

Diagnostic Hysteroscopy and Curettage

Definition

Diagnostic hysteroscopy is a procedure to examine the inside of the uterus using a 5mm diameter rod lens telescope attached to a video camera. Curettage refers to passage of a narrow metal spoon-like instrument through the cervix or mouth of the womb to take a sample from the endometrium.

Purpose

Diagnostic hysteroscopy and curettage is carried out to investigate abnormal uterine bleeding such as *heavy, long or scanty periods, bleeding after menopause, absence of periods, bleeding between periods, as an adjunct to the investigation of infertility or IVF and to assist with inserting intrauterine contraceptive devices (IUCD's)*. Information may also be gained as to the cause of pelvic pain and discomfort and sometimes of recurrent miscarriages. The video images and examination of the endometrial tissue performed later by a pathologist can help establish certain diagnoses including endometrial cancer, endometrial polyps or pre-cancerous conditions of the lining of the uterus (endometrial hyperplasia).

Preparation

You will be required to fast for around six hours. Please check with my secretarial staff if you are not sure when to fast from. Some patients, depending on their medical and associated conditions, may need blood tests, imaging studies or other investigations to be performed. Hysteroscopy and curettage can usually be performed during a patient's period. It may be necessary to prepare the cervix for the examination by using Misoprostol pessaries inserted into the vagina which renders the cervix more pliable and thus the passage of the curette and hysteroscope easier. *It is important to give Dr. Thomas a full list of your medications and allergies prior to the procedure. This also includes natural therapies, herbal preparations and fish oil tablets, which may have an unpredictable effect on the bloods ability to clot.*

Please carry out a home pregnancy test the day before the surgery unless you or your partner has been sterilized.

Anaesthetic

The most effective examination is carried out under general anaesthetic although hysteroscopy and curettage can sometimes be performed under local anaesthetic or using a regional anaesthetic such as a spinal block, depending on the patient's requirements. Usually, the anaesthetist decides the most appropriate mode of anaesthetic.

Duration of Procedure

A diagnostic hysteroscopy and curettage takes around fifteen minutes. Occasionally I will need to convert to an operative hysteroscopy in order to remove a polyp or fibroid. This may take around an hour.

Post-Procedure Care

After leaving the operating theatre you will usually have a drip or intravenous line in-situ. This is to maintain your hydration as you will have been fasting for a period of hours prior to the procedure. You will be cared for in the Recovery area of the Operating Theatre which involves one on one care by a specialist member of the nursing staff. This is to monitor for excessive vaginal bleeding or other complications and allows time for recovery after the anaesthetic. After around one to two hours you will be offered something to eat or drink if appropriate, and arrangements for discharge will be initiated. The majority of hysteroscopy and curettage cases are performed as day surgery.

Post-Discharge Care

Most patients should be able to resume their regular activities within one to two days. Mild cramping and spotting may occur over a few hours or days. Cramping can be treated with non-steroidal anti-inflammatory medications such as Naprogesic or Nurofen in combination with Panadol, Panadeine 8 or 15. Whilst you are actively bleeding it is wise to avoid tampons and to refrain from intercourse. Bathing is allowed but swimming in public pools should be avoided. The next menstrual period usually occurs within six weeks of the procedure and may not be the same in nature or timing as your regular period. Excessive bleeding after the procedure is uncommon although I am unable to give you an exact figure as to how long the bleeding will persist. You should notify me should you develop a fever (temperature greater than 37.5 degrees), pain or cramping that does not respond to regular doses of over the counter pain relief, bleeding involving clots or foul smelling vaginal discharge.

Complications Specific to Hysteroscopy and Curettage

This procedure is exceedingly common and major complications are particularly rare. However, they may:

1. Uterine perforation

This occurs when passage of the hysteroscope through the cervix makes a hole, usually in the top of the uterus. This readily seals itself and it is most unusual for any treatment to be required other than a single dose of intravenous antibiotics and a brief period of observation.

2. Cervical bleeding

If there has been previous surgery to the cervix, in some post-menopausal patients or if the cervix is particularly difficult to dilate, passage of the hysteroscope through the cervix may cause the cervix to bleed, which may require a stitch to be placed through the bleeding point during the procedure, which is generally curative. The stitch will dissolve and doesn't need to be taken out.

3. Infection

Infection from hysteroscopy and curettage is rare (<1%)

4. Intra-uterine Adhesions (scar tissue)

Adhesions can rarely form in the uterus following D & C. This is most common when a D & C is performed after a pregnancy or miscarriage or in the setting of active infection. In some cases this can lead to abnormalities in the menstrual cycle, painful menstrual cycles, difficulty falling pregnant or miscarriage. Adhesions within the uterus are generally treatable.

5. Failure to Complete Procedure.

Rarely, the procedure may not be able to be completed and the requisite information not gained if the cervix is tightly scarred and passage of the hysteroscope is not possible. In some cases this may then require a repeat procedure using a different technique or pre operative preparation.

Results from Examination

Pathology results usually take at least forty-eight hours. In most cases a post-operative visit will be scheduled for between two and six weeks after the procedure, depending upon your particular circumstances.

Questions?

Please don't hesitate to contact the rooms before the date of your procedure, if you have any questions.