



Procedure Information Sheet

Introduction

Hysteroscopy is an examination of the uterine cavity using a very fine telescope introduced through the cervix. It is used to investigate problems in the uterine cavity.

Indication

- Abnormal uterine bleeding.
- Failed hormonal treatment.
- Failed endometrial aspiration, abnormal ultrasound finding, endometrial polyp, endometrial hyperplasia, intrauterine contraceptive device removal.

The Operation / Procedure

1. Anaesthesia / local / regional / general anaesthesia may be required.
2. Telescope passed through the vagina and cervix into uterus.
3. Cervical dilatation may be required.
4. Normal saline to distend the uterine cavity.
5. Uterine cavity inspected.
6. Biopsy or curettage of the endometrial lining may be performed.
7. All tissue removed will be sent to the Department of Pathology or disposed of as appropriate unless otherwise specified.
8. Other associated procedures which may become necessary during the procedure like
 - Dilatation of the cervix ;
 - Polypectomy with or without hystercopic assistance.

Before the Operation / Procedure

1. Sign the consent form after doctor's explanation of indications, procedure, possible risks and complications of operation.
2. Keep fast 6 hours prior surgery to reduce the risk of vomiting during operation.
3. Take off all clothes (including underwear) and things such as denture, jewelry and contacted lens, then put on operation gown.
4. Empty urinary bladder before operation.

After the Operation / Procedure

1. May have uterine cramping pain and it will be relieved after a few hours of rest, take oral analgesic if needed.
2. No specific post-operative care, mild per vaginal bleeding is normal and it will last for 3 to 4 days; even it can last for one to two weeks.
3. This is a diagnostic procedure and there is no therapeutic value. Second operation may be needed.

Risks and Complications

Women who are obese, who have significant pathology, who have undergone previous surgery or who have pre-existing medical conditions must understand that the quoted risks for serious or frequent complications will be increased.

1. Side effects of drug including nausea vomiting, diarrhoea, fever, asthma, anaphylaxis.
2. Anaesthetic complications.
3. Cervical tear.

Patient's Label

Patient Name: _____

Hospital No: _____

Episode No: _____



4. Pelvic infection / abscess.
5. Small lesions can still be missed despite a normal hysteroscopic finding.
6. Perforation of the uterus (up to 1%) with or without trauma to the surrounding organs including the fallopian tubes, bowel, bladder, ureters, or major blood vessels which might require immediate repair by laparoscopy or laparotomy. Some of the injuries might not be noted at the time of surgery.
7. Failure to gain entry to uterine cavity and cannot complete intended procedure.
8. Bleeding.

Alternative Treatment / Investigation

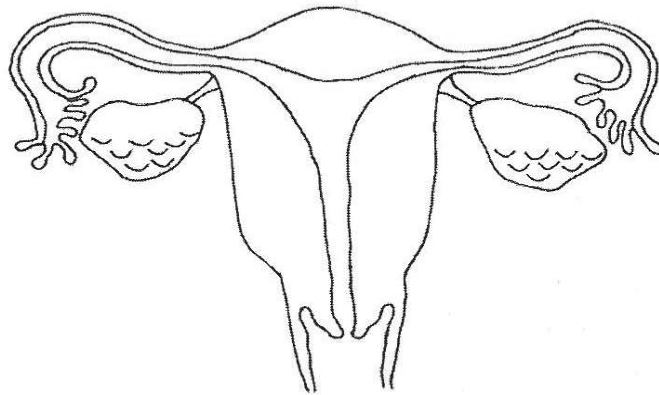
- Observation.
- Pelvic ultrasonography.
- Endometrial aspiration.

Disclaimer

This leaflet only provides general information pertaining to this operation / procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.

Reference

1. Department of Obstetrics & Gynaecology, United Christian Hospital, Pre-operative Information Sheet: Diagnostic Hysteroscopy (2022)
2. Department of Obstetrics & Gynaecology, United Christian Hospital, Pre-operative Information Sheet: Endometrial Aspiration Biopsy (2022)



Patient's Label

Patient Name: _____

Hospital No: _____

Episode No: _____

Patient's Signature: _____ Date: _____