

PARVEEN S. VAHORA MD PA

6325 State Road 54
New Port Richey, FL 34652
727-843-9350

DIAGNOSTIC HYSTEROSCOPY FOR ABNORMAL BLEEDING OF THE UTERUS

What is a diagnostic hysteroscopy?

Diagnostic hysteroscopy is a minor surgical procedure that allows the doctor to look into your uterus to observe its condition. The uterus is a muscular organ at the top of the vagina where menstruation begins and babies grow.

When is it used?

This operation may be performed if:

- You have had heavy menstrual bleeding that goes on for a long time
- You have bleeding between periods
- You have bleeding after menopause

Hysteroscopy can help discover the cause of abnormal uterine bleeding, such as polyps or fibroids. It can be used to do a biopsy of the uterus to check for cancerous growth, especially in menopausal women.

Examples of alternative include:

- Having a D&C (dilation and curettage)
 - Choosing not to have treatment, while recognizing the risks of your precancerous condition.
- You should ask your doctor about these choices.

How do I prepare for a diagnostic hysteroscopy?

Plan for your care and recovery after the operation, especially if you are to have general anesthesia. Allow for time to rest and try to find other people to help you with your day-to-day duties.

Follow instructions provided by your doctor. No special preparation is needed for IV sedation or local anesthesia. If you are to have general anesthesia, eat a light meal, such as soup or salad, the night before the procedure. Do not eat or drink anything after midnight and the morning before the procedure. Do not even drink water, coffee, or tea.

What happens during the procedure?

Types of anesthesia that might be used include IV sedation, paracervical block (local anesthesia), or general anesthesia. A local anesthetic numbs part of your body while you remain awake. It should keep you from feeling pain during the operation. A general anesthetic relaxes your muscles, makes you feel as if you are in a deep sleep, and prevents you from feeling pain.

The doctor dilates your cervix and places a hysteroscope, a thin telescope like tube with a light source, up through the cervix into the uterus. The uterus is then inflated with fluid or gas. This allows the doctor to look at the inside of your uterus more closely.

What happens after the procedure?

After the procedure you may:

- Feel sleepy or groggy from the anesthetic
- Have some cramps
- Retain more urine than before
- Have a watery discharge for 3 or 4 days afterwards

Ask the doctor what steps you should take and when you should come back for a checkup.

What are the risks associated with this procedure?

- There are some risks when you have general anesthesia. Discuss these risks with your doctor.
- A local anesthetic may not numb the area quite enough and you may feel some minor discomfort. Also, in rare cases, you may have an allergic reaction to the drug used in this type of anesthesia. Local anesthesia is considered safer than general anesthesia.
- IV sedation may cause you to have an allergic reaction to the sedative, respiratory arrest, lowered blood pressure, heart rhythm disturbance, or a bad reaction when the sedative is combined with other medications. These risks depend on the type, amount, and rate of sedation.
- Some of the blood vessels in the lining of the uterus may leak.
- The uterus could be punctured and need surgery to repair it (rare).
- There is a risk of infection and bleeding.
- There is a risk of injury to bowel or bladder (rare).
- The procedure may not correct the abnormal bleeding.

You should ask your doctor how these risks apply to you.

When should I call the doctor? 727 843 9350

Call the doctor immediately if:

- You start to bleed a lot.
- You develop a fever.
- You have a lot of pain in your lower abdomen.

Call the doctor during office hours if:

- You have questions about the procedure or its results.
- You want to make another appointment.