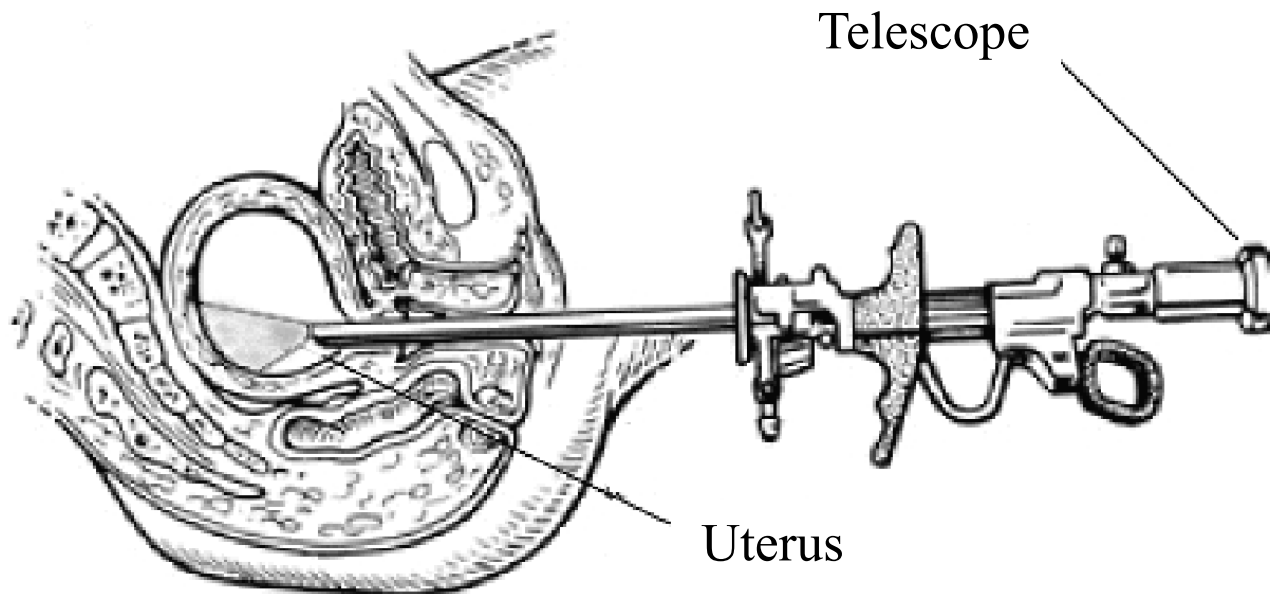


Hysteroscopy

A hysteroscopy is a diagnostic and therapeutic procedure that allows for an examination of the uterine cavity from the inside. It is carried out using a hysteroscope, a telescope-like instrument with a light at the end to illuminate the mucous membrane of the uterus and visualise any intrauterine abnormalities.



A hysteroscopy can be used to investigate the cause of many problems, including heavy periods, postmenopausal bleeding, recurrent early miscarriages, and infertility.

An operative hysteroscopy can be used to:

- Remove uterine polyps
- Remove smaller uterine fibroids extending into the uterine cavity
- Remove intrauterine adhesions
- Remove a uterine septum
- Remove coil fragments from the uterine cavity

Sometimes, it may be necessary to combine hysteroscopy with laparoscopy to make the procedure safer and more effective. The doctor will inform you about this before the surgery. The best time to perform a hysteroscopy is the first half of the menstrual cycle, right after menstruation. At this time, the lining of the uterus is thin, and possible changes in the uterine cavity become more visible.

Description of the procedure

The procedure is performed under general anaesthesia or spinal anaesthesia (spinal block). In the latter case, the patient is awake during the surgery but does not feel any pain. During the procedure, the cervix is dilated and a hysteroscope is introduced into the uterine cavity. For better visualisation and easier manipulation within the uterine cavity, the uterine walls are pushed apart using sterile solution. All the instruments needed to take a biopsy and/or perform the surgery are introduced into the uterus through the hysteroscope. The pieces of tissue removed during the procedure are sent for histopathologic evaluation, during which the cellular structure of the piece

of tissue is examined. The results will be sent to the doctor who referred you for hysteroscopy in 2 weeks.

Postoperative period

After the hysteroscopy, you will be taken back to the ward. You will stay in the hospital until your condition improves. Most patients can go home the day after the procedure; however, you may be able to go home the same day. For the first 24 hours after receiving anaesthesia, refrain from driving or other activities requiring a rapid response. The medications used to induce anaesthesia may impair your ability to react. It is normal to have some bleeding for 2-3 weeks after the procedure. If you develop heavy bleeding, foul-smelling vaginal discharge, fever, or abdominal pain, go to a women's clinic for a doctor's appointment during the day or to the hospital at another time. Avoid sexual intercourse until the spotting or bleeding has stopped.

Possible complications

Complications associated with hysteroscopy are usually rare (1:100). The most common complication is bleeding, which is caused by an injury to the uterine wall. If the injury involves only the close layers of the uterine cavity, the bleeding can be stopped inside the uterine cavity during hysteroscopy. An injury that penetrates the entire wall may require additional laparoscopic surgery to stop the bleeding. Injuries to nearby organs (intestines, bladder, blood vessels) occur very rarely. Such complications require opening of the abdominal cavity with a traditional midline incision to fix the injury. Hysteroscopy carries some risk of an infection of the uterus, which requires treatment with antibiotics. Complications due to fluid overload are very rare. These include pulmonary oedema, respiratory distress, and clotting disorders. Complications associated with anaesthesia usually include hypersensitivity to medications. Sometimes, vomiting during anaesthesia and subsequent aspiration of stomach contents and suffocation may occur due to failure to comply with fasting instructions.

To reduce the risk of complications, please inform your doctor before the procedure about:

- any known illnesses and medications you are taking regularly. On the day of surgery, take only the medications you were instructed to take by your doctor.
- your state of health on the day of surgery (e.g., viral infection);
- any known hypersensitivity to medications.

To avoid vomiting and prevent the acidic stomach contents from entering the lungs, you must not eat or drink for at least 6 hours prior to the procedure. You should also not smoke or chew gum.

I have read the information sheet and understand the procedure that is planned for me. I have received answers to my questions.

Patient's name		Signature	
Doctor's name		Signature	

Date:

The information sheet is filled out in two copies, one of which remains with the patient and the other with the medical record.