

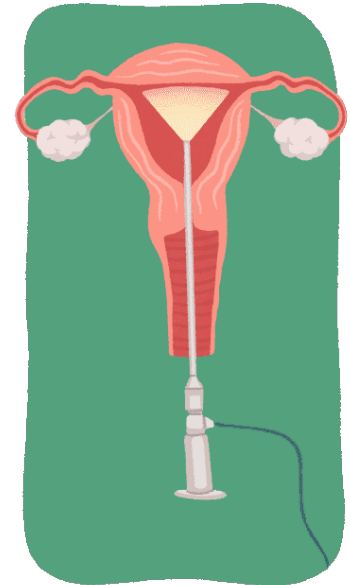


WHAT IS A HYSTEROSCOPY?

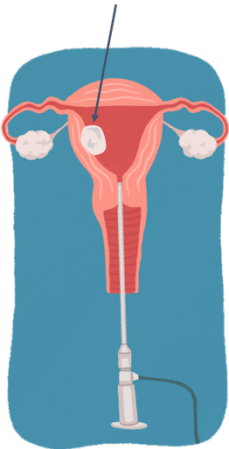
Hysteroscopy is a procedure where a small camera is inserted into the cavity of the uterus through the natural routes (vagina and cervix). There are no skin incisions, and sterile fluid is used to distend the cavity of the uterus. Polyps and fibroids that line the cavity of the uterus can be removed this way.

WHAT PROCEDURES CAN BE DONE BY HYSTEROSCOPY?

Hysteroscopy allows to visually inspect the cavity inside the uterus, and to perform procedures to treat conditions that affect this cavity, such as:

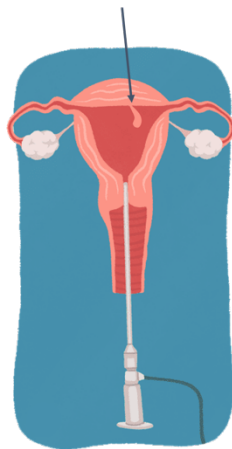


Uterine fibroid



Myomectomy
(removal of uterine fibroids that line the

Endometrial polyp



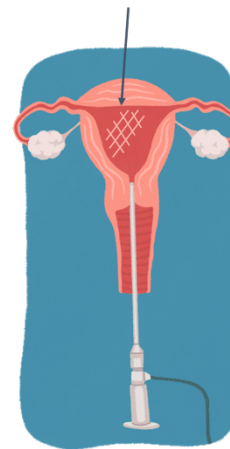
Polypectomy
(removal of endometrial polyps)

Uterine septum



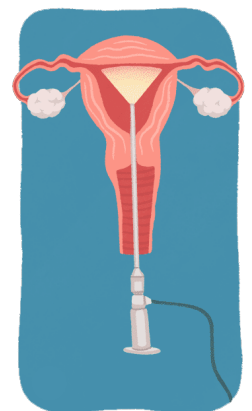
Septoplasty
(removal of an abnormal wall that separates the uterus)

Intra-uterine adhesions



Lysis of adhesions
(removal of abnormal scar tissue within the uterus in order to restore a normal cavity, such as in cases of Asherman syndrome)

Heavy menstrual bleeding



Endometrial ablation
(coagulation of the lining inside the uterus to treat abnormal uterine bleeding)

WHAT SHOULD I EXPECT IN TERMS OF RECOVERY AFTER A HYSTEROSCOPY?

Hysteroscopies are day surgeries, meaning that you are able to come in to the hospital on the morning of the surgery and go home a few hours after the surgery is done. The recovery time is very quick, and most women can return to work on the following day.

After surgery, avoid immersing yourself in water and refrain from intercourse for 1 week. Otherwise, you can return to normal activities the day after your surgery. It is normal to have light bleeding and some discharge during the week following the procedure.

WHAT ARE THE RISKS OF A HYSTEROSCOPY?

● Anesthesia

Most hysteroscopies are done under light sedation and local anesthetic. At times, a general may be required, where you would be put to sleep using a breathing tube to help you breathe.

● Infection

The risk of infection is low with a this type of procedure. Antibiotics may be given intravenously according to the surgeon's discretion.

● Bleeding

All patients must be aware of a risk of excessive bleeding and potentially requiring a blood transfusion before surgery. While this is considered a low risk surgery for transfusion, we require signed consent or refusal for blood products prior to surgery.

● Perforation and subsequent injury to other organs

Uterine perforation is an uncommon complication where an instrument passes through the muscle of the uterus into the abdomen when attempting to enter the uterine cavity. When this occurs, other organs or structures may very rarely be injured, including:

- Bowel (small and large intestine)
- Bladder
- Ureters (connecting tubes from kidneys to bladder)
- Blood vessels
- Nerves

If an injury occurs and is identified at the time of surgery, any necessary repairs will be done at the same time.

This may seem like an intimidating list – while surgery usually goes very well, without any complication, it is important to be aware of all the risks involved.

For more information, ask your family doctor to send a referral to: **514-856-5607**

Or visit www.muhc-obgyn.com



MUHC GYNECOLOGY

Minimally Invasive Surgery and Endometriosis