PROCEDURE

# Hysteroscopy

Hysteroscopy uses a thin camera passed through the cervix to examine or treat the inside of the uterus.

**PURPOSE**
Examine or treat problems inside the uterus

**PROCEDURE TYPE**
Diagnostic and therapeutic, minimally invasive endoscopy

**WHERE IT IS DONE**
Outpatient clinic, procedure unit, or operating theatre

**ANAESTHESIA**
None, local, moderate or deep sedation, or general anaesthesia

**HOW LONG IT TAKES**
Usually 5 to 30 minutes

**PREPARATION**
Pregnancy check; fasting if sedation or general anaesthesia planned

**RECOVERY**
Same day; no driving after sedation or general anaesthesia

**MAIN RISKS**
Pain, infection, bleeding, uterine perforation

**RESULTS**
Visual findings immediately; biopsy results in days or weeks

## Overview

Hysteroscopy is a procedure used to look inside your uterus, also called the womb. A clinician passes a hysteroscope through your vagina and cervix. The hysteroscope is a thin tube with a light and camera.

There are no cuts in your skin. Sterile fluid is usually placed inside the uterus so its walls can be seen clearly.

A hysteroscopy may be diagnostic, meaning it is used to investigate a problem. It may also be therapeutic, meaning a problem can be treated during the same procedure. For example, a small polyp may be removed.

The procedure may take place while you are awake in an outpatient clinic. More complex

treatment may require sedation or general anaesthesia in a procedure unit or operating theatre.

## Why the procedure is performed

Your healthcare team may recommend hysteroscopy to investigate:

During hysteroscopy, tissue can be collected for laboratory testing. Polyps, some fibroids, scar tissue, or retained pregnancy tissue may also be removed.

The reason for your procedure should be explained before you consent. Ask whether it is intended only to examine the uterus or whether treatment may also be performed.

- Unusual or heavy uterine bleeding
- Bleeding after menopause
- Bleeding between periods
- Possible polyps or fibroids inside the uterus
- Fertility problems or repeated pregnancy loss
- An ultrasound result that needs closer assessment
- A missing or difficult-to-remove intrauterine device

## Who should and should not have it

Hysteroscopy may be suitable when directly viewing the uterine cavity could clarify a diagnosis or allow treatment. It is especially useful for finding focal problems, such as a polyp, that a sample taken without a camera might miss.

It is not the right procedure for everyone. Hysteroscopy is generally avoided during a known or possible pregnancy unless there is a specific specialist reason. Tell the facility if pregnancy is possible.

The procedure is usually delayed if you have an active pelvic infection. Heavy bleeding may also make it difficult to see inside the uterus, although bleeding does not always prevent the procedure.

An office procedure may not be suitable if the cervix is difficult to enter, you have previously found internal examinations very painful, or the planned treatment is complex. In these situations, hysteroscopy may still be possible with sedation or general anaesthesia in another setting.

Your team should consider your medical conditions, previous reactions to anaesthesia, bleeding risk, and ability to tolerate the planned approach.

## How to prepare

The treating facility's own instructions take priority because preparation differs according to the anaesthesia and treatment planned.

You may be asked to:

Do not stop a blood thinner like warfarin or apixaban , aspirin, or another prescribed medicine unless the treating team specifically tells you to do so.

If you will be awake, ask whether you may take your usual non-prescription pain relief beforehand. Tell the team about allergies, medical conditions, current medicines, infection symptoms, or any possibility of pregnancy.

You may want to bring a sanitary pad for light bleeding afterward.

- Take a pregnancy test or confirm when your last period began
- Avoid sex or use contraception before the procedure
- Arrange for someone to take you home if sedation or general anaesthesia is planned
- Stop eating and drinking for a stated period before anaesthesia
- Discuss medicines that affect bleeding

## What happens during the procedure

You will usually lie on an examination table with your legs supported. The clinician may place a speculum in your vagina, similar to during a cervical screening test, although some outpatient techniques do not require one.

The hysteroscope passes through the cervix and into the uterus. Sterile saline fluid gently opens the uterine cavity so the lining can be examined on a screen.

If needed, small instruments can pass through the hysteroscope. The clinician may take a biopsy, which is a small tissue sample, or remove a polyp, fibroid, scar tissue, or intrauterine device.

You may feel period-like cramps, particularly as the hysteroscope enters the uterus or during a biopsy. Tell the team if the pain is difficult to manage. An outpatient procedure can be paused or stopped.

