection of the uterine cavity several different instruments may be inserted through the hysteroscope to help treat uterine fibroids, heavy menstrual bleeding and polyps.

What are the benefits of hysteroscopy?
The recovery time is very quick. Almost all the patients go home the same day following hysteroscopic surgery. There is no abdominal wound so the postoperative pain is minimal and there are no wound infections.

What procedures can a gynecologist perform with a hysteroscope?
Many gynecologists will use the hysteroscope to inspect the lining of the uterus and look for intrauterine pathology such as fibroids or polyps that may be causing irregular or heavy menstrual bleeding. Assessment of the cavity is also performed for women having difficulty becoming pregnant. Other conditions suitable for hysteroscopy include:

- Removal of endometrial or cervical polyps
- Removal of fibroids
- Biopsy of the endometrial lining
- Cannulation (opening) of the fallopian tubes
- Removal of intrauterine adhesions (scarring)
- Removal of a lost IUCD (intrauterine contraceptive device)
- Endometrial ablation- destruction of the uterine lining, a treatment for irregular or heavy menstrual bleeding

What are contraindications to hysteroscopy?
Systemic health problems, especially cardio-pulmonary problems that may be aggravated by general anesthesia may be a contraindication to hysteroscopy. An anesthesia consult is recommended if there is any uncertainty of the women’s surgical status. Often this procedure can be performed without a general anesthesia but rather a regional anesthetic (epidural/spinal) or a local anesthetic. The anesthesiologist will help you choose the safest method of anesthesia.

What is an endometrial ablation?
Endometrial ablation is an outpatient surgery that can reduce or stop heavy uterine bleeding. During ablation the endometrium (lining of uterus) is destroyed. The lining is destroyed with a mild electrical current or heat. This process prevents the lining from growing back. Endometrial ablation can be a viable alternative to hysterectomy in patients with heavy and irregular uterine bleeding.

Am I a candidate for an endometrial ablation?
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Women who have completed their childbearing and have irregular or heavy bleeding not caused by fibroids may be treated with an endometrial ablation. The gynecologist must first rule out any intrauterine pathology that may be contributing to this bleeding. Often an endometrial biopsy will be performed in the office to make sure there is no cancer present. A saline enhanced ultrasound (SIS) or contrast ultrasound may also be performed to assess the cavity and size of the uterus. A SIS is similar to a vaginal ultrasound but fluid is also injected into the uterus to allow visualization of the inside as well as the outside of the uterus. This type of ultrasound is similar to hysteroscopy but not as precise.

An ablation is not recommended if:

1. The uterine cavity is very large (greater than 12 centimeters)
2. Endometrial cancer or hyperplasia (precancer) is present
3. A submucosal polyp or fibroid is identified
4. Severe dysmenorrhea (menstrual cramps)

What can I expect after an endometrial ablation?
After an ablation your bleeding should decrease. For some women it may stop altogether. Even if the bleeding does not stop completely, the flow is likely to be much lighter. Rarely there is no improvement in bleeding following an ablation. Regular pap tests and pelvic exams are still required yearly, even if you are no longer menstruating.

Can I have other surgery performed at the time of my hysteroscopy?
Yes. Often a laparoscopy is performed at the same time as hysteroscopy especially in women who are undergoing an infertility investigation. Women may also elect to have another elective surgery performed in combination with their gynecologic procedure. Surgeries that have been performed concurrently include bladder suspension surgery (TVT) and liposuction.

Can fibroids or polyps be removed hysteroscopically?
Yes. If the fibroid or the polyp is located within the uterine cavity it can be often removed with the assistance of the hysteroscope. If the fibroid is very large it may require two surgeries to completely remove it safely.

What is the normal recovery time following hysteroscopy?
Recovery tends to be very quick as there are no incisions. Most patients will require some pain medication in the immediate post operative period but often an anti-inflammatory will suffice. A prescription for a narcotic will also be provided prior to discharge. Sexual intercourse should be postponed as well as active sports for two weeks. It is preferable not to put anything into the vagina for at least 2 weeks including tampons. Most women can return to work within two weeks.

What should I expect immediately following the hysteroscopic surgery?

1. Abdominal pain or uterine cramping
2. Vaginal bleeding
3. Nausea or lightheadedness
4. Scratchy throat if a breathing tube was used during the general anesthesia

When should you contact the physician after hysteroscopy?
You should not hesitate to call the doctor if you develop any of the following symptoms:

1. Heavy vaginal bleeding (greater than one sanitary napkin per hour)
2. Fever
3. Inability to urinate
4. Severe or increasing abdominal pain
5. Vomiting
6. Shortness of breath

What are the risks of hysteroscopic surgery?
Bleeding or infection may occur following any surgery. Occasionally the surgeon may not be able to complete procedure safely because of excessive bleeding, fluid absorption or size of the fibroid. Complications specific to hysteroscopy include perforation of the uterus and disproportionate fluid retention. Fluid is used to distend the uterine cavity during hysteroscopy. Occasionally this fluid may
be absorbed into the general circulation (lungs and brain). If there is the excessive absorption of fluid, the procedure must be terminated. Emboli as well as death are RARE but potential complications of any surgery.

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