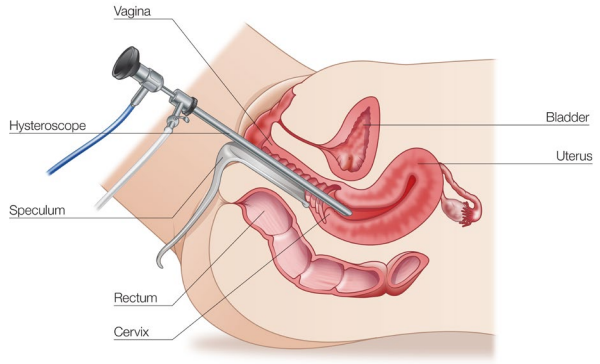
Hysteroscopy

A hysteroscopy is a minor procedure used to examine the inside of the uterus (womb). It is carried out using a narrow telescope, called a hysteroscope, which is inserted via the vagina, through the cervix into the uterus.

The hysteroscope is connected to a light and camera, which sends images to a monitor so that your gynaecologist can look directly inside your uterus.

Using the hysteroscope, your doctor(s) can:

- Inspect the uterine cavity for the lining of the uterus.
- Take photographs to document what they see.
- Take a small sample of your uterine tissue (biopsy) (if needed), and/or
- Carry out certain procedures (if needed).



Why might I need a hysteroscopy?

To look for or diagnose a condition

A hysteroscopy can be used to investigate symptoms such as abnormal or heavy menstrual bleeding, postmenopausal bleeding, absent periods, miscarriage or recurrent miscarriage, and infertility. It can also be used to find intrauterine devices.

Problems that can be diagnosed with hysteroscopy include those due to abnormalities of the lining of the uterus (e.g. abnormal thickening of the lining of the uterus or endometrial cancer), abnormalities of the cavity of the uterus (e.g. abnormalities in the shape of your uterus or Asherman Syndrome (scarring inside the uterus)), and growths inside the uterus (e.g. polyps and fibroids).

If your doctor(s) think it is necessary, a sample of uterine tissue (biopsy) can be taken. If a biopsy is taken, the tissue will be sent to a laboratory to be examined. This tissue can be important for making a diagnosis and guiding further treatment.

To perform a treatment or procedure

A hysteroscopy can also be used when doing some surgical treatments, such as ablation (burning) of the lining of the uterus, and removal of fibroids, adhesions and polyps.

If there is a need to remove a polyp or fibroid, an appropriate instrument can be inserted through the side of the hysteroscope or directly into the uterus for this purpose. If a fibroid or polyp is removed, the tissue will be sent to a laboratory to be examined.

A hysteroscopy can be useful because it may allow for both diagnosis and treatment to be performed in a single procedure.

It is important you have a clear understanding of why you are having this procedure, and what your doctor(s) thinks it may involve. If you are unsure or have any questions, ask your healthcare team.

What are the potential risks of a hysteroscopy?

A hysteroscopy is generally safe, but like any procedure, there is a small risk of complications. This risk is higher if the hysteroscopy is used to carry out a surgical treatment (e.g. removing a polyp or fibroid), than if it is used to make an examination (i.e. diagnostic). Your doctor(s) will discuss the benefits and risks and how they apply to you.

Potential complications that may occur with hysteroscopy include:

- Accidental damage to the uterus, where a perforation (hole) is made in the uterine wall. This is not common but may require treatment with antibiotics in hospital. In rare cases, there is a risk that organs or structures around the uterus may be damaged (e.g. the bowel). If this is suspected, another operation such as laparoscopy (keyhole surgery) or laparotomy (open surgery) may be required to rule out that damage, or repair the uterus or organs involved.
- Accidental damage to the cervix. This is rare and is usually easily repaired.
- Infection, which may cause a vaginal discharge, fever and heavy bleeding. Infection is usually treated with a short course of antibiotics from your healthcare team.
- Excessive bleeding during or after surgery which may be treated with medication or another procedure.

Are there alternatives to a hysteroscopy?

Alternatives to hysteroscopy will depend on your personal circumstances (i.e. why a hysteroscopy has been recommended for you). Sometimes a hysteroscopy may be the only, or best, way to diagnose or treat a condition. Your doctor(s) will discuss what options are available to you, taking into account your individual circumstances and preferences.

In some cases, an ultrasound scan may be performed to look at the uterus. However, it does not provide as detailed of an examination of the lining of the uterus as a hysteroscopy.

A small sample of the lining can also be taken with a thin plastic tube called a pipelle. This can be done in an outpatient setting; but is not appropriate for all women or conditions, as it cannot visualise the shape and texture of the lining and may miss some abnormalities such as polyps.

How is a hysteroscopy performed?

A hysteroscopy is a simple procedure which is usually carried out as a day case procedure, meaning that you need not stay in hospital overnight. A patient is placed in the lithotomy position, which means you are lying on your back with your legs bent up and supported in stirrups. This allows the doctor(s) to access the vagina and cervix, to perform the hysteroscopy. It is usually a quick procedure, that can take between 10 to 30 minutes and does not involve any cuts on the abdomen.

