

**Indications**

Abnormal uterine bleeding, distortion of uterine cavity.

**The Operation**

1. General anaesthesia (GA) / regional anaesthesia.
2. Dilatation of cervix, Passage of resectoscope, Infusion of Glycine / normal saline to distend uterine cavity.
3. Resection of the pathology under direct vision.
4. All tissues removed will be sent to pathology lab or disposed of as appropriate unless otherwise specified.
5. Photographic and / or video images may be recorded during the operation for education / research / documentation purpose. Please inform staff if you have any objection.
6. "Associated Procedures" which may become necessary during the procedure, like blood transfusion.

**Preoperative Preparation**

1. Admit 1 day before or on same day of this "elective" operation.
2. Anaesthetic assessment. **Inform your doctors** about drug allergy, your regular medications or other medical conditions.
3. Keep fast for 6 to 8 hours before operation.
4. Empty bladder and change to operation clothes before transfer to operating room.
5. Pre-medication, antibiotic prophylaxis and intravenous line may be required.

**Postoperative Instruction****General**

1. Mild throat discomfort or pain because of intubation.
2. Mild discomfort or pain over the operation site. Inform nurses or doctors if more analgesics are required.
3. Nausea or vomiting are common after GA; inform nurses if symptoms severe.
4. Can mobilize and get out of bed 6 hours after operation.

**Wound care**

Keep dressing intact.

**Diet**

Resume diet, usually 4 hours after anaesthesia, and when taking sips of water well.

**Common Risks and Complications** (not all possible complications are listed)**Anesthesia related**

1. Cardiovascular: myocardial infarction or ischaemia, stroke, deep vein thrombosis, pulmonary embolism, etc.
2. Respiratory: atelectasis, pneumonia, asthmatic attack, exacerbation of chronic obstructive airway disease.
3. Allergic reaction and shock.

**Procedure related**

1. Bleeding (may need blood transfusion).
2. Pelvic infection.
3. Cervical tear.
4. Perforation of uterus with or without damage to adjacent organs (may need to repair).
5. Glycine overload.
6. Excision may be incomplete and further operation may be required.
7. Recurrence.

**Risk of Not having the Procedure**

1. Progression and deterioration of disease condition.
2. Exact diagnosis cannot be ascertained.

**Alternative Treatment**

Hysterectomy

**Things to take note on discharge**

1. May have some vaginal spotting in the first 2 weeks after the operation
2. In patients of reproductive age, period would return after effect of preoperative medication (if taken) wears off
3. Contact your doctor or the Accident & Emergency Department if you find increasing pain or redness around the wound and discharge from the wound.
4. Take analgesics prescribed by your doctor if required.
5. Resume daily activity gradually.

**Remarks**

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor. Evangel Hospital reserves the right to amend this leaflet without prior notice. We welcome suggestions or enquiries on the information provided in this leaflet. Please contact our Healthcare professionals so that we could follow up and make improvement.

**Reference**

Cleveland Clinic: "Hysteroscopy" (2022)  
<https://my.clevelandclinic.org/health/treatments/10142-hysteroscopy> (25-07-2023)