
Diagnostic hysteroscopy

Medisch Centrum Kinderwens

A diagnostic hysteroscopy is an examination during which the gynecologist will examine the uterine cavity with a hysteroscope and may perform a small operation. In this document, we'll explain the procedure.

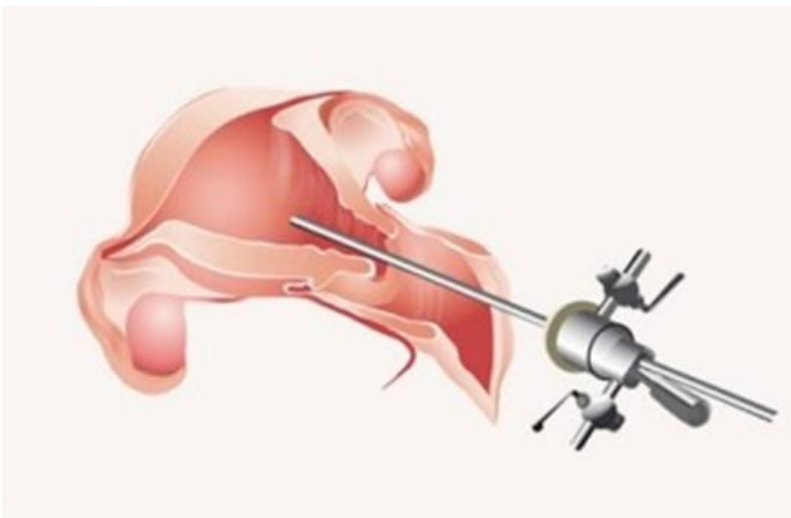
Explanation

When performing a diagnostic hysteroscopy, the gynecologist will insert a hysteroscope through the vagina to examine the uterine cavity. Small operations, such as the removal of a small polyp or an IUD whose threads are no longer visible, are possible. For any larger operations, such as the removal of a fibroid from the uterine cavity, an operative hysteroscopy will be necessary.

The hysteroscope is a slender, hollow, lighted tube. During the hysteroscopy, the gynecologist will insert a liquid solution into the uterus which allows them to see the inside of the uterus. The hysteroscope will be connected to a camera, which displays the image on a monitor so that you can see it too.

The examination will take place in an outpatient clinic and will usually be done without anesthetic, unless your cervix does not allow this. Under special circumstances local anesthetic will be used, for example if your cervix will need to be stretched a little to allow the hysteroscope access. If necessary, the gynecologist can, after consulting with you, perform the procedure under light sedation or narcosis or after an epidural.

Image 1: the operation



Reasons to do a diagnostic hysteroscopy

The MCK Fertility center may decide to do a diagnostic hysteroscopy for several reasons, including:

- Ebulient findings in an ultrasound or other uterine examination
- Unusual blood loss in a stimulation protocol
- Failure to get pregnant / endometrial scratching
- Decreased fertility and repeated premature births or miscarriages
- Checking the uterus and the accessibility of the fallopian tubes when performing an orienting fertility examination. May be combined with a sonoHSG (ultrasound with contrast liquids)

What is the best moment to perform a hysteroscopy?

The hysteroscopy will preferably take place when you are not on your period. Of course, if the examination has been decided on due to abnormal blood loss, blood loss during the examination is often unavoidable and usually not a problem. If you are on birth control, the procedure is possible on any day you have taken a pill.

If you are not on birth control, the examination will take place during the first half of your menstrual cycle, before ovulation occurs. This is especially important if you're trying to get pregnant; during the first half of your cycle, there is no potential fertilized egg cell trying to lodge in the womb.

If the goal of the procedure is endometrial scratching, the deliberate scratching of the endometrium in order to help an embryo lodge, the hysteroscopy will take place during the second half of the cycle. You're not supposed to be or get pregnant during that cycle.

Preparation

You don't need to undergo this examination on an empty stomach. During a hysteroscopy, patients often experience menstrual-like pain. To decrease this, you should take a powerful painkiller (Brufen 400mg, Naprosyne 275mg or Voltaren 100mg) two to three hours before the examination. Sometimes, the insertion of a hysteroscope into the uterus will cause a slowed pulse, which may make you feel like fainting. This will pass.

The examination itself

You'll be seated on an examination chair with your legs on leg rests. The gynecologist might perform an internal examination with two fingers and put one hand on your belly in order to determine the size and position of your uterus, and/or an echo may be required.

