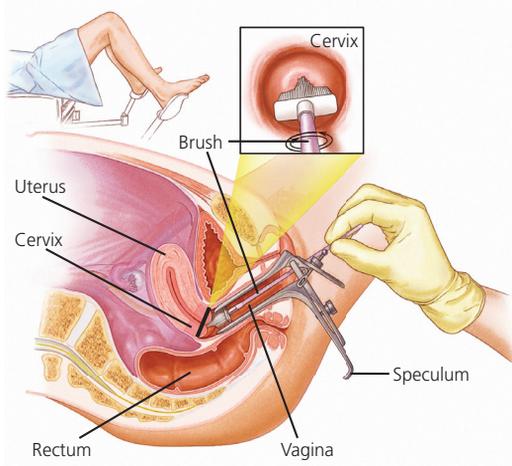




Hysteroscopy

What is a hysteroscopy?

Hysteroscopy is a minimally invasive surgical procedure for viewing the inside of the uterus in order to diagnose and/or treat causes of abnormal bleeding. It is performed by inserting a visualising scope through the vagina and into the cervical opening. Hysteroscopy allows visualisation of the inside of the uterus, including the openings to the fallopian tubes, as well as direct examination of the cervix, cervical canal, and vagina.

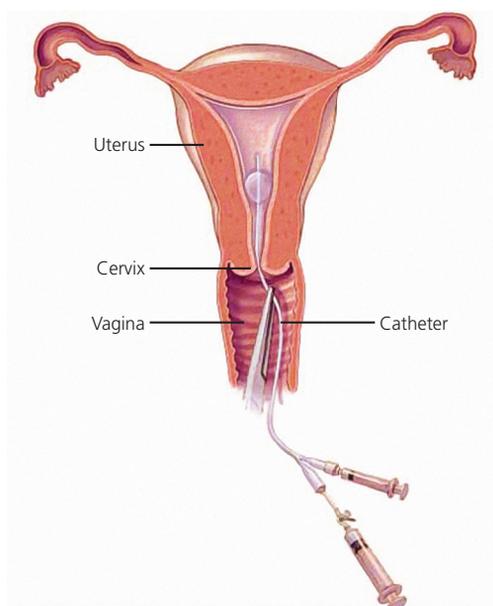


Hysteroscopy can be either diagnostic or operative.

What is diagnostic hysteroscopy?

Diagnostic hysteroscopy is used to diagnose problems or confirm results of other tests pertaining to the uterine diseases or symptoms, such as Hysterosalpingography (HSG). HSG is an X-ray dye test used to check the uterus and fallopian tubes.

Additionally, a hysteroscopy can be used with other procedures, such as laparoscopy, or before procedures such as Dilation and Curettage (D&C). In laparoscopy, your doctor will insert an endoscope (a slender tube fitted with a fibre optic camera) into your abdomen to view the outside of your uterus, ovaries and fallopian tubes. The endoscope is inserted through an incision made through or below your navel.



What is operative hysteroscopy?

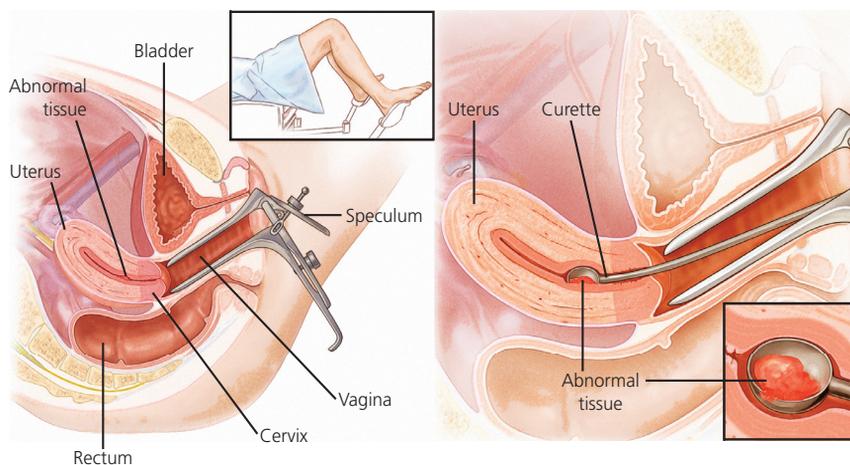
Operative hysteroscopy is used to treat abnormalities in the uterus that have been detected during a diagnostic hysteroscopy. If an abnormal condition was detected during the diagnostic hysteroscopy, an operative hysteroscopy can often be performed at the same time, avoiding the need for a second surgery. During operative hysteroscopy, small instruments used to correct the condition are inserted through the hysteroscope.

Hysteroscopy may be recommended to evaluate or treat abnormalities of the uterus or cervix including:

- ❖ Abnormal vaginal bleeding
- ❖ Retained placenta or products of conception after a birth or miscarriage
- ❖ Congenital (inborn) anatomical abnormalities of the female genital tract
- ❖ Scarring, or adhesions, from previous uterine surgery or instrumentation such as Dilation and Curettage (D&C)
- ❖ Polyps or fibroid tumors inside the cervical canal or inside the uterine cavity



Hysteroscopy can also be used to help pinpoint the location of abnormalities in the uterine lining for sampling and biopsy. Hysteroscopy can also be used to perform surgical sterilisation.



Since hysteroscopy examines the lining and interior of the uterus, it is not suitable for evaluating problems within the muscular wall or on the outer surface of the uterus.

