

Diagnostic hysteroscopy

Gynaecology

You have an appointment for a hysteroscopy. This leaflet provides more information about the examination, how to prepare for it, and what you can expect.

What is a hysteroscopy?

A hysteroscopy is an examination in which the doctor uses a hysteroscope (a thin viewing tube with a camera) to look inside the uterus through the vagina and cervix. This allows the doctor to clearly view and assess the inside of the uterus.

When is this examination performed?

A hysteroscopy may be needed for:

- Heavy bleeding during or between menstrual periods
- Abnormal vaginal bleeding
- Bleeding after menopause, more than one year after the last menstrual period
- Absence of menstruation after a curettage
- Reduced fertility
- Abnormalities seen on an ultrasound scan
- Polyps or a small fibroid in the uterus
- Missing threads of an intrauterine device (IUD)

Before the examination

You do not need to fast before the examination. In fact, we recommend that you eat beforehand. Please let us know if you have any allergies or sensitivities. We also advise you to bring someone with you to the appointment, as you may experience cramping abdominal pain after the procedure.

We prefer to schedule the examination when you are not menstruating. If you have light abnormal bleeding outside your menstrual period, the examination may still be possible. Please contact us one day before the examination to discuss the options. If you use the contraceptive pill, the examination can be performed on any day while you are taking the pill. If you do not use the pill, the first half of your menstrual cycle is the most suitable time, especially if you are trying to become pregnant. There must be no possibility of pregnancy at the time of the examination. If necessary, use additional contraception such as condoms. If you are pregnant or think you may be pregnant, please inform us beforehand.

When your appointment is scheduled, you will receive a prescription for Naproxen (a pain reliever). Take one tablet the evening before the examination and one tablet one hour before the examination. If you cannot take Naproxen or are allergic to it, we will discuss an alternative with you.

The examination

Before the examination, you will be asked to remove your underwear. You will then take a seat in the examination chair. You may watch the procedure on a monitor if you wish.

The doctor inserts the hysteroscope through the vagina and locates the cervix. The doctor then carefully enters the uterine cavity. To obtain a clear view, the uterus is filled with a warm fluid. Sometimes it is necessary to gently dilate the cervix. This may feel like menstrual cramps.

If needed, you will usually receive a local anaesthetic injection in the cervix. This is given with a very fine needle. Most women hardly notice the injection. The doctor then advances the hysteroscope further into the uterine cavity. Sometimes a minor procedure can be performed immediately during the examination, such as removing an IUD, removing a small polyp, or releasing adhesions. A biopsy (a small sample of tissue) may also be taken.

Duration of the examination

The examination takes approximately 15 minutes.

After the examination

After the examination, it is common to have some bleeding or blood-stained discharge for a few days. This is normal. You should not swim or take a bath while you are still bleeding. You may shower as usual. Once the bleeding has stopped, you may resume sexual intercourse. A follow-up appointment will be arranged with your doctor if necessary.

Possible complications and side effects

The risk of complications is small. Possible complications include:

- Perforation: a small hole may be made in the wall of the uterus. This usually heals on its own. The examination will be stopped and repeated later. In some cases, antibiotics may be required.
- Bleeding: bleeding may occur. This is usually treated immediately. In rare cases, delayed bleeding can occur.
- Infection: an infection may develop. Antibiotics may be required.
- Intravasation: some of the fluid used during the examination may enter a blood vessel. The examination will be stopped and repeated later.

Contact the clinic if you:

- Have a fever above 38°C (100.4°F) and increasing abdominal pain.
- Have abnormal vaginal discharge.
- Experience heavier bleeding than during a normal menstrual period.

Resuscitation

All patients at DC Klinieken will be resuscitated in an emergency situation. If you have a "do not resuscitate" statement, or if you have discussed with your doctor that you do not want to be resuscitated, it is important that you inform us.

Emergency after visiting DC Klinieken

In case of an emergency, call: 088 0100 998.

Insurance

DC Klinieken has contracts with all health insurers. This means that almost all care is reimbursed, just like in the hospital. You do need a referral from your (general) doctor. Please be aware of your own deductible. More information about reimbursements and possible exceptions can be found at: www.dcklinieken.nl/vergoedingen.

Questions

For more information and answers to frequently asked questions, go to: www.dcklinieken.nl/contact or contact our Service and Information Centre at 088 0100 900.