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Hysteroscopy

The purpose of this leaflet is to provide the patient with information on the indications, nature, possible risks and complications of hysteroscopy, as well as preparation for the procedure.

Hysteroscopy is a procedure that involves examining the inside of the uterus. It is used to find and often eliminate the cause of uterine bleeding, to remove fibroids and polyps in the lining of the uterus or to completely remove the lining of the uterus. In the case of infertility, adhesions or septa are searched for and removed from the uterus.

Hysteroscopy is both a diagnostic and a therapeutic procedure.

The procedure is performed under general anaesthesia.

Preparation for the procedure

The best time for hysteroscopy is the first half of the menstrual cycle.

To avoid vomiting and prevent the acidic stomach contents from entering the lungs,

you must **not eat for six hours** and **not drink for at least four hours** prior to the procedure. You should also **not smoke** or **chew gum**. If you have a chronic illness (e.g. arterial hypertension, asthma) and you have been prescribed treatment, take your daily medications the morning of the procedure. Taking a few sips of water to swallow the tablets is permitted.

The only exceptions are diabetes medications, which are usually not taken without eating.

Description of the procedure

During hysteroscopy, the cervix is dilated and a hysteroscope is passed through the vagina and cervix to view the uterus. For better visualisation, the uterine walls are pushed apart using a special liquid solution. Fibroids, polyps and tissue are removed using an electrosurgical loop. After the procedure, there is often watery, foul-smelling vaginal discharge that can last up to a month. This does not indicate inflammation, but is a consequence of the use of the electrosurgical loop.

Possible complications

During hysteroscopy, there is a certain risk of uterine bleeding, uterine perforation, and thus injuries to nearby organs such as the bladder and bowel. Very rare uncontrolled bleeding may require removal of the uterus to save the patient's life. If an electrosurgical loop is used to perform the procedure, the skin in the electrode area may be damaged (a scar may form). As with all procedures performed under general anaesthesia, there is a very small risk of anaphylactic shock and pulmonary embolism.

Complications may also include infection of the uterus and, very rarely, sepsis.

Complications are associated with delayed recovery, longer incapacity for work, decreased quality of life and surgery.

Fatal complications are extremely rare.

To reduce the risk of complications, please inform your doctor before the procedure:

- of your state of health, including all illnesses and medications you are taking regularly;
- of any known hypersensitivity to medications.

Postoperative period

It is not allowed to have sexual intercourse, take a bath, go to the sauna, swim or use tampons for two weeks after the procedure. For the first 24 hours after receiving anaesthesia, refrain from driving or other activities requiring a rapid response.

If you develop heavy bleeding, abdominal pain or a temperature above 38 °C, seek emergency medical care at the Women's Clinic of East Tallinn Central Hospital at Ravi 18, Tallinn.

If you have any problems after the procedure that you cannot solve yourself, please call the gynaecologists at East Tallinn Central Hospital on 620 7234.

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