For procedures under general anaesthesia, you will be unconscious. With sedation, you may be sleepy and remember little, but sedation is not always the same as being fully unconscious.

## Recovery and what to expect afterward

Period-like cramps are common for several hours. Mild discomfort may continue for a day or two. Use only the pain medicine recommended for you.

You can usually eat and drink normally once you feel ready. After sedation or general anaesthesia, staff may first check that you can drink without nausea.

Light bleeding or watery discharge can occur for several days. Use sanitary pads rather than tampons until the bleeding settles or your facility says otherwise.

Most people can walk and do light activities the same day. Follow your team's instructions about sex, swimming, strenuous exercise, and inserting anything into the vagina, especially after tissue removal.

Do not drive after sedation or general anaesthesia. The facility will tell you how long to wait, and you will usually need an adult to take you home.

Many people return to work the next day after a simple outpatient hysteroscopy. You may need longer after general anaesthesia or a more involved treatment.

## Risks and possible complications

Cramping, light bleeding, and brief dizziness or nausea are expected effects rather than serious complications.

Possible complications include:

A perforation may only require observation, but further treatment or surgery is sometimes needed if another organ may have been injured. Fluid-related complications are mainly associated with longer or more complex operative procedures.

Ask how the risks apply to the specific procedure being proposed.

- Infection of the uterus or pelvis
- Heavier or prolonged bleeding
- A tear or small hole in the uterus, called uterine perforation
- Injury to the cervix

- A reaction to anaesthesia or sedation
- Absorption of too much fluid used to open the uterus
- Scar tissue after some operative procedures
- An incomplete procedure or inability to obtain an adequate sample

## Results and follow up

The clinician can often explain what was seen immediately after the hysteroscopy. If you received sedation or general anaesthesia, you may prefer to have someone present because you might not remember the discussion clearly.

Biopsy or removed tissue must be examined in a laboratory. Results commonly take several days or weeks, depending on the laboratory and type of testing.

Before leaving, confirm how you will receive the results and who to contact if they do not arrive. Routine follow-up may review the findings, your recovery, and whether further treatment is needed.

## Alternatives

The useful alternatives depend on why hysteroscopy was offered.

Ask what each alternative can and cannot show or treat in your situation.

- Pelvic or transvaginal ultrasound: Less invasive and usually easier to arrange, but it cannot directly inspect the uterine lining or provide a biopsy.
- Saline infusion sonography: Uses fluid and ultrasound to outline the uterine cavity. It may show polyps or fibroids but cannot remove them.
- Endometrial biopsy: Samples the uterine lining without a camera. It is quicker but may miss a small, localised abnormality.
- Dilation and curettage: Removes tissue from the uterus, usually with anaesthesia. It provides tissue but offers less direct viewing unless combined with hysteroscopy.
- Medication or observation: May be reasonable for some bleeding problems, but it does not provide a direct view or tissue diagnosis.

- Major surgery: Procedures such as hysterectomy are options only for selected conditions. They involve greater recovery and, after hysterectomy, permanently end the ability to carry a pregnancy.

## When to call your healthcare team

Contact your healthcare team promptly if you develop:

These are not part of routine recovery and should be assessed.

Seek emergency help for fainting, severe weakness, trouble breathing, chest pain, confusion, or bleeding with signs of collapse. Follow any specific warning signs provided by your facility.

- Pain that is severe, worsening, or not controlled as advised
- Heavy bleeding, such as rapidly soaking through pads
- Fever, chills, or feeling increasingly unwell
- Foul-smelling vaginal discharge
- Persistent vomiting or difficulty passing urine

## Common questions

Will I be asleep?

Not always. A short diagnostic hysteroscopy is often performed while you are awake, with no anaesthesia or local anaesthesia. Sedation or general anaesthesia may be used for more complex treatment or when an awake procedure is unsuitable.

Can I drive home?

You may be able to drive after an uncomplicated procedure without sedation if you feel well and the facility agrees. You must not drive yourself home after sedation or general anaesthesia.

How painful is a hysteroscopy?

Experiences differ. Some people have mild period-like cramps, while others find it more painful. Tell the team immediately if you need a pause or want an awake procedure stopped.

When will I know the results?

What the clinician sees may be explained the same day. Biopsy and laboratory results take longer, often days or weeks.

Can a problem be treated at the same time?

Sometimes. Small polyps, fibroids, scar tissue, or an intrauterine device may be removed during the same procedure. Larger or more complex findings may require a separate operation.

## Sources

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