# Hysteroscopy

# What is a hysteroscopy?

Hysteroscopy (say *hiss-ter-os-ko-pee*) is a way to look inside the womb. The medical term for the womb is the uterus (say *you-ter-us*).

The surgeon puts a long thin device into the uterus through the vagina and cervix. The device is called a hysteroscope or scope. The scope is connected to a camera that sends pictures to a TV screen.

Depending on the reason for this procedure, it can take 5 to 30 minutes.

## Why is a hysteroscopy done?

This procedure can be done to check for or treat a problem in the uterus. Sometimes, the only way to confirm certain problems is to look right inside the uterus using the scope.

The procedure is done for these reasons:

- To find the reason for abnormal menstrual period or unusual vaginal bleeding.
- To look for and remove growths, such as fibroids or polyps.
- To find the reason for repeated miscarriages.
- To look for what might be stopping you from becoming pregnant.
- To remove scar tissue.
- To locate and remove a contraceptive device, like an intrauterine device or I.U.D.
- To take small samples of tissue, called a biopsy.

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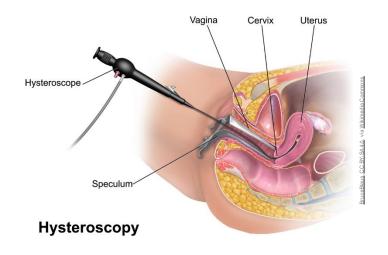
• To prevent any future pregnancies.

# How is a hysteroscopy done?

It can be done in a clinic, procedure room, or operating room.

We might give you some medicine to freeze the area or some medicine to sleep through the procedure. If you are awake for the procedure, we sometimes give you medicine to help you relax.

The surgeon puts a speculum into your vagina then guides the scope through the cervix and into the uterus. The surgeon adds some fluid to see the lining of the uterus.



#### Will it hurt?

You might feel some minor cramps, like period cramps. Some people don't feel anything while others find the procedure very painful.

If you find it very painful, even with medicine, we will stop the procedure. You can come back on a different day and have the procedure done while you are asleep.

# Care of yourself after the procedure

- Return to your usual diet as soon as you feel well enough.
- Return to everyday activities, unless the surgeon told you something different.
- Expect some mild cramping, fluid or mucus with blood from your vagina, or both. This should go away within 7 days.
- Treat any cramping or discomfort with a hot water bottle or pain medicine such as plain Tylenol or Motrin.
- For the next 2 weeks:
  - **×** Do not have vaginal intercourse.
  - Do not use vaginal tampons or menstrual cups.
- Contact your surgeon's office as soon as possible to make a follow-up appointment.

## When to get help

Call your surgeon or go to the nearest Emergency Room if any of the following happens:

- You have heavy, bright red bleeding where you soak one pad every hour for 2 hours or you feel weak, dizzy, faint.
- You have a fever 38°C (100.4°F) or higher.
- You notice bad smelling fluid or mucus coming from your vagina.
- You have increasing pain or severe cramps that is not eased with taking pain medicine.

# For questions or concerns

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