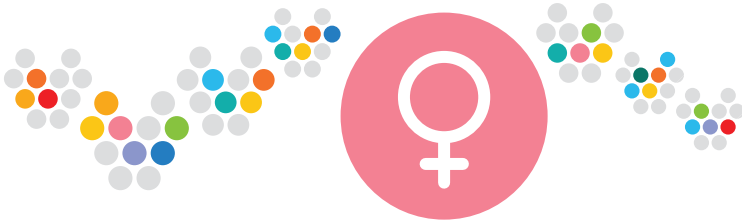


# OUTPATIENT HYSTEROSCOPY

## PATIENT INFORMATION SHEET



### PURPOSE OF THE PROCEDURE

Outpatient hysteroscopy is a diagnostic and treatment method that allows the cervical canal and cervix to be seen from the inside and procedures to be performed in the cervix.

Outpatient hysteroscopy can be used to assess the condition of the uterine cavity, cervix, and uterine lining, to determine the causes of uterine bleeding and infertility, and to evaluate the effect of surgical and medical treatment.

During the procedure, it is possible to take a tissue sample and remove polyps, intrauterine adhesions, the uterine septum, and the intrauterine contraceptive.

### PREPARATION FOR THE PROCEDURE

The best time to perform a hysteroscopy is immediately after menstruation and before expected ovulation (usually days 6-12 of the cycle). The procedure is not performed during menstruation, bleeding, inflammation, or possible pregnancy. Should you have any problems with the gynecological examination, we recommend that you discuss with your gynecologist the possible failure of the outpatient hysteroscopy and consider the anesthetic procedure.

When coming to the procedure, you must bring a referral issued by the referring doctor and the answers to the tests performed, unless your doctor has told you otherwise (i.e., the data has not been sent to a digital medical history).

You can have a light meal and drink before coming for outpatient hysteroscopy. We recommend emptying the bladder just before the procedure.

Please inform your doctor before the hysteroscopy of any known illnesses, medications you are taking, and hypersensitivity to the medications.

Outpatient hysteroscopy is performed without anesthesia; for pain relief, we recommend taking ibuprofen 400 mg 2 tablets at a time (800 mg in total) and paracetamol 500 mg 2 tablets at a time (in total 1000 mg) 45-60 minutes before the start of the procedure.

### COURSE OF THE PROCEDURE

The procedure is performed using a hysteroscope, which is a tube equipped with a thin camera. The hysteroscope is taken through the vagina and cervix to the uterine cavity, which is filled with sterile saline.

The duration of the procedure is approximately 10-45 minutes.

If necessary, an analgesic injected or sprayed topically on the cervix is used during the procedure.

The tolerability of the procedure is individual; during the procedure, there may be discomfort, pressure, menstrual-like pain, sometimes even moderate pain in the lower abdomen. The procedure is well tolerated by the vast majority of patients.

Outpatient hysteroscopy may fail or be insufficient to resolve the problem for the following reasons: inability to enter the uterine cavity through a narrowed cervical canal, the insufficient opening of the cervix due to pathological dimensions, visual impairment due to bleeding, pain, or fainting.

## **AFTER THE PROCEDURE**

After the hysteroscopy, you will be allowed home, and the vast majority of patients will be able to continue their daily activities.

A medical certificate is not required for the day of the procedure, but if necessary, you will be issued with a certificate of appointment at the doctor's office.

Menstrual-like vaginal bleeding and mild abdominal pain may occur during the first few days after the procedure, and there may be a small amount of blood flow from the vagina during the next 1-2 weeks. For pain, ibuprofen 400-600 mg or paracetamol 1000 mg may be used every 6 hours. It is not recommended to have sex, sit in a bath, swim, and to use vaginal tampons for two days or until the blood flow stops.

The response to the tissue sample will be received within two weeks.

## **POSSIBLE COMPLICATIONS OF THE PROCEDURE**

Complications with outpatient hysteroscopy are rare. Complications may include inflammation, vaginal bleeding, injury of cervical wall or cervix, vaginal injury.

A very rare complication is an allergic reaction (if painkillers are used during the procedure). Very rarely, bladder, bowel, or blood vessel injury may occur. Additional surgery may be required to repair the injury.

A very rare complication is thermal damage caused by electric current (if electrical instruments have been used in the procedure). Very rare complications due to intrauterine fluid use are pulmonary edema, respiratory distress, renal failure, central nervous system damage. A very rare complication is the entry of air into the bloodstream through the blood vessels that open during the procedure. This can lead to heart problems, breathing problems, and damage to the central nervous system.

In case of heavy bleeding, fever, unpleasant smelling secretion, and severe lower abdominal pain, it is recommended to consult a gynecologist as a matter of urgency.

Complications with outpatient hysteroscopy are rare, and the procedure is well tolerated in the vast majority of patients.