Operative Hysteroscopy - for polyps / fibroids /uterine septum /removing IUD's

What happens?

A 9 mm diameter rod-lens telescope with a channel for instruments, attached to a video camera is passed through the cervix (or mouth of the womb). The operation may be carried out using a small wire loop, probe or scissors. Occasionally a laparoscopy is required at the same time. The telescope system has a constant flow-through of glycine or saline solutions, which wash out any blood or debris.

Purpose

May include removing parts of fibroids within the cavity of the uterus, remove polyps or scar tissue, correct certain abnormalities of the uterus, which may inhibit fertility, and to remove IUD's. Tubal sterilization (surgical blockage of the tubes) can also be carried out this way (Essure procedure). The video images and microscopic examination of the endometrial tissue performed by the pathologist can help to establish certain diagnoses including endometrial cancer, endometrial polyps or pre-cancerous conditions of the lining of the uterus (endometrial hyperplasia).

Fibroids that lie completely within the wall of the uterus (intramural) or lie in the outside layers of the uterus (sub-serosal) cannot be removed this way.

Preparation

You will need a general (sleeping) anaesthetic prior to your hysteroscopy and curettage, and 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 the medical condition and associated conditions, may need blood tests, imaging studies or other investigations to be performed. The operation 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 blood's ability to clot.

Perform a home pregnancy test the day before unless you or your partner has been sterilized.

Anaesthetic

Operative hysteroscopy is usually carried out under general (sleeping) 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

Not usually more than one hour.

Post-Procedure Care

After leaving the operating theatre you will usually have a drip or intravenous line in your arm. This is to maintain your hydration as you will have been fasting 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. After around one to two hours you will be offered something to eat or drink if appropriate, will be able to change back into your street clothes and arrangements for discharge will be initiated. The vast majority is 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 or Panadeine Forte. If still actively bleeding bathing is allowed but swimming in public pools should be avoided. The next menstrual period usually occurs within four to six weeks of the procedure and may not be the same 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 simple analgesics, bleeding involving clots or foul smelling vaginal discharge.

A watery discharge is common after fibroid or endometrial resection and may persist for some weeks.

Things to be aware of

This procedure is exceedingly common and major complications are particularly rare. Your safety is my absolute priority!

Heat or physical uterine perforation (<1/1000)
Rare. May require laparoscopy (keyhole surgery) or laparotomy (larger cut on abdomen) to investigate.

Infection
Infection is rare but may arise any time over the first few weeks. The infection generally occurs from the patient's own bacteria.

Intra-uterine Adhesions (scarring inside the uterus)
Adhesions can rarely form in the uterus following an operative hysteroscopy. This most common when a curette is done just after a pregnancy or miscarriage and there is active infection. In some cases this can lead to irregularities in the menstrual cycle, painful menstrual cycles, difficulty falling pregnant or miscarriage. Adhesions within the uterus are generally treatable .

Failure to Complete Procedure.

Very occasionally the procedure may not be able to be completed if the cervix is very tight which means that I can't get the telescope through. Other reasons are curtailment of the procedure if taking more than one hour (due to the small risk of excess fluid absorption into the patient's body) or inadequate vision due to blood or floating debris. Also, It is sometimes impossible to remove fibroids completely in one sitting. Some fibroids need to be resected over two or more operations for technical reasons.

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 call us before the day of surgery if you have any questions about your operation.