

Hysteroscopy Patient Information

What will be done?

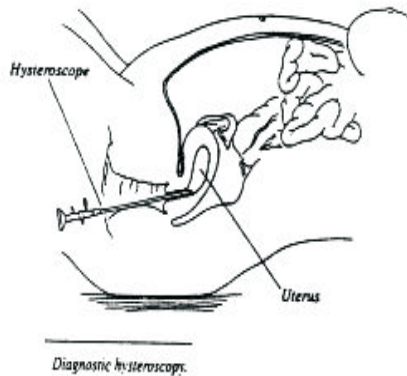
This procedure will permit visualisation of the internal aspect of the womb (uterus) and may be combined with specific treatment, such as the removal of endometrial polyps or fibroids or the insertion of an intrauterine device, such as *Mirena*. It is often combined with a curettage, which samples the lining of the uterus.

Why is this done?

Common reasons include the assessment of heavy periods, abnormal vaginal bleeding, postmenopausal bleeding, fibroids, polyps or as part of the assessment of fertility. You should have a clear understanding of your reason for this surgery.

How is this done?

The procedure is normally performed under a general anaesthetic. A drip is inserted into your arm. An examination is made under anaesthesia. The cervix (entrance to the womb) is dilated and a telescope is passed to visualise the internal aspect of the uterus. A sample of the lining may be obtained or specific therapy undertaken. This procedure does not involve any abdominal incisions. The procedure itself takes approximately ten minutes or more, but you can expect to be in theatre and recovery for a number of hours.



What should I do before the procedure?

Any investigations or consultations arranged at the preoperative consultation should have been completed. You should continue your regular medications, unless advised otherwise. Stop smoking. Should you develop an illness prior to your surgery, please contact our office immediately.

What should I do on the day of the procedure?

Unless otherwise specified, you should stop eating and drinking at the following times on the day of the surgery:

1. at midnight for a morning procedure; or,
2. at 6 am for an afternoon procedure.

You should continue all your usual medications, unless otherwise specified.

You should bring:

- toothbrush / paste / toiletries
- underwear
- sanitary pads
- all usual medications
- all X Rays

What should I expect after the procedure?

When you wake from the anaesthetic, you will be in the recovery room. Depending on the procedure, you should be able to leave that day. You should expect some pelvic discomfort. You will be given specific discharge medication if required, but you may use panadol or panadeine as required (one to two tablets every four hours up to a maximum of eight tablets per day).

After discharge from hospital, you should:

- eat and drink normally
- remain mobile
- use sanitary pads (not tampons) if required
- shower normally

You should not:

- have intercourse for 2 weeks
- undertake any unsupervised activity on the day of the procedure

You should be able to return to work the following day, but may require more time off work, depending on the procedure performed.

What are the complications of this procedure?

Every surgical procedure has associated risks. Complications include, but are not limited to:

1. the anaesthetic
2. the surgery

perforation of the uterus with consequent injuries to internal organs or blood vessels, requiring further surgery, blood transfusion or longer admission;

3. the recovery period

infections of the bladder, wound (internal and external), abdomen or lungs; blood clots that may form in the leg or pelvis and travel to the lung; unpredictable wound healing; variable postoperative pain and recovery; nausea, vomiting or pain necessitating overnight admission

Any specific risks and complications will be discussed prior to the procedure

What if I have any problems?

You should notify the following problems:

- fever or feeling unwell
- offensive vaginal discharge or heavy bleeding
- intractable nausea or vomiting
- inability to empty your bladder or bowels
- severe pain

Please contact the office on (07) 333 21 999 or attend the Mater Emergency Department if you require urgent attention.