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# Outpatient hysteroscopy

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

Hysteroscopy is a procedure that involves examining the inside of the uterus. Outpatient hysteroscopy is performed at the Women's Counselling Office during an outpatient appointment. Hysteroscopy is primarily a diagnostic procedure; however, it can be used to take a tissue sample from the lining of the uterus (endometrial biopsy), remove small polyps, and remove or reposition an intrauterine contraceptive device. The procedure is contraindicated during pregnancy.

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

**Indications**

Indications for hysteroscopy include:

- Postmenopausal uterine bleeding
- Heavy menstrual bleeding
- Irregular bleeding
- Removal of an intrauterine contraceptive device or part of it
- Infertility (detection of intrauterine adhesions, septum, changes in the lining of the uterus)
- Confirmation of the presence of a suspected polyp, uterine fibroid or abnormality

**Preparation for the procedure**

You are allowed to eat and drink before the procedure. Empty your bladder before the procedure. Since the procedure can be uncomfortable and a little painful, it is recommended that you take 400 mg of ibuprofen or 1 g of paracetamol or another painkiller one hour before the procedure.

**Description of the procedure**

Outpatient hysteroscopy is performed without anaesthesia. During hysteroscopy, a thin tube called a hysteroscope is introduced into the uterine cavity through the cervix to view the uterus. For better visualisation, the uterine walls are pushed apart using a sterile saline solution. The procedure usually lasts 5 -15 minutes.

**After the procedure**

You can leave immediately after the procedure. It is normal to experience mild cramping in the lower abdomen for 1-2 days after the procedure. Light vaginal bleeding can last up to a week. Avoid sexual intercourse and the use of tampons until the spotting or bleeding has stopped.

**Possible risks and complications**

In rare cases, the procedure may fail because the cervical canal is narrowed and the hysteroscope cannot be inserted into the uterus. As a result, the uterine cavity cannot be examined.

Complications associated with hysteroscopy are usually rare. The most frequently reported problem is abdominal pain. Feeling faint occurs rarely. Hysteroscopy carries some risk of uterine bleeding, infection of the uterus, and uterine wall injury and perforation.

If you develop heavy bleeding, foul-smelling vaginal discharge, a temperature above 38 °C or severe abdominal pain, seek emergency medical care at the Women’s Clinic of East Tallinn Central Hospital (open 24/7).

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