

Hysteroscopy is a procedure that allows your doctor to look inside your uterus. The hysteroscope is a thin instrument with a lens, a light source and a camera attached to one end. This allows very careful and thorough examination of the uterine cavity.

You should plan on being at the office for 1 ½ hours. If you are prescribed a sedative, you must have someone bring you to and from your appointment. Please call our office at 207-885-8400 and speak with a nurse if you have any questions.

**A Hysteroscopy may be performed to:**

- Evaluate abnormal bleeding
  - Evaluate postmenopausal bleeding
  - Remove polyps (fleshy growths inside the uterus)
  - Obtain a sample of cells from within the uterine cavity (endometrial biopsy)
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**Preparing for a Hysteroscopy:**

- Be sure to eat a healthy meal prior to your procedure
  - Take 800mg of Ibuprofen, Motrin or similar, by mouth the night before and 1 hour prior to your procedure. If you have not been able to tolerate Ibuprofen in the past, please check with your nurse for an alternative
  - If you have not delivered a child through the birth canal, or if you are postmenopausal, you may be given a prescription for a medication that will soften your cervix. You would be asked to take 2 tablets by mouth 6 hours prior to your procedure
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**What to expect during the procedure:**

- Hysteroscopy will be performed in the office on an examination table under a local anesthetic. Your physician will insert a speculum into the vagina.
  - Next the cervix will be cleansed with an antiseptic solution and several injections will be placed into the cervix to block any pain. Once the anesthetic has taken effect, the hysteroscope is gently placed into the vagina and sterile water that flows through the hysteroscope is turned on. There may be some water flowing out of the vagina, which is normal. The water is used to separate the walls of the uterus, which normally touch each other.
  - The hysteroscope is then gently inserted through the cervix and into the uterus under direct vision. Once inside the uterus, the whole uterine cavity is examined for potential abnormalities. You can watch this procedure on a TV monitor if you wish and are encouraged to ask what you are seeing during the procedure.
  - Occasionally, the cervix does not open easily. In this case the cervix needs to be dilated with specialized instruments. You may experience fullness or cramping in the lower abdomen. If a polyp is seen, it may be removed and sent to pathology. You may also have an endometrial biopsy which will be sent to pathology to assess the lining of the uterus.
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**Risks associated with Hysteroscopy:**

- Hysteroscopy is a relatively safe procedure. However, as with any type of surgery, complications are possible. With hysteroscopy, complications occur in less than 1 percent of cases and can include:
    - Risks associated with local anesthesia
    - Infection
    - Heavy bleeding
    - Injury to the cervix, uterus, bowel or bladder
    - Intrauterine scarring
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