A hysteroscopy may be performed as an outpatient procedure or carried out under general anaesthetic, which means you will be asleep throughout the procedure and will not feel anything. Depending on the available facilities at your health service and the reason for the procedure, it may be possible to be performed in an outpatient setting without general anaesthetic.

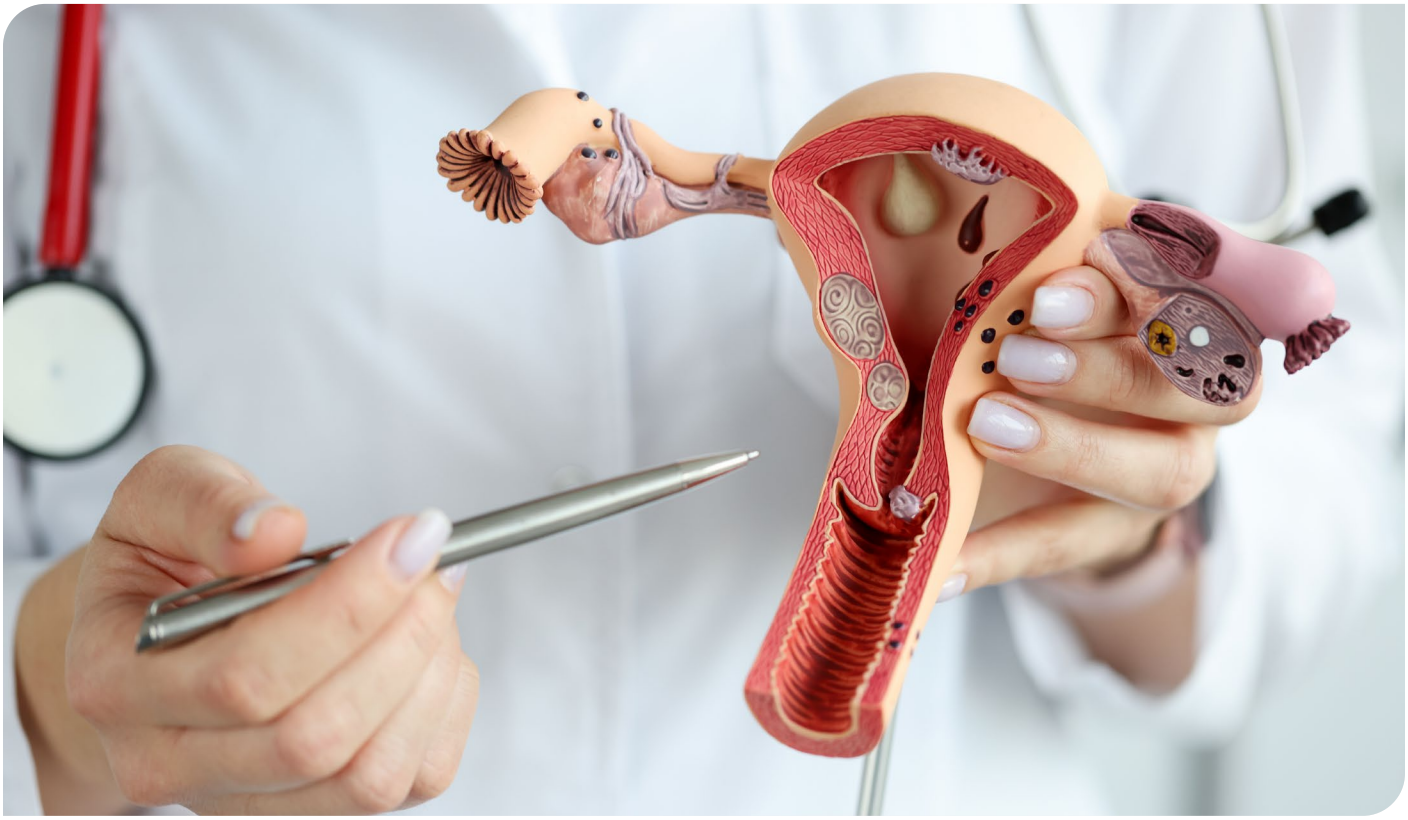
If performed as an outpatient procedure, many women tolerate the discomfort and prefer it to a general anaesthetic. Local anaesthetic may be used to numb your cervix during the procedure.

Your doctor(s) will talk with you about the hysteroscopy options available and which one is suitable for you.

Preparing for surgery checklist

If you and your gynaecology doctor(s) think a hysteroscopy is likely to benefit you, the process may involve:

- You doctor(s) gaining your informed consent to have the procedure performed.
- Carrying out/attending any tests in preparation for the surgery (e.g. blood tests and radiology/imaging tests), if required.
- A discussion with your doctor(s) about your pre-surgery health, including any medications you take (including herbal or vitamin supplements), or whether you smoke or vape. More information on smoking cessation can be found on: *https://www.quit.org.au* or *https://quit.org.nz/*
- Ahead of your procedure, your doctor(s) may also discuss using contraception, as a hysteroscopy cannot be performed if you're pregnant. You may also be asked to do a pregnancy test at the hospital on the day of the procedure.
- Making the necessary arrangements for your surgery with the hospital or day procedure unit. Ensure you have discussed any pre-surgery requirements (e.g. fasting, medicines, etc.).
- Planning for your recovery. Ensure you have discussed with your doctor(s) what your recovery may look like, including if you will be recommended to take leave from work, arrange for help with caregiving responsibilities, or avoid certain activities.