After this, the hysteroscope will be passed through the vagina and the cervix into the uterine cavity. A speculum may be used to assist the gynecologist with this.

In order to be able to see your uterine cavity, the gynecologist will insert liquid into the uterus through the hysteroscope. This causes the uterus to expand, which is the reason for the previously mentioned menstrual-like pain. The entire examination will take five to fifteen minutes. If small operations need to be performed, it may take a little longer.

Small operations during the hysteroscopy

It is possible to perform small operations inside the uterine cavity using small surgical instruments, inserted through or next to the hysteroscope.

Removing a polyp or small myoma

A polyp is a small, nearly always benign bulge in the endometrium. A uterine myoma is a growth of fibroid tissue inside the uterine cavity, attached to the wall of the cavity by a stalk. Either can cause abnormal blood loss. A polyp as well as a small myoma can usually be removed using an electrified wire loop, small scissors or another surgical instrument.

A more extensive procedure called an operative hysteroscopy may be necessary if the myoma is larger or partially absorbed into the uterine wall. An epidural or narcosis will be necessary. The operative hysteroscopy will take place at another time and will have to be scheduled separately.

Removing minor adhesions in the uterine cavity

Minor adhesions between the walls of the uterine cavity are easy to sever. More significant adhesions, such as occur when suffering from Asherman's syndrome, will require an operative hysteroscopy.

Taking a biopsy

During a hysteroscopy, a small instrument can be used to take a biopsy from the uterine wall for tissue examination.

A (micro)curettage

Sometimes the gynecologist will propose a curettage or microcurettage. This is an examination which will take place following the hysteroscopy. After removing the hysteroscope, the gynecologist will insert a thin tube or a curette, a thin instrument capable of sucking away some tissue, into the uterine cavity. It will be used to take some cells of the endometrium for further examination. The procedure won't take long but may be uncomfortable.

Afterwards

After a hysteroscopy you'll be able to go home immediately. Most women do not experience much discomfort, although some report pain or feeling under the weather. Due to this, it might be a good idea to arrange for someone to bring you home.

Blood loss

After a hysteroscopy you'll usually experience blood loss or brown secretion for several days. The lower belly, too, may be sensitive. It is best not to use tampons, take a bath or go for a swim. Showering, of course, is fine.

Work

Some women feel under the weather following the procedure, so it's best not to perform any strenuous work on the day itself. The day after, most women will be able to resume their usual activities.

Intercourse

When the blood loss stops, there are no objections to intercourse. It may, however, be painful if your lower belly is still sensitive.

Checkup

After the examination, the gynecologist will tell you their findings. Depending on these findings, you might be scheduled for a checkup later.

Complications

A diagnostic hysteroscopy hardly ever results in complications. Possibilities are heavy blood loss, an infection, hypersensitivity or a small tear in the uterine wall.

Heavy blood loss

Small pincers are used to grab the cervix during the operation. This may cause a small wound, resulting in some blood loss. This usually stops after a few days. If you experience heavy blood loss, more than a heavy menstruation, contact your gynecologist.

Infections

Fever and intense bellyache may be signs of an infection in the uterine cavity or the fallopian tubes. Treatment using antibiotics will be necessary. If you experience these symptoms, contact our clinic.

Hypersensitivity

If you know you are hypersensitive, tell your gynecologist before the examination so they can take it into account. Hypersensitivity is very rare. Symptoms include dizziness, heart palpitations and feeling sick. Fast treatment is paramount. Sometimes, symptoms don't start until you get home. In this case you should call your gynecologist.

A small tear in the uterine wall

In rare cases, a small tear in the uterine wall may develop during the hysteroscopy. This will heal on its own. Larger tears may require surgery.

When should you call your gynecologist?

You should contact your gynecologist or their replacement telephonically if, following the hysteroscopy, you experience

- Heavy blood loss (more than a heavy menstruation)
- Intense increasing bellyache
- Fever (38 °C or more)
- Dizziness, heart palpitations and feeling sick.

Contact

This information is an addition to consultation with your treating nurse or physician. If you have any questions after reading or you want more information, your treating nurse or physician will be available during a consultation (either in person or telephonically). You can schedule one by calling 0715812301

You can find more information as well as contact others who have experience with this procedure at the Stichting Voorlichting en Zelfhulp Gynaecologie (VZG).

More information

<https://youtu.be/zr3C5pQnHWQ>

(Hysteroscopy in the MCK Fertility Center; this video is in Dutch)

Justification

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