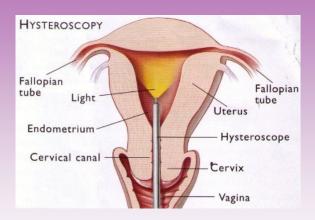
Effects & Risks of Hysteroscopy



Hysteroscopy is a safe minor procedure. The most common side effects of the procedure are bleeding and pain.

Very rarely it is possible that a small hole may be made in the womb (uterus) by the hysteroscope. If this happens you would need to stay in hospital overnight. It is also possible, although not common, to develop an infection of the uterus after the procedure.

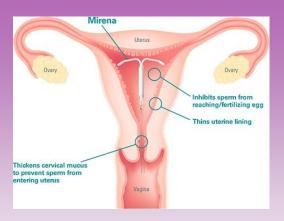
Please come early to the clinic if you develop:

- A temperature.
- Increased unexplained pain not relieved with painkillers.
- Increased discharge, which is smelly and unpleasant.
- Heavy bleeding.

Insertion of Mirena-IUS

Sometimes, Mirena-IUS inserted at the end of the procedure, especially if main symptoms are heavy and painful periods.

Mirena-IUS is an intrauterine device (also known as an IUD) that releases small amounts of the hormone (levonorgestrel) locally into the uterus. Made of soft, flexible plastic,



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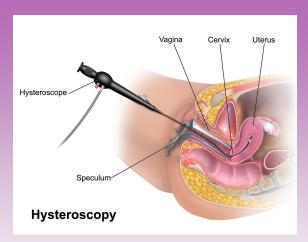
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Hysteroscopy

To diagnose and treat certain uterine problems, gynaecologists need to look directly into the inside of the uterus.

Common reasons for undergoing a hysteroscopy include the assessment of heavy periods, abnormal vaginal bleeding, post-menopausal bleeding, fibroids, polyps or as part of the assessment of fertility.





Hysteroscopy

Hysteroscopy is a way to look inside the uterus. A hysteroscope is a thin, telescope-like device that is inserted into the uterus through the vagina and cervix. It may help us to diagnose or treat a uterine problem. It is often combined with a curettage, which samples the lining of the uterus.

Hysteroscopy is minor surgery that may be done in a clinic or an operating room.

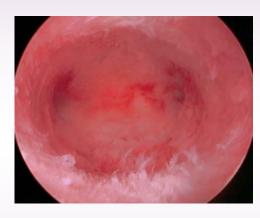
It is performed under local or general anesthesia. The cervix is widened (dilated) and a telescope is passed to look at the inside of the uterus. A sample of the lining is often taken to be examined more closely. It is also possible to remove a polyp or a fibroid with a hysteroscope.

This procedure does not involve any cuts or stitches to the abdomen. It takes approximately 10-30 minutes but you can expect to be in theatre and recovery for a number of hours.

Indications for Hysteroscopy

A hysteroscopy may be used to try to determine the cause of various problems such as:

- Heavy or irregular bleeding that has not got better with medication.
- Bleeding in between your periods.
- Bleeding after your menopause.
- Irregular bleeding whilst you are taking hormone replacement therapy (HRT).
- ♦ Infertility.
- Unexplained miscarriages.



As well as being used to investigate the cause of various problems, it can also be used to:

- Remove polyps small lumps of tissue growing on the lining of the womb (uterus).
- Remove scar tissue in the uterus.
- Perform endometrial ablation a procedure where the lining of the womb is made thinner in order to
- prevent heavy periods.
- ♦ Remove adhesions (areas where the walls of the uterus are sticking together).
- Remove non-cancerous growths (fibroids) in the uterus.
- Locate a 'lost' or stuck contraceptive device, such as an intrauterine contraceptive device (IUCD) also known as a 'coil'.
- Perform certain types of sterilization procedures.

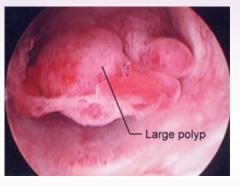
Before Surgery

It is necessary that you have nothing to eat or drink (including water and chewing gum) at least 6 hours before your operation.

You should stop eating and drinking at the following times on the day of your surgery:

- O At 12 midnight for a morning procedure.
- O At 6 am for an afternoon procedure.

It is important for you to shower and dress into clean clothes prior to coming into hospital. No skin products are to be used following your shower (e.g. deodorant, perfume, body lotion, powder)



After Surgery

You will stay in the recovery room within the theatre room after the operation while you wake up from your anaesthetic. You will then be transferred in your bed to the Daycare Unit or Ward.

As you become fully recovered, these observations become less frequent but remain regular until you leave hospital later the same day.

- You will be given pain relief as needed.
- Your nurse will discuss your follow-up appointment and any discharge arrangements that have been made with you.

You should be eating and drinking normally and be mobilizing.