After a hysteroscopy

If you have a hysteroscopy under a general anaesthetic, you are usually able to go home 2 to 4 hours after the procedure, although some women may need to stay longer. Your healthcare team will ask you to arrange for an adult to take you home afterwards and stay with you for 24 hours.

If you are having a hysteroscopy without a general anaesthetic, you will likely have a short stay in the department and be able to go home when you are feeling well. Your healthcare team will speak with you about if it's recommended that a relative or friend drive you home.

After your hysteroscopy you may experience:

- Pain or cramping that is similar to period pain – this should settle down in a few days and taking regular paracetamol or ibuprofen will help relieve the pain.
- Vaginal spotting or bleeding – this can last up to a week. This bleeding might be heavier than a normal period and can stop and start – these variations are normal. Use sanitary pads rather than tampons until your next period to reduce the risk of infection.

If you find that the pain is hard to control, or your bleeding is ongoing or increasing, it is important to contact your GP or gynaecology doctor(s) or attend the Emergency Department of your local hospital if it is outside of working hours.

Recovering at home

Your healthcare team will explain what to expect after your hysteroscopy, including any instructions on what you should or shouldn't do. This may include:

- After a hysteroscopy you can usually eat and drink as normal.
- You may have a shower as normal but avoid baths, spas and swimming as there is a small risk of infection.
- You should not have vaginal sex for at least seven days after the procedure to help prevent an infection in the uterus or vagina.
- You can use tampons or a menstrual cup during your next period.

When can I return to work?

This will depend on the type of procedure and anaesthetic you had, and your occupation. Every patient reacts differently to the anaesthetic and there is no definite rule as to when you can return to work. Most women feel that they can return to normal activities, including work, the day after having a hysteroscopy.

You may wish to have a few days off to rest, particularly if you had treatment such as fibroid removal or endometrial ablation.

Are there any follow-up appointments?

Before you go home, your doctor(s) will talk to you about what they saw during the procedure, whether you should expect any results, and if you need any follow-up care. You will then either be contacted with an appointment or informed how to make an appointment. It is important that you understand this clearly before you go home after your procedure.

When to get medical advice

It is important to contact your GP, gynaecology doctor(s), or the hospital if you notice any of the following:

- Persistent bleeding from the vagina that becomes heavier than a normal period and is bright red.
- Severe pain in the lower part of your abdomen.
- A high temperature (38˚C or above).
- An unusual or offensive smelling vaginal discharge.
- Increasing nausea and vomiting.
- Pain or burning on passing urine or the need to pass urine frequently (this may indicate a urinary tract infection).

Informed consent

If you are undergoing any kind of healthcare treatment, procedure, or other intervention, you have the right to make an informed choice about your care. Informed consent is your permission, given voluntarily, to proceed with treatment.

It is your doctor's responsibility to ensure informed consent is properly obtained, meaning:

- You have had the opportunity to discuss all management options with your doctor(s)/team.
- You have had the opportunity to review written information.
- You have understood what is involved with the treatment/procedure, in advance of it.
- You have had the opportunity to see your doctor(s)/team more than once or been given the option and time to consult another doctor, if you require another opinion.

When preparing for any kind of healthcare treatment, procedure, or other intervention, it is important that you discuss all details about your care.

Questions you can ask may include:

- Specific cultural or personal considerations that are important to you, so that these can be included in your care where possible.
- Reasons for your doctor recommending a particular treatment/procedure and alternative options.
- What you can expect on the day of a treatment/procedure, including who will be involved, how you will be positioned, and equipment/instruments that will be used.
- What to expect after a treatment/procedure, including anticipated time in hospital and expectations for your recovery.
- Expected immediate and long-term outcomes and risks.
- Whether there are permanent or irreversible consequences of the procedure.

Useful resources

ANZCA | Patient information (Anaesthetic information)
https://www.anzca.edu.au/patient-information

Language

RANZCOG currently uses the term 'woman' in its documents to include all individuals needing obstetric and gynaecological healthcare, regardless of their gender identity. The College is firmly committed to inclusion of all individuals needing O&G care, as well as all its members providing care, regardless of their gender identity.

Notes

DISCLAIMER: This document is intended to be used as a guide of general nature, having regard to general circumstances. The information presented should not be relied on as a substitute for medical advice, independent judgement or proper assessment by a doctor, with consideration of the particular circumstances of each case and individual needs. This document reflects information available at the time of its preparation, but its currency should be determined having regard to other available information. RANZCOG disclaims all liability to users of the information provided.

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For more information on RANZCOG guidelines, patient resources, and clinical resources, scan the QR code.

ranzcog.edu.au/resource-hub