Embryo Donation INTERNATIONAL Building Families

Diagnostic Hysteroscopy

Patient Information, EDI

General:

Hysteroscopy is performed by placing a telescope-like device through the cervix and into the uterine cavity. Saline flows through the hysteroscope and into the uterus gently expanding the uterine cavity allowing for a complete evaluation of the interior of the uterus.

Indications:

Indications for diagnostic hysteroscopy include abnormal uterine bleeding, a previously abnormal hysterosalpingogram (HSG), uterine fibroids and suspected intrauterine adhesions. Hysteroscopy may also be performed as a screening procedure prior to in vitro fertilization. In this instance, the hysteroscopy is performed to be certain the uterus is free of any abnormalities that might otherwise compromise implantation and pregnancy and to obtain detailed measurements concerning the uterine depth and position.

Scheduling:

If you have regular cycles, please try to schedule the procedure the month before. If you have irregular cycles, you may call the office on the first business day within the first couple of days of menstruation to schedule your hysteroscopy procedure. The first full day of menstrual flow is considered day number 1 of your cycle. The hysteroscopy is generally performed between days 6-12 of your menstrual cycle, although this may be extended if you consistently ovulate beyond day 14 of your cycle. By performing the procedure following menses and before ovulation, we will minimize the amount of menstrual blood that may flow back into the peritoneal cavity during the procedure, as well as decrease the possibility of disturbing an unexpected early pregnancy.

What the Test Can and Can Not Diagnose:

The test is able to diagnose such abnormalities of the uterus as uterine polyps, fibroids, intra-uterine adhesions (scar tissue) and general malformations of uterine shape and size. The study can also help to diagnose blocked fallopian tubes. The test is unable to diagnose such problems as endometriosis, hormone abnormalities, dilated fallopian tubes and pelvic adhesions.

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General Instructions:

Your partner may be present in the room during the procedure. If you are having pelvic pain on the day of the procedure, please contact the office because the procedure may need to be rescheduled.

You will be asked to sign a form that states that you have read these materials and have had your questions answered in a satisfactory fashion. Your clinician will be happy to answer any of your concerns prior to your signing the form.

We suggest that you take about 800 mg. of Ibuprofen (ADVIL) about one hour prior to the procedure. Other medications may be prescribed or given to you near the time of the procedure.

The procedure will be as follows;

1. You will be asked to undress from the waist down.
2. Your physician may perform a pelvic exam prior to the procedure. If your physician suspects that you have a pelvic infection, your procedure will be rescheduled.
3. A speculum will then be placed and the cervix swabbed with a cleansing solution.
4. Depending on the size of the cervical opening, local anesthesia followed by endocervical dilation may be done prior to the actual placement of the hysteroscope. The cervix may also need to be gently grasped in order to perform the procedure. Ninety-five percent of the cases do not require these steps to place the hysteroscope.
5. As the uterus fills with salt water, you may feel some pelvic cramping.
6. The actual procedure only takes a few minutes.
7. You will be allowed to rest as long as necessary following the procedure.

Complications:

Menstrual-like cramps and slight vaginal bleeding are common. You may also be slightly dizzy following the procedure. These feelings resolve rapidly. Severe complications are infrequent.

Uterine perforation is a possible although a very rare complication of the procedure. The uterus is a rather hearty organ and has holes placed into it frequently without difficulty such as what occurs with an amniocentesis. This complication has never happened at our office.

You may have an allergic reaction to any medicines given to you prior to or during the procedure. These are infrequent and generally resolve quite rapidly.

Every attempt is made to minimize the 1% infection rate associated with the procedure. Antibiotics may be given prior to and following a procedure as directed by your doctor. If an infection does occur, oral or IV antibiotics and hospitalization will be needed. Rarely, as with any pelvic infection, surgery to remove infected organs may be necessary leading to sterility. Individuals who become infected were most likely previously infected and almost always have underlying severe tubal disease. The procedure rarely initiates a new infection, but rather, reactivates an underlying infection.

Interpretation:

If time allows and your insurance permits discussions on the same day as the hysteroscopy, your physician will discuss the results with you directly after the procedure. If time is not available, you will be asked to schedule a follow-up to discuss the results.

Post-Hysteroscopy Instructions:

Activity:

Your normal activity may be resumed following the procedure.

Vaginal Discharge:

A slight amount of vaginal discharge or bleeding may be present. Bleeding heavier than a normal period is not normal and you should contact the office. Please do not douche the same day of the procedure because your cervix may be more open allowing material to be flushed back up the uterus and tubes resulting in a pelvic infection.

Sexual Intercourse:

Vaginal intercourse may take place 24-48 hours following the procedure unless the physician has instructed you otherwise.

Pain:

You may take Motrin, Advil, Aleve or Tylenol for pelvic discomfort. Please contact the office if there is an increase in abdominal pain not controlled by these medications.

When you should call us:

- Fever of ≥ 100.4°F x 2, taken four hours apart
- Pain that does not improve with time or medication
- Heavy vaginal bleeding

If this information sheet does not answer your particular questions, please contact our office.

Remember, the amount of discomfort experienced by the vast majority of persons is usually described as no more uncomfortable than a menstrual cramp.