

# *Community Reproductive Endocrinology*

## Hysteroscopy

### **When is a hysteroscopy recommended?**

A hysteroscopy is often recommended for patients who have difficulties with infertility, menstrual abnormalities, and/or recurrent pregnancy loss.

It may assist in diagnosing and/or treating polyps, uterine fibroids, scarring, and uterine structural abnormalities. During this procedure a dilation and curettage may also be performed.

### **What is a hysteroscopy?**

A diagnostic hysteroscopy may be performed either in the physician's office or at an outpatient surgery center. It may or may not require general anesthesia. Once the patient is comfortable, the physician dilates the cervix so that the hysteroscope may be inserted into the uterine cavity. Fluids such as lactated ringers or saline are then instilled to expand the uterus to aid the physician in visualization.

If an abnormality is found that may be addressed immediately, the physician may decide to do an operative hysteroscope. If this occurs, the physician may utilize small instruments along with the hysteroscope.

After the procedure, the physician may decide to leave a small catheter in the uterus. Dissolvable suture may or may not be needed if there is cervical bleeding. You will be provided with a sanitary pad in the event you experience spotting or vaginal discharge.

### **What are the risks of hysteroscopy?**

As with all general surgeries, there are risks associated with anesthesia. The physician and anesthesiologist can explain these in more detail. These risks, as well as allergic reactions, are rare. Complications, although unlikely, may include infection and uterine perforation.

### **What can I expect after my hysteroscopy?**

After the procedure, some cramping, spotting, or vaginal discharge may occur. If done under general anesthesia, you may be asked to limit your activity for 3-7 days. The physician will provide you with more detailed post-operative instruction.