

hysteroscopy can take from two to five minutes to more than one hour.

However, diagnostic hysteroscopy generally takes less time than operative hysteroscopy. In certain instances, a surgeon may decide to use the hysteroscope with another surgical instrument called a laparoscope.

A surgical procedure that involves the use of the laparoscope is called laparoscopy. Like the hysteroscope, the laparoscope is a long, rigid tube that is attached to a tiny video camera and a light. Unlike a hysteroscope, which is inserted vaginally through the cervix, the laparoscope is inserted through a tiny incision in the patient's navel.

By using the laparoscope, the surgeon is able to get a view of more than just the uterus because a laparoscope provides a view of the uterus, ovaries, and fallopian tubes on a video monitor in the operating room. Performing a laparoscopy in conjunction with a hysteroscopy enables the surgeon to treat a variety of medical conditions that affect a woman's reproductive health, such as endometriosis, adhesions, or fibroid tumors. These conditions can be treated by inserting special surgical instruments through the laparoscope or other small incisions in the abdomen. Although laparoscopy does require the surgeon to make incisions, they are very small. Therefore, scars left from the procedure are barely noticeable upon healing.

Since the surgeon cannot see the uterus in detail until the hysteroscope is inserted, the decision to perform a laparoscopy in conjunction with a hysteroscopy cannot always be made until a hysteroscopy is in progress.

Hospitalization

In most cases, hysteroscopy is done on an outpatient basis in a hospital's ambulatory surgery unit, in a surgical center recommended by the patient's doctor, or in the gynecologist's office. In

a small number of cases, the patient may be hospitalized overnight.

If a biopsy is performed during hysteroscopy, the results of the pathological examination are evaluated and at that time, the gynecologist will discuss the results and treatment options with the patient.

Recovery

Patients commonly experience mild cramping and some bloody discharge for a day or two following hysteroscopy.

The gynecologist may prescribe mild analgesics (pain relievers) to alleviate any discomfort the patient may experience. Most patients can resume normal activities at work or at home on the day after the procedure. To minimize the risk of inflammation or infection, the use of douches and tampons should be avoided for one or two days. Patients who have undergone diagnostic hysteroscopy will be advised to avoid sexual intercourse for one or two days. Patients who have undergone operative hysteroscopy will be advised to avoid sexual intercourse for one to three weeks, depending upon the type of procedure that has been performed.

Although complications are uncommon after hysteroscopy, the patient should contact her doctor immediately if she experiences excessive bleeding or notices signs of infection such as severe cramps, fever, or chills. When it is not performed in conjunction with laparoscopy, hysteroscopy is a surgical procedure that the gynecologist can perform without making a surgical incision. Whichever procedure your gynecologist recommends (diagnostic or operative hysteroscopy), you can be assured that these are not considered to be dangerous or risky operations in otherwise healthy individuals.

Information contained in this booklet is meant for informational purposes only and should not substitute the visit to your doctor nor his/her advice for your health care.

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WHAT IS HYSTEROSCOPY?



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HYSTEROSCOPY

Hysteroscopy is a surgical procedure in which a gynecologist uses a small lighted telescopic instrument called a hysteroscope to diagnose and treat many uterine disorders, including abnormal bleeding. Using fiberoptic technology, the hysteroscope transmits an image of the uterine canal and cavity to a television monitor, allowing the gynecologist to properly guide the instrument into the endometrial cavity (*the area of the uterus that is lined with an inner mucous membrane known as the endometrium*).

There are two types of hysteroscopy.

1. Diagnostic hysteroscopy is performed to examine the uterus for signs of normalcy or abnormality.
2. Operative hysteroscopy is performed to treat a disorder after it has been diagnosed. The operative method involves the insertion of small instruments through a sheath covering the hysteroscope to enable the gynecologist to perform a variety of therapeutic procedures.

Diagnostic and operative hysteroscopy can be performed together or as separate procedures, depending on the patient and the nature of the patient's medical condition.

Unlike dilatation and curettage (*D&C*), the scraping and suction of tissue from the uterine lining, hysteroscopy enables the gynecologist to visually examine the uterus to identify the cause of an underlying disorder. For this reason, hysteroscopy may be recommended instead of a *D&C* as a treatment for abnormal bleeding or other uterine disorders, including the removal of small fibroids.

Because hysteroscopy leaves the uterus intact, in many cases it can offer a desirable alternative to hysterectomy (surgical removal of the uterus) as a treatment for abnormal bleeding. It is important to

remember that each individual is different, and the indications for and outcome of any operation depend upon the patient's condition. This brochure is not intended to take the place of the professional expertise of a qualified gynecologist who is familiar with your situation. After reading the booklet, you will probably have further questions. You should feel free to discuss them openly and honestly with your doctor.

The uterus, or womb, is a pear-shaped, muscular organ that lies behind the urinary bladder, in front of the rectum, and above the vagina. It is connected to the vagina through the cervix, or neck, and it connects with the abdominal cavity through the fallopian tubes.

The uterus serves three main functions: to prepare for the reception of a fertilized egg, to nurture and support an embryo during its development, and to expel a baby when it has matured and is ready to be born. The lining of the uterus is composed of a mucous membrane that is called the endometrium. It is the endometrium that anchors a fertilized egg while it matures and forms a fetus; if there is no pregnancy, this lining breaks up and is shed as menstrual fluid approximately two weeks after ovulation.

At the lower end of the uterus and extending into the vagina is the cervix. The area inside the cervix is the endocervical canal.

Why is Hysteroscopy Performed?

Hysteroscopy is most commonly performed to diagnose and treat abnormal uterine bleeding or abnormally heavy periods. Although these disorders may be caused by a hormonal imbalance, they can also be caused by benign growths such as fibroid tumors or polyps.

In some cases, abnormal bleeding may be a sign of endometrial cancer, particularly in women over the age of 45. Although hysteroscopy is not used to treat endometrial cancer, it can be used to obtain tissue

samples for biopsy when a malignancy is suspected.

Other types of conditions that can be diagnosed or treated with hysteroscopy include infertility, caused by blockages or adhesions (bands of scar tissue) near the openings of the fallopian tubes or other disorders; abnormally painful periods; post-menopausal bleeding; irregular or unusually light periods; uterine anomalies, including septum (abnormal partition or band of tissue in the uterus); recurrent miscarriage; pelvic pain; removal of intrauterine devices (IUDs); and the removal of small fibroids or polyps.

About the Procedure

Depending on the patient's medical history and the nature of the patient's disorder, she may be given either local, major block, or general anesthesia for hysteroscopy. The gynecologist and/or the anesthesiologist advises the patient on which type of anesthesia will be best for her particular condition.

There are no surgical incisions made in performing hysteroscopy. After gradual dilation of the cervix, the hysteroscope—a long, very thin rod with a video camera and light attached to it—is placed through the opening of the cervix and guided through the endocervical canal into the uterus. A diagnostic hysteroscope is approximately three to four millimeters in diameter; an operative hysteroscope is wider, approximately eight to 10 millimeters in diameter, to accommodate the appropriate surgical instruments, such as a small scissors, wire loop, or laser.

At the same time, carbon dioxide gas or a fluid such as sorbitol, saline, or glycine, may be pumped into the uterus to slightly distend (enlarge) it. This process enables the gynecologist to see inside the uterus. Depending upon the type of procedure being performed,