

Hysteroscopy Guidelines

About Hysteroscopy

It is an exam that allows a doctor to look inside your uterus. A hysteroscope is a thin, lighted camera. It is inserted through the vagina and cervix into the uterus. No incisions (cuts) are made.

This exam is helpful in finding the cause of health problems such as:

- Abnormal bleeding.
- Scar tissue or growths.
- Trouble getting pregnant.
- Sometimes it can be used to treat these conditions.

This exam takes about 60 minutes or less, it depends on how complex the exam is.

It can be done in the office under local anesthesia (while awake) or in the operating room under sedation (asleep).

Before the Exam

It is important that you are not pregnant. One of the following is required:

- Less than 7 days after start of a period.
- No sexual intercourse since the start of a period.
- Use of reliable birth control.
- Less than 7 days after a miscarriage or abortion.
- Less than 4 weeks after a birth or 6 months if fully breastfeeding and no period.

Take 600mg of ibuprofen one hour before the exam. This will help with cramping after.

If you are having the exam in the **office**, you may eat as normal the day of the exam.

If you are going to the **operating room**, no food after mid-night.

After the Exam

If the exam was done in the operating room, you will stay in the recovery area for 2-3 hours. Nurses will watch you during this time to be sure you are safe to go home. Most people go home the same day. You will need someone to drive you home.

If the exam was done in the office, you will be watched for 30-60 minutes to be sure you are comfortable and ready to go. Most people can drive themselves home.

You may have:

- Mild nausea from medicines.
- Lower abdominal/pelvic cramping for 24-48 hours. This will continue to get better.

Bleeding

Bleeding may range from like a normal period to only a small amount of watery discharge. Some patients will not bleed at all.

Light, irregular bleeding may occur for several days to a few weeks. It may begin as a watery discharge that is red/pink in color and change to more of a rust or brown colored discharge which is normal. Small clots and bits of tissue are normal.

This exam affects the uterine lining and may change the normal timing of your next period. You may get your period earlier or later than expected (anywhere from a few days to several weeks).

Diet

If you feel sick to your stomach, start out slowly with liquids such as broth, tea or Jello®. Add solid foods to your diet as you feel better.

Pain Relief

If you have pain or cramping, take 975-1000mg of acetaminophen every 8 hours (such as Tylenol®) and/or ibuprofen 400-600 mg every 4-6 hours (such as Advil® or Motrin®). **Do not** take more than 3000-4000mg of acetaminophen in a 24-hour period. Your doctor may prescribe stronger pain medicine for you.

Activity

- **Do not** drive for 24 hours.
- **Do not** use tampons until discharge stops. You may use pads.
- It is safe to resume normal activities within 1-2 days. Most patients return to work, school and normal routine in this time.
- It is ok to go swimming or sit in a hot tub. You may want to avoid if actively bleeding.
- **Do not** have sex until after the bleeding or discharge stops.
- **Do not** douche.

If tissue is removed, it is sent to the lab for review. You will get the results within 1-2 weeks after or at a scheduled follow up appointment with your OB/GYN provider.

Follow Up Visit

If a visit is needed, it will be scheduled 2-3 weeks after your procedure.

When to Call

- A fever over 100.4°F for two readings 4 hours apart.
- Severe abdominal pain not relieved by pain medicines or other comfort measures (heating pad).
- Heavy bleeding, soaking through a pad every hour for 2-3 hours in a row.
- Foul smelling, cloudy or greenish discharge.
- Severe nausea and vomiting where you are unable to keep down food and liquids.

Who to Call

If you have any questions or concerns, call your doctor or nurse:

If you are a patient receiving care at UnityPoint – Meriter, Swedish American or a health system outside of UW Health, please use the phone numbers provided in your discharge instructions for any questions or concerns.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 7/2023 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#4552.