



Hysteroscopy

What you need to know



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HYSTEROSCOPY AND DILATATION & CURETTAGE OF THE UTERUS

Introduction

I have recommended that you have a hysteroscopy and dilatation & curettage of the uterus. This is a procedure where a small telescope is inserted through your cervix (neck of the womb), to allow me to visualise your uterine cavity. This is done without any incisions and causes little discomfort. It is one of the most commonly performed gynaecological operations and the procedure can provide very important information about the inside of your uterus that cannot be obtained by other means.

A hysteroscopy D&C is NOT the same as a Pap smear. A hysteroscopy D&C is used to assess the internal lining of your uterine cavity (womb), where as a Pap smear provides information about the cervix (neck of womb).

Hysteroscopy and D&C is now replacing D&C alone as the procedure to check out the internal lining of your uterus. This is because a hysteroscopy is more accurate than a D&C alone to assess the lining of you uterus.

Common reasons for having a hysteroscopy D&C

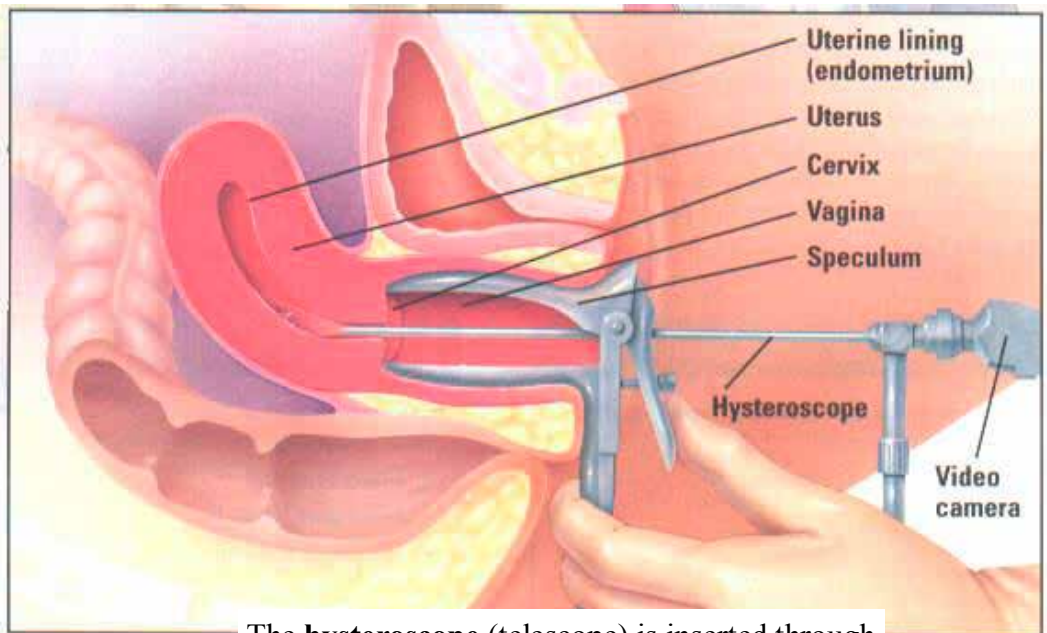
1. *Abnormal uterine bleeding.* A hysteroscopy D&C is absolutely necessary if abnormal bleeding occurs in a woman over the age of 40, as this is a time when most serious conditions can occur. The causes of abnormal uterine bleeding that I will be able to assess with a hysteroscopy D&C include:

- Abnormal growth of the lining of the womb caused by hormonal imbalance (**Dysfunctional Uterine Bleeding**). This is the most common cause of abnormal bleeding, particularly in an adolescent girl and also in a woman in her 40s.
- Fibroids: These are benign tumors of the muscle of the womb and are very common in women over the age of 40, i.e., about 25% of women over the age of 40 have fibroids of one type or another. Fibroids are almost always benign, but do cause troublesome symptoms.
- Polyps: These are growths of the lining of the womb, which project into the uterine cavity and cause irregular bleeding. Again, the majority of times, these are benign and often I can remove them during the hysteroscopy with some special instruments.
- Thickening of the lining of the womb (hyperplasia). This is most often caused by a hormonal imbalance and causes over growth of the lining. This most commonly occurs in women who are obese and in those women who tend to have irregular periods. Quite often, hyperplasia is a pre-cancerous change i.e., it is precursor to cancer of the womb, especially if it is left too long.
- Cancer of the lining of the womb: (Endometrial Cancer). This is the **most serious** cause of abnormal uterine bleeding and why I have recommended having a hysteroscopy and D&C to be performed. Again, remember that cancer of the womb **is not as common** as the other causes of abnormal uterine bleeding, however, it is the most serious cause and therefore needs to be excluded. If this has been diagnosed then often a hysterectomy is the next step.

