

# Information for patients undergoing Hysteroscopy/Suction Dilation & Curettage



## What is Hysteroscopy?

It is a surgical procedure carried out usually under general anaesthetic. A camera is used to visualise the inside of the uterus or womb via the vagina. It is used to diagnose or treat conditions of the endometrial lining of the womb. Using a hysteroscope Dr Abby is able to examine your uterine cavity by filling your uterus with water, she can look directly inside and remove pathology such as polyps or fibroids. She can also perform ablations at the same time for permanent management of heavy periods.

Hysteroscopic surgery is beneficial as it is via the vagina (no cuts) and you recover very quickly with minimal cramping and some bleeding.

## How should you prepare for hysteroscopy?

Immediately prior to surgery please:

- Refrain from eating or smoking - as directed by nurses
- Shower but do not apply any deodorants /make-up/nail polish
- Remove all piercings
- Bring your regular medications
- Wear warm layers, bring your glasses or hearing aids & reading materials
- Please leave jewellery and valuables at home

After your surgery:

- You will not be able to drive for 24 hours, so you will need someone to pick you up and stay with you the first night after the procedure if you do not stay in hospital.
- Do not drink alcohol for 24 hours
- Do not sign any contracts for 24 hours
- Phone Dr Abby's rooms 3 days post your surgery for results and to confirm your follow up appointment
- You can usually return to work 3-5 days post-op.  
**(Please request a medical certificate if you will need one at the pre-operative appointment)**
- Expect possible crampy low abdominal discomfort for 1-2 days post your surgery
- To control pain, take Panadol, Nurofen and heat packs
- Expect watery/bloody discharge for a week post your surgery
- Your throat may be sore from the anaesthetic tube, keep hydrated and suck lozenges if you wish
- To avoid constipation after surgery, drink lots of water, pear and prune juice, psyllium or movicol can be used
- You should not put anything in the vagina for 1-2 weeks post surgery and it is normal to experience light bleeding for up to one month after your surgery (if you are at all worried you can ring the rooms)
- Sometimes Dr Abby uses a dye to examine the fallopian tubes, this is blue and can be seen on a pad or in your urine for the first couple of days post surgery. This is normal.
- You can resume intercourse after 2 weeks if pain is controlled, if you wish to avoid pregnancy please use contraception
- Please wait 6-12 cycles to see an effect from a mirena

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You should call Dr Abby or present to Pindara Emergency post surgery, if you experience any of the following:

- Persistent nausea and vomiting more than 24 hours after your surgery
- A temperature above 38 degrees
- Chest pain
- Shortness of breath or trouble breathing
- Redness, swelling, pain, bleeding or ooze from your wounds
- Vaginal bleeding that is continuing to soak a pad in under 2 hours
- Abdominal pain which worsens or cannot be resolved with Panadol or Nurofen