OPERATIVE HYSTEROSCOPY

WHAT IS AN OPERATIVE HYSTEROSCOPY?

Operative hysteroscopy can treat many of the abnormalities found at Diagnostic Hysteroscopy. The procedure is similar but narrow instruments are passed through an operating channel in the hysteroscope into the uterine cavity. The operating hysteroscope is slightly wider than the diagnostic hysteroscope so greater dilation is needed. Fibroids, scar tissue and polyps can be removed from inside the uterus. A septum in the uterus can be removed.

Antibiotics and oestrogen may be prescribed afterwards for some types of surgery to prevent infection and promote some types of healing.

HOW IS AN OPERATIVE HYSTEROSCOPY PERFORMED?

Operative Hysteroscopy is usually carried out under a short general anaesthetic. It is possible, in certain circumstances, to have it done without anaesthetic. The patient is put to sleep and the legs are placed in a support. If you have had hip or back problems then let the theatre staff know and they can adjust the position of the poles to protect your hips or back. The vagina is cleansed with cleansing fluid and the cervix is located. It has a central passage in it (called the cervical canal) through which the womb cavity is reached. This passage often has to be widened slightly to allow the hysteroscope to pass through it. A set of graded dilators each of which is 1mm larger than the last is passed through to widen the cervical canal. The hysteroscope is then inserted into the womb cavity and the cavity distended with fluid, which flows there through the hysteroscope. The fluid is usually glycene which allows electrical cutting instruments to be used. This separates the two walls of the womb cavity and allows a direct view of these walls and also the point at which the fallopian tubes join the womb.
The electrical instrument is placed into the operating channel in the hysteroscope and the procedure is performed either by vaporizing the relevant tissue, cutting the tissue or removing the tissue (usual with a polyp or fibroid) in strips small enough to allow removal through the cervix.

AFTER THE OPERATION

You would normally expect to go home the same day. You may get some discharge. If you experience loss greater than your normal period then contact the Hospital. You should not drive the next day if you have had an anaesthetic. You may get some period like pains. Take pain killers for these if necessary. Although the operation site is small you may feel washed out for several days as the healing process gets underway. You may be advised to take several days off work but this depends on the procedure.

RISKS

Serious complications of operative hysteroscopy are rare. They occur about 2 in 100 operations in women of all ages. These include bleeding, infection and perforation (puncture through the womb wall) with either dilators or hysteroscope. Sometimes the operation has to be stopped as

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the leaking fluid does not allow the womb to be distended. Usually if perforation occurs no action is required as it closes spontaneously. . but occasionally a laparoscopy may be performed whilst you are still asleep. This involves placing a fibre-optic tube through the umbilicus to visualize the womb from inside the abdomen (the other side of the perforation to the womb cavity) to assess the problem. Very rarely immediate surgery is required to correct the perforation. Rarely fluid overload occurs and this could cause fluid in the lungs or blood clotting problems. The mortality is 2-8/100,000 operations partly due to coexisting disease or age.

lease bring sanitary towels with you (not tampons).It will be more comfortable to wear loose-fitting clothing. If you wish you may bring your own dressing gown and slippers.

Please let the staff know if you are menstruating. If you are it may be difficult to perform the procedure, as the view will be obscured by blood, and we may not get the information we hope to obtain from the procedure. In this circumstance it may be necessary to change the date of your procedure. We can usually avoid these dates by agreeing the date of your procedure with you in advance.

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