2. **Severe dysmenorrhoea.** Often severe dysmenorrhoea (severe period pain), can be associated with fibroids or polyps.
3. **Investigation of infertility.** One of the causes of infertility (unable to conceive) is because there is an abnormality inside your womb, i.e., fibroids or a uterine septum.
4. **Recurrent miscarriages.** Again, one of the reasons for having recurrent miscarriages is because there is some abnormality in lining of the uterus. A hysteroscopy will allow me to visualise this.
5. **Removal of an IUCD.** Occasionally your IUCD cannot be removed in the rooms because it has been embedded into the wall of the uterus and under these circumstances the best way to remove it is to visualise it first, inside the womb and then to remove it.

The indications for hysteroscopy are:

- abnormal uterine bleeding
- severe period pain
- infertility
- recurrent miscarriages
- remove an IUCD



The **hysteroscope** (telescope) is inserted through the cervix to visualize the lining of the womb

Procedure

The procedure of a hysteroscopy/D&C is most often done under light general anaesthesia or occasionally local anaesthesia if you have serious medical problems. This generally requires you to be in a hospital or at a Day Surgery Centre.

If your procedure is to be performed in the **morning**, you will be asked **not to eat or drink anything after midnight** the previous night. For procedures in the **afternoon**, you may have a light breakfast before 6 a.m. in the morning and have **nothing to eat or drink thereafter**. Please follow these instructions, otherwise your surgery maybe cancelled.

Once you are asleep I will perform a complete pelvic examination on you. This enables me to check all your pelvic organs.

Next, your vagina is cleansed and swabbed with an antiseptic solution. A speculum (device to hold the vagina open, and what is used when performing a Pap smear), is inserted into the vagina. I will then proceed to insert the telescope into your womb, through the cervix (neck of womb). At the same time some fluid will also be injected into your womb to distend the cavity, and this helps me to visualise your womb much better. I will then systematically examine the whole of your uterine cavity from one opening where the fallopian tube inserts to the other side, where the other tube inserts. If there are any abnormalities, I will target a biopsy (take a piece of tissue) from the abnormal area and send this away to pathology.

If your womb appears normal on hysteroscopy, I will then perform a Dilatation and Curettage (D&C) of your uterus. This is where an instrument is inserted into the womb and a scraping is made of the lining of your womb. This is then sent to a pathologist who can look with a microscope at your lining and tell me if there are any major problems with it. If there are any polyps, I may be able to removed them at the same time.

Recovery and Follow-Up Care

You may get some dull cramping pains in your lower abdomen. You can take some medications for this which include either using Naprogesic, Nurofen, Panadeine or Panadol.

Once you have recovered from the anaesthesia, you can go home. You must have a responsible adult to take you home and **you must not drive yourself**. Once you are at home, you should rest for the remainder of the day and do not undertake any activities. You can expect some light bleeding for the next several days but this should not be more than your normal periods.

You will probably be able to return to work within 2 – 3 days, but it is important to avoid strenuous exercise/activities for about one week.

To prevent possible infections you should not use any tampons, engage in sexual activity or take any baths for about one week. You may take showers.

I will need to discuss the results of the hysteroscopy and D&C with you. You should ring my rooms on 46285292 as soon as possible and make an appointment to see me in 2 weeks. I will then discuss the findings with you and also discuss with you further plans of management.

Complications of the Procedure

A hysteroscopy and D&C is a very common procedure and complications are extremely rare. Unfortunately from time to time, however, complications do occur and you need to be aware of this. The potential complications associated with this procedure include:

1. Perforation (Making a whole inside the uterus): If this occurs you may receive further antibiotics and you may need to stay in hospital overnight.
2. Infection: This often manifests as a temperature and you will get fevers and rigors.
3. Excessive bleeding and pain:
4. Problems with anaesthesia.

Complications

- perforation
- infection
- excessive bleeding and pain
- anaesthesia problems

Important

If you get any of the following symptoms you must contact my rooms or your GP immediately.

1. Fever. Temperature of greater than 38 degrees centigrade. This can be a sign of infection.
2. Increasing abdominal and pelvic pain. Discomfort following a D&C is normal, but should not last for more than a day or two. Extreme pains especially if this getting worse rather than better, may be a sign of damage to your internal organs.
3. Excessive or prolonged bleeding: Persistent heavy bleeding or passage of large blood clots is also abnormal and you should report this to me as soon as possible.

Notify your doctor if the following occur

- fever $> 38^{\circ} \text{C}$
- severe and increasing tummy pains
- excessive bleeding

Summary

Be reassured that a hysteroscopy and D&C is one of the most commonly performed gynaecological operations and is **extremely safe**. It is an important tool in the evaluation of a number of gynaecological problems, especially related to abnormal and heavy bleeding. After having this procedure done, I will be able to diagnose what exactly is the cause of your abnormal bleeding and I will then be able to formulate a management plan with you about how to treat the problem.

If you have any further questions please do not hesitate to ask me.

