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## **Post-Operative Instructions for Outpatient Hysteroscopy**

### **Introduction**

Hysteroscopy is the exam of the cervix and the uterus using a thin, lighted, telescope-like device called a hysteroscope. One of the most common uses for hysteroscopy is to find the cause of abnormal uterine bleeding. Besides, hysteroscopy is also used in the following situations: examine and remove uterine scarring, polyps, or fibroids, remove intrauterine adhesions, identify the cause of infertility or repeated miscarriages, and find and remove displaced IUDs (intrauterine devices).

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All information above has been reviewed by Gynecology specialists  
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## **Procedure**

Before the procedure begins, general anesthesia is offered to help you relax and cooperate along the way. A speculum would be applied first and then the hysteroscope is inserted through the endocervical canal into the uterine cavity. The hysteroscope would transmit the image of the uterine cavity onto a screen. The fluid, such as saline (salt water), will be used as the media to provide a clearer inspection field. The amount of fluid used is carefully checked throughout the procedure. Doctors can view the lining of your uterus and the openings of the fallopian tubes by looking through the hysteroscope. If a biopsy or other procedure is done, small tools will be passed through the hysteroscope.

## **Pre-procedure preparation**

1. Before the surgery, you would receive pre-operative exam (including ECG, chest X-ray and blood tests).
2. If you are pregnant or think you could be, tell your doctor or nurse.
3. Your doctor will explain the procedure and you can ask questions. You may be asked to sign a consent form that gives permission to do the procedure. Read the form carefully and ask questions if something is not clear.
4. Do not wear makeup, nail polish, gel nails, watches, contact lenses, movable dentures, or all jewelry, including body piercings, rings and earrings; all of the above must be removed prior to surgery.
5. Do not eat or drink anything after midnight on the day of surgery.
6. You may get a sedative before the procedure to help you relax. Therefore, you will need someone to drive you home.

## Post-procedure care

1. After the procedure, rest and observation is necessary at the post-operative recovery room until the anesthetic effect wears off. You would be discharged then.
2. After surgery, if you don't have nausea or vomiting, you can drink water at \_\_\_\_\_; then, normal diet is allowed.
3. You might have vaginal implants
  - no gauze packing or drainage tube
  - gauze packing\_\_\_\_\_, please provide your signature\_\_\_\_\_to confirm that we have removed it at\_\_\_\_\_ °
  - a drainage tube , the aim is to drain off any blood or fluid which may accumulate immediately after surgery. It would be removed by your doctor on post-operative appointment. If the drainage tube falls out, don't worry about it; do not put it back into your vagina, and see the doctor again.
4. Due to the general anesthesia, you might feel dizzy or sleepy right after the surgery; therefore, driving is not suitable for at least 24 hours. Designated driver or public transportation is highly suggested.
5. You may have cramping or vaginal spotting for a few days after the procedure. Please visit our ER or OPD if the symptoms aggravate or persist over one week.
6. Follow the instructions of the medications.

**Come back to the hospital immediately if you have the following conditions:**

1. Aggravating abdominal pain that isn't relieved by regular painkillers.
2. Heavy vaginal bleeding which requires frequent change of the sanitary pads.
3. Foul-smelling, greenish/ yellowish vaginal discharge.
4. Fever with chillness (over 38.3°C.)

**Contact us at the following numbers:**

Gynecology office: (04)23592525 ext. 5801

Gynecology out-patient clinic: (04)23592525 ext. 6557, 6558

Recovery room: (04)23592525 ext. 8033, 8034

**Let's take the quiz to make sure you understand**

1. Gynecological hysteroscopic surgery is often performed for diagnosis or treatment.

Yes No Don't know

2. Hysteroscopy is a uterine endoscope. The doctor passes the hysteroscope from the vagina through the cervix. Place it into the uterine cavity.

Yes No Don't know

3. Uterine perforation, bleeding and infection are not complications of hysteroscopy surgery.

Yes No Don't know

4. Before the surgery include electrocardiogram, chest X-ray, and blood tests Check and pre-anesthesia visit.

Yes No Don't know

5. Gauze may be placed in the vagina after surgery.

Yes No Don't know