The procedure

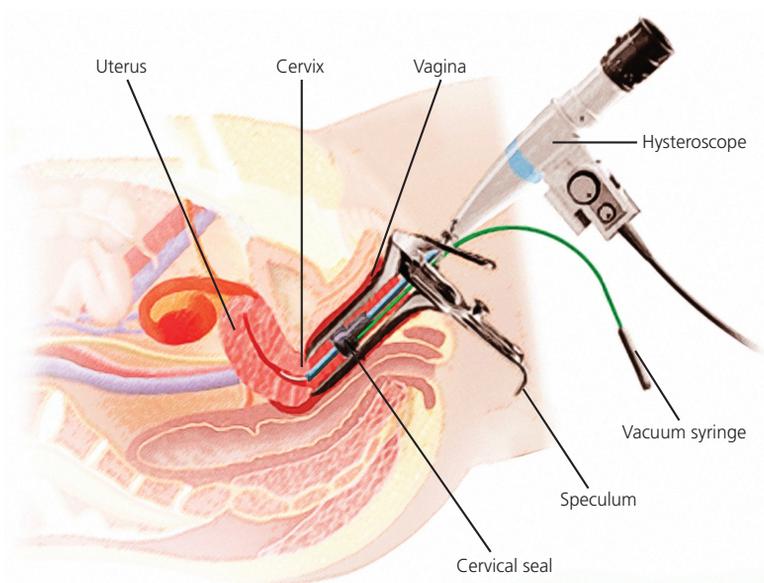
The type of surgery and individual situation govern the type of hysteroscope that is used and the anaesthesia and pain management done. Some hysteroscopes are combined with instruments that allow surgical manipulation and removal of tissues, if necessary. Hysteroscopies that do not require dilation, are done with a narrow-diameter hysteroscope which does not require anaesthesia, and others may only call for a local anaesthesia. So we can categorise anaesthesia into three:

Local anaesthesia - the numbing of only a part of the body for a short time

Regional anaesthesia - the numbing of a larger portion of the body for a few hours

General anaesthesia - the numbing of the entire body for the entire time of the surgery

The type of anaesthesia used is determined by where the hysteroscopy is to be performed (hospital or doctor's office) and whether other procedures will be done at the same time. If you are having general anaesthesia, you will be told not to eat or drink for a certain amount of time before the hysteroscopy.





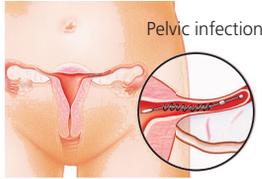
A vaginal speculum is often inserted prior to the procedure to facilitate insertion of the hysteroscope through the uterine cavity. Depending upon the exact type of hysteroscope that is used, dilation of the cervical opening with prostaglandin medications and/or surgical instruments may be necessary. After insertion of the hysteroscope, fluid or gas is injected to distend the uterine cavity and allow for better visualisation.

After the procedure, Acetaminophen (Tylenol and others) and non-steroidal anti-inflammatory medications are recommended to control any pain or cramping that may occur.

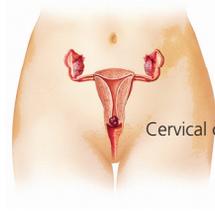
Contraindications for hysteroscopy



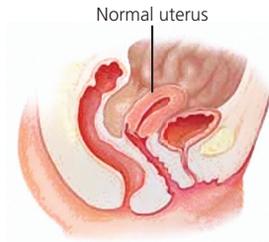
 Woman is pregnant



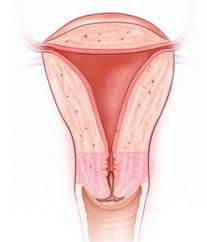
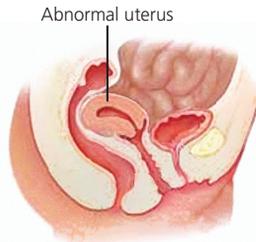
 Woman has active pelvic infection



 Any uterine or cervical cancer



 Abnormal position of the uterus



 Obstruction of the cervical canal or uterine cavity

 Scarring or narrowing of the uterine component



Risks and complications

Complications of hysteroscopy are rare and include perforation of the uterus, bleeding, infection, damage to the urinary or digestive tract, and medical complications resulting from reactions to drugs or anaesthetic agents.

What are the benefits of hysteroscopy?

Compared with other, more invasive procedures, hysteroscopy may provide the following advantages:

- ✚ Shorter hospital stay
- ✚ Shorter recovery time
- ✚ Less pain medication needed after surgery
- ✚ Avoidance of hysterectomy
- ✚ Possible avoidance of “open” abdominal surgery

How safe is hysteroscopy?

Hysteroscopy is a relatively safe procedure. However, as with any type of surgery, complications are possible. With hysteroscopy, complications occur in less than one per cent of cases and can include:

- ✚ Risks associated with anaesthesia
- ✚ Infection
- ✚ Heavy bleeding
- ✚ Injury to the cervix, uterus, bowel or bladder
- ✚ Intrauterine scarring
- ✚ Reaction to the substance used to expand the uterus



What can I expect after the procedure?

You may be kept under observation for sometime before being discharged, if regional or general anaesthesia is given. Some cramping or slight vaginal bleeding for one to two days can be seen. In addition, you may feel shoulder pain if gas was used during your hysteroscopy. It is also not unusual to feel somewhat faint or sick. However, if you experience any of the following symptoms, be sure to contact your doctor:

-  Fever
-  Severe abdominal pain
-  Heavy vaginal bleeding or discharge





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