

HYSTEROSCOPY / D&C

Hysteroscopy is a procedure, which allows doctors to look inside the cavity of the womb. It is routinely performed in theatre under General Anaesthetic (GA). Occasionally it may be performed under Epidural or Spinal Anaesthesia. More recently it has been possible to perform hysteroscopy under local anaesthesia in an outpatient setting.

During the procedure a sample of tissue or a biopsy may be taken for diagnosis and analysis. Polyps or fibroids may also be identified and occasionally removed at the same time.

What happens after the Hysteroscopy / D&C?

The visual findings at hysteroscopy are known immediately and can be explained to you before being discharged from the Hospital. All tissue removed is sent to the Laboratory for a more detailed examination and analysis. The results will be available at your follow-up appointment.

Risks associated with Hysteroscopy / D&C

In general, Hysteroscopy is a safe procedure and complications are rare. The immediate risks are generally due to perforation of the wall of the womb by either the hysteroscope or by the instruments used to dilate or widen the cervix so as to obtain a tissue sample. These are recognised at the time and do not cause long-term damage. A period of extended observation may be necessary. Antibiotics are generally prescribed under these circumstances.

Bleeding may occur following the biopsy similar to that of a period. This may continue for a number of days and usually settles within a week.

Infection may occasionally arise and if so, usually within a week to ten days of the procedure. This normally presents as unexpected heavy bleeding or an offensive discharge. The infection will need to be confirmed with a culture swab taken from the vagina. If there is clinical concern, antibiotics may be commenced before the results are available (usually within 2 - 3 days).

Admission Day

Hysteroscopy is a day case procedure. You will be admitted to the Day Ward, to be seen by a doctor who will ask you to sign a consent form if you have not already done so. You may have attended a preoperative anaesthetic clinic, if not an Anaesthetist will assess you and discuss your medical history and any current medications you are taking at the time of admission. A sore throat or chest infection may necessitate the postponement of the procedure if the Anaesthetist thinks you are unfit for anaesthesia. If you have any concerns contact your doctor or GP prior to admission day. You will walk to the Theatre waiting room and be escorted by a member of the theatre staff into theatre. Pain relief will be given during surgery in the recovery room and before discharge, appropriate to your needs. On return from the recovery room you may be attached to an intravenous fluid line which will

be discontinued once you have eaten. You may experience crampy period-type pains for which you will be given pain medication.

You are likely to have slight bleeding for 2 – 3 days.

Once you have been to the bathroom and your discharge process is complete, you may go home. You will be discharged by either a doctor or a nurse/midwife. Verbal and written information will be given. If you do not receive a post surgical appointment before discharge then a follow up appointment will generally be posted to you. Unless specifically stated the outpatient return visit, will be six weeks from surgery. Do not be concerned if it is longer.

On Discharge

It is essential to have someone accompany you on discharge from the hospital. Driving home alone is not advisable. If you have any concerns following discharge contact the hospital at (01) 408 5200 or your G.P.

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