

Hysteroscopy

Hysteroscopy is a useful procedure to evaluate women with infertility, recurrent miscarriage, or abnormal uterine bleeding. Diagnostic hysteroscopy is used to examine the uterine cavity (Figure 3), and is helpful in diagnosing abnormal uterine conditions such as fibroids protruding into the uterine cavity, scarring, polyps, and congenital

Figure 3

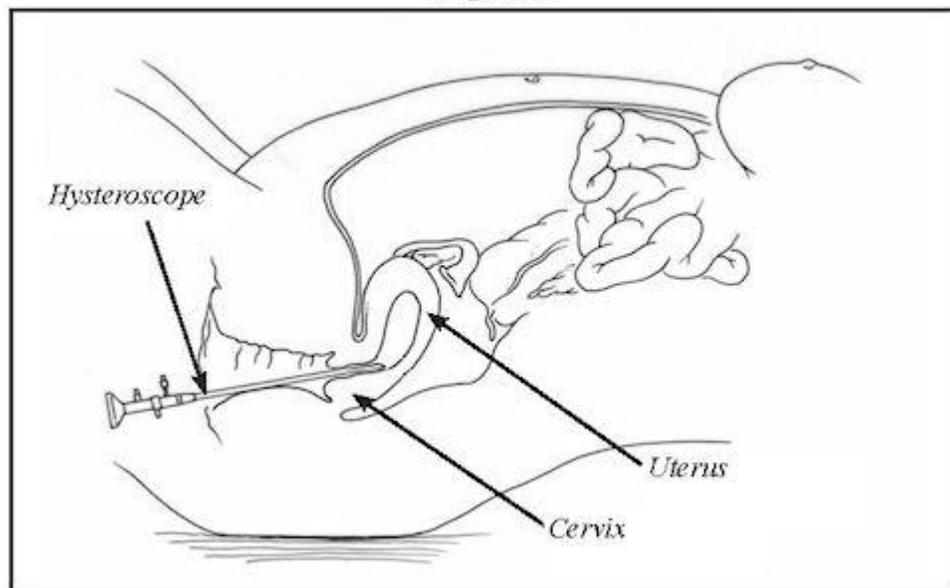


Figure 3. Diagnostic hysteroscopy

malformations.

The first step of diagnostic hysteroscopy usually involves slightly stretching the canal of the cervix with a series of dilators to temporarily increase the size of the opening. Once the cervix is dilated, the hysteroscope (a long, thin, lighted, telescope-like instrument) is inserted through the cervix and into the uterus. Skin incisions are NOT required for hysteroscopy. Saline fluid is then injected into the uterus through the hysteroscope. This fluid expands the uterine cavity and enables the physician to directly view the internal structure of the uterus. Diagnostic hysteroscopy is an outpatient procedure that is performed in the operating room.

OPERATIVE HYSTEROSCOPY

Operative hysteroscopy can treat many of the abnormalities found during diagnostic hysteroscopy. Operative hysteroscopy is similar to diagnostic hysteroscopy except that narrow instruments are placed into the uterine cavity through a channel in the operative hysteroscope. Fibroids, scar tissue, and polyps can be removed from inside the uterus.

Risks of Hysteroscopy

Complications of hysteroscopy occur in about two out of every 100 procedures. Perforation of the uterus (a small hole in the uterus) is the most common complication. Although perforations usually close spontaneously, they may cause bleeding or result in damage to nearby organs, which may require further surgery. Uterine cavity adhesions or infections may develop after hysteroscopy. Serious complications related to the fluids used to distend the uterus include fluid in the lungs, blood clotting problems, fluid overload, electrolyte imbalance, and severe allergic reactions. Severe or life-threatening complications, however, are very uncommon. Some of the complications above may prevent completion of the surgery.

Postoperative Care

Following hysteroscopy, some vaginal discharge or bleeding and cramping may be experienced for several days. Most physical activities can usually be resumed within one or two days. You should ask your physician when to resume sexual intercourse.

When should I worry?

Significant pelvic pain not relieved by pain meds, intractable nausea and vomiting, a temperature of 101° F or higher or completely soaking a pad with bright red blood in 30 min to an hour are potential serious complications requiring immediate medical attention. If you are experiencing any of these symptoms please go to the Spohn South ER immediately.