

HYSTEROSCOPY AND ENDOMETRIAL ABLATION

DIAGNOSTIC HYSTEROSCOPY

Diagnostic hysteroscopy makes it possible to see inside your uterus using a thin, rigid device (about 3 mm) called a hysteroscope. The hysteroscope is inserted into the uterus through the vagina and cervix. It is connected to a camera, which, in turn, is connected to a video screen.

If necessary, any lesions found in the uterus (e.g., polyps or fibroids) can be removed using the same camera. A slightly larger tube (5 or 6 mm) is then used. This procedure is called an operative hysteroscopy.

WHAT IS THE PURPOSE OF THE TEST?

The purpose is to identify certain abnormalities (lesions) of the uterine cavity or lining, such as fibroids, polyps, septa, or other pathologies that might explain your symptoms.

Fibroma: Usually benign (noncancerous) fibrous tumor in the uterus, which can cause pressure, pain, or heavy periods.

Polyp: A generally benign (noncancerous) mucous tumor in the uterus, which can cause abnormal bleeding.

The doctor might also remove a fragment of tissue (biopsy) from the uterus for laboratory analysis.

OPERATIVE HYSTEROSCOPY

If an abnormality is discovered during the diagnostic hysteroscopy, the doctor will remove the lesion during the same visit. This is called an operative hysteroscopy. Using the same camera and a slightly larger tube (5 or 6 mm), the doctor inserts a small device to remove the lesion. Any tissue samples will be analyzed and your doctor will contact you with the results.

ENDOMETRIAL ABLATION

This procedure destroys the lining of the uterus, which is called the endometrium. It is the source of your heavy or prolonged menstrual bleeding.

After the procedure, your menstrual discharge should be normal, lighter, or absent. It takes at least 3 months before the results can be assessed.

Pregnancy following endometrial ablation is very risky. Therefore, an effective contraceptive method must be used.

POSSIBLE COMPLICATIONS

There is a very low risk of complications after the procedure, the following could occur:

- Uterine perforation: 1% to 2%.
- Infection of the uterus: 1% to 2%.
- Tearing and bleeding of the cervix: 1% to 2%.
- Fluid overload in the lungs: <1%.
- Gas embolism: <1%

In exceptional cases, uncontrollable bleeding or injury to the organs around the uterus may occur. In this case, your doctor will discuss the treatment plan with you.

THE PROCEDURE

- On your arrival at the clinic, the nursing staff will greet you and complete a questionnaire about your state of health.
- Your vital signs will be taken and a venous line installed.
- Although the procedure is not painful and lasts only 10 to 30 minutes, you might experience menstrual cramps.
- If the discomfort is too great, you will be offered local anesthesia with or without sedation (intravenous medication). Local anesthesia is usually recommended for operative hysteroscopy or endometrial ablation.

PREPARING FOR THE PROCEDURE

- You must be fasting 6 hours before the procedure.
- Drinking of clear liquids (water, pulp-free juice, black coffee, sweetened or unsweetened clear tea) is permitted up to two hours before the scheduled procedure time.
- Avoid smoking, alcohol, and drugs 48 hours before your appointment.
- Unless you are in one of the following situations, take a urine pregnancy test the day before or the morning of your appointment: menopause, tubal ligation, use of long-acting contraception (IUD or hormonal implant), or vasectomy in your partner. These tests are available from your pharmacy.
- You must not wear nail polish or jewelry on the day of the procedure.
- If you experience bleeding on the day of the procedure, the procedure will be carried out as planned.

ON THE DAY OF SURGERY

- Unless contraindicated by your doctor, you should take :
 - ✓ Two 500 mg acetaminophen tablets (e.g., Tylenol®)

AND

- ✓ Two 200 mg ibuprofen tablets or one 400 mg tablet (Advil® or Motrin®, for example), **only if you usually tolerate this medication and are under age 65.**

Take all these tablets **2 hours** before your appointment.

Consult your pharmacist if you have any questions about these over-the-counter medications.

- Take your usual medication on the morning of the procedure, unless otherwise indicated.
- Have with you a list of the medications you take on a regular basis. Inform the nursing staff of those to which you are allergic.
- If you are diabetic, follow your doctor's instructions or contact your pharmacist for medication instructions.
- Have with you your health-insurance and hospital cards.
- **Have someone with you**, as you might receive medication that causes drowsiness and/or dizziness. **If you are not accompanied, the procedure may be cancelled.**
- No accompanying persons will be admitted to the procedure room, but they may be with you before and after the procedure.

AFTER THE PROCEDURE

- You should be able to return home shortly after the procedure. If sedation is required, you will remain under observation for 30 to 60 minutes.
- Wear a sanitary napkin immediately after the procedure, as blood and fluid loss is expected.
- You might experience drowsiness, dizziness, and weakness up to 24 hours after the procedure. Your balance and judgment might also be affected by the medication you receive. If applicable:
 - Do not drive a vehicle or operate dangerous machinery.
 - Do not take alcohol, drugs, or medications that cause drowsiness without medical advice.
 - Don't make important decisions.

AT HOME

FOLLOWING HYSTEROSCOPY :

| What is normal | Advice | Go to the Fleurimont Hospital emergency room if you have: |
|--|---|--|
| Pain | | |
| <ul style="list-style-type: none">• Menstrual-like cramps a few hours after the procedure. | <ul style="list-style-type: none">• Take acetaminophen (Tylenol®) or ibuprofen (Advil® or Motrin®), depending on what you usually take. | <ul style="list-style-type: none">• Increasing menstrual pain or cramps despite medication.• A temperature over 38 °C. |
| Vaginal discharge | | |
| <ul style="list-style-type: none">• Light bleeding up to 2 weeks after surgery. | <ul style="list-style-type: none">• Avoid wearing tampons; use sanitary napkins for seven days.• Avoid penetrative sex, baths, spas, and swimming for 7 days.• Avoid vaginal douching at all times. | <ul style="list-style-type: none">• Significant light-red blood loss (1 full sanitary napkin per hour for 3 consecutive hours) or large clots. |

FOLLOWING ENDOMETRIAL ABLATION :

| What is normal | Advice | Go to the Fleurimont Hospital emergency room if you have: |
|---|--|---|
| Pain | | |
| <ul style="list-style-type: none"> Menstrual-like cramps a few hours after the procedure. Aches 24 to 48 hours after surgery. | <ul style="list-style-type: none"> Take the medication prescribed by your doctor. Take acetaminophen (Tylenol®) regularly for the first few days. | <ul style="list-style-type: none"> Increasing menstrual pain or cramps despite medication. Significant abdominal tenderness with pressure or when walking or coughing. A temperature over 38 °C. |
| Vaginal discharge | | |
| <ul style="list-style-type: none"> Clear, reddish, brownish, or yellowish discharge up to 4 weeks after surgery. | <ul style="list-style-type: none"> Avoid wearing tampons; use sanitary napkins for 14 days after the operation. Drink plenty of water. Take a shower as soon as you feel comfortable doing so. Avoid penetrative sex, baths, spas, and swimming for 14 days. Avoid vaginal douching at all times. | <ul style="list-style-type: none"> Significant light-red blood loss (1 full sanitary napkin per hour for 3 consecutive hours). Nauseating or greenish vaginal discharge. |

DO YOU HAVE QUESTIONS ABOUT YOUR HEALTH?



Contact the nurse clinician at 819-346-1110, ext. 14517
(Monday to Friday, 8 a.m. to 4 p.m.).



After hours, call Info-Santé at 8-1-1.

Authors

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