



Diagnostic Hysteroscopy with or without D&C

Diagnostic hysteroscopy is used to examine the inside of the uterus. This procedure can assist your doctor in the diagnosis of abnormal uterine conditions such as internal fibroid tumors, scarring, polyps, and congenital malformations. Therefore, hysteroscopy is an important tool in the study of infertility or abnormal uterine bleeding.

The first step of hysteroscopy involves opening the canal of the cervix with a series of dilators. Once the dilation is complete, the hysteroscope, a narrow lighted instrument similar to the laparoscope, is passed through the cervix into the lower end of the uterus. A clear solution is then injected into the uterus through the hysteroscope. This solution expands the uterine cavity, clears the blood and mucus away, and enables your surgeon to directly view the internal structure of the uterus. Diagnostic hysteroscopy is usually done on an outpatient basis with either general or local anesthesia and takes about thirty minutes to perform. Curettage or scraping of the inside of the uterine cavity may be performed after hysteroscopy; this allows a better diagnosis on the tissue.

Operative Hysteroscopy:

The technique of hysteroscopy has also been expanded to include operative hysteroscopy. Operative hysteroscopy can treat many of the abnormalities found during diagnostic hysteroscopy at the same time as the diagnosis. This procedure is very similar to the diagnostic hysteroscopy except that operating instruments such as scissors, biopsy forceps, electrocautery instruments, and graspers can be placed into the uterine cavity through a channel. Fibroid tumors, scar tissue and polyps can be removed from inside the uterus. Congenital abnormalities, such as a uterine septum, may also be corrected.

Post Operative Care:

You can expect cramping, similar to menstrual period cramping, and possibly some vaginal bleeding for several days. Most likely, you'll resume your regular activities within one or two days after surgery. You should avoid sexual intercourse for a few days or as long as the bleeding persists.

Notify your physician if you experience the following:

- Increasing pelvic or abdominal pain
- Fevers or chills (fever higher than 100.4 degrees)
- Vaginal discharge with a bad odor
- Excessive bleeding (soaking through one pad per hour)

Risks of Hysteroscopic Procedures:

Complications rarely occur during hysteroscopy. In a few cases, infection of the uterus or fallopian tubes can result. Occasionally a hole may be made through the back of the uterus. However, this is usually not a serious problem because the perforation spontaneously closes. Rarely an abnormal incision is required to repair the uterine perforation or to repair bowel injury. Other possible complications include allergic reactions, bleeding, and fluid overload. Most healthy women of reproductive age can have hysteroscopy and or laparoscopy with no complications. A careful medical history and physical examination should be performed prior to any surgical procedure.