

Indications

1. Abnormal uterine bleeding or ultrasound finding, failed hormonal treatment, failed endometrial aspiration.
2. It helps diagnose gross lesion in the uterine cavity.

The Operation

1. Doctor would decide the type of anaesthesia such as LA/ RA/ GA or without any anaesthesia.
2. Endoscope inserted through the vagina and cervix to inspect uterine cavity (need Cervical dilatation).
3. Biopsy or curettage of the endometrial lining may be performed. Other associated procedures which may become necessary during the procedure: Polypectomy.
4. All tissue removed will be sent to the pathology lab or disposed of as appropriate unless otherwise specified.
5. Photograph / video may be recorded during the operation for education / research / documentation purpose. Please inform staff if you have any objection.

Preoperative Preparation

1. Admit 1 day before or on same day of this “elective” operation.
2. Anaesthetic assessment. Inform your doctors about drug allergy, 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 if more analgesics are required.
 3. Nausea or vomiting are common; inform nurses if symptoms severe.
 4. Can mobilize and get out of bed 6 hours after operation, usually go home on day 2 after the operation.
- 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. Cervical tear.
 2. Perforation of uterus (1% chance) with or without trauma to the surrounding organs.
 3. Pelvic infection.
 4. Small lesions can still be missed despite a normal hysteroscopic finding.

Risk of Not Having the Procedure

Cannot made Definitive diagnosis nor appropriate treatment.

After the Procedure

This is only a diagnostic procedure with no therapeutic value. Second operation may be needed.

Alternative Treatment

1. Observation
2. Pelvic ultrasonography
3. Endometrial aspiration

Things to take note on discharge

1. Contact your doctor or the Accident & Emergency Department if you find increasing pain or redness around the wound and discharge from the wound.
2. Take analgesics prescribed by your doctor if required.
3. Resume daily activity gradually.

Follow Up

After obtaining a pathological diagnosis, the doctor will suggest and arrange supplementary treatments such as chemotherapy, hormonal therapy, target therapy, and radiation therapy based on the patient's final condition.

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

NHS inform: “Hysteroscopy” (2023)
<https://www.nhsinform.scot/tests-and-treatments/non-surgical-procedures/hysteroscopy> (25-07-2023)