

Hysteroscopy and Curettage

“Hysteroscopy” is a procedure to examine the inside of the uterus using a narrow telescope attached to a video camera. “Curettage” is passage of a narrow metal spoon-like instrument through the cervix or mouth of the womb to take a sample from the lining of the uterus.

Purpose

The procedure is carried out to *investigate abnormal uterine bleeding such as heavy, long or irregular periods, bleeding after menopause, absence of periods, bleeding between periods, investigation of infertility or IVF and to assist with inserting intrauterine contraceptive devices (IUCD's).*

Information may also be gained as to the cause of pelvic pain and discomfort and sometimes of recurrent miscarriages. The video images and examination of the endometrial tissue performed later by a pathologist can diagnose endometrial cancer, endometrial polyps or pre-cancerous conditions of the lining of the uterus (endometrial hyperplasia).

Preparation

You will need to fast for around six hours. Please check with my secretarial staff if you are not sure when to fast from. Some patients, depending on their medical and associated conditions, may need blood tests, imaging studies or other investigations to be performed. Hysteroscopy and curettage can be performed during a menstrual period. It may be necessary to soften the cervix for the examination by using Misoprostol pessaries inserted into the vagina to make passage of the curette and hysteroscope easier. *It is important to give Dr. Thomas a full list of your medications and allergies prior to the procedure. This also includes natural therapies, herbal preparations and fish oil tablets, which may have an unpredictable effect on the bloods ability to clot.*

Please carry out a home pregnancy test the day before the surgery unless you or your partner has been sterilized.

Anaesthetic

Usually requires a light general (sleeping) anaesthetic.

Duration of Procedure

The test takes around fifteen minutes. Occasionally I will need to convert to an operative hysteroscopy (which uses a slightly broader telescope) to remove a polyp or fibroid: see separate document "Operative Hysteroscopy" which takes around an hour.

Post-Procedure Care

After leaving the operating theatre you will have a drip or intravenous line in-situ. You will be cared for in the Recovery area of the Operating Theatre which involves one on one care by the nursing staff. This is to monitor your condition and allow time for recovery after the anaesthetic. After around one to two hours you will be offered something to eat or drink if appropriate, and arrangements for discharge will be initiated.

Post-Discharge Care

Most patients should be able to resume their regular activities within one to two days. Mild cramping and spotting may last a few days. Cramping can be treated with anti-inflammatory medications such as Naprogesic or Nurofen in combination with Panadol.

Whilst you are actively bleeding it is wise to avoid tampons and to refrain from intercourse.

Bathing is allowed but swimming in public pools/saunas/hot springs should be avoided.

The next menstrual period may not be the same in nature or timing as your regular period.

You should notify me should you develop a fever (temperature greater than 37.5 degrees), pain or cramping that does not respond to Nurofen/Panadol, bleeding involving clots or foul smelling vaginal discharge.

COMPLICATIONS

Complications Specific to Hysteroscopy and Curettage

This procedure is very common and major complications are rare. Minor issues may be:

1. Uterine perforation

This occurs when passage of the hysteroscope through the cervix makes a hole, usually in the top of the uterus. This readily seals itself and it is most unusual for any treatment to be required other than a single dose of intravenous antibiotics and a brief period of observation.

2. Cervical bleeding

If there has been previous surgery to the cervix, in some post-menopausal patients or if the cervix is particularly difficult to dilate, passage of the hysteroscope through the cervix may cause the cervix to bleed, which may require a stitch to be placed through the bleeding point during the procedure, which is generally curative. The stitch will dissolve and doesn't need to be taken out. It might fall out in your underwear in a few weeks.

3. Infection

Infection from hysteroscopy and curettage is rare (<1%)

4. Intra-uterine adhesions (scar tissue)

Adhesions can rarely form in the uterus following D & C. This is most common when a D & C is performed after a pregnancy or miscarriage or in the setting of active infection. In some cases this can lead to abnormalities in the menstrual cycle, painful menstrual cycles, difficulty falling pregnant or miscarriage. Adhesions within the uterus are generally treatable.

5. Failure to Complete Procedure.

Rarely, the procedure may not be able to be completed if the cervix is tightly scarred and passage of the hysteroscope is not possible. In some cases this may then require a repeat procedure using a different technique or pre operative preparation.

Results from Examination

Pathology results take several working days. A post-operative appointment will be required after the procedure, depending upon your particular circumstances and we will discuss the results.

Questions?

Please don't hesitate to contact the rooms before the date of your procedure, if you have any questions.

Paging service for urgent post operative queries, 9387-1000.