

HYSTEROSCOPY INFORMATION

A hysteroscope is placed through the cervix (birth canal) with no incision after dilation (stretching) of the cervix. The dilation is less than that for a D&C (dilation and curettage). With a hysteroscope, we can see inside the uterus. Dr. Martin is usually assisted by surgical assistants or by hospital personnel. Other doctors in practice or in training will be introduced to you if they are present.

Laparoscopy is done the same time when tubal cannulation is performed. This is to decrease the chance of damage to the tube and look for other problems.

These are **generally out-patient procedures.**

- **You may be asleep 15 minutes to 1 hour.**
- Common side effects include cramping (particularly with D&C or ablation), vaginal bleeding, bloating, itching if the hair is shaved, bladder spasm and sore throat.
- Nausea and vomiting may occur following surgery. **Have a plastic bag and towels in your car** in case you need them.
- About **1 in 100 patients stay overnight** due to nausea, drowsiness, pain or excess fluid absorption.

Other complications such as bleeding, infection, allergy, and urinary retention, require hospitalization in 1 in 400 patients. Major complications may require surgery or blood transfusion in 1 in 1,200 cases. Some difficult cases may require open surgery to complete the surgery or for complications. Complications such as hysterectomy, decreased sexuality, colostomy, paralysis, coma or death are rare.

The chance of complications increase with the time and difficulty of the case. Difficulty increases with scarring, degree of abnormality, weight and other problems. Due to this, certain parts of the surgery may be avoided if these

appear to significantly increase the risk. In case of a large fibroid tumor, it may be safer to do a **partial operation**, wait on healing and come back later to complete the surgery if needed.

Pictures may be taken during surgery to show you what was seen and done. They are also used to teach other patients and other surgeons.

After surgery

- **You should avoid any activities that require concentration for 2 days.**
- **You may have cramps for 1 day to 3 weeks.**
- **You can usually return to work and normal tasks by 2 to 5 days.**
- **You may need 1 to 6 weeks for your energy to return.**
- **You can usually start having sex after your post-op visit.**

At the time of hysteroscopy, open surgery (laparotomy) may be needed to care for an emergency or it may be seen as a better approach. **We are always ready to do open surgery in an emergency.** However, additional preparation such as medication, bowel prep or banking your own blood may be useful in other situations. Also, open surgery generally requires 1 to 12 days in the hospital and 3 to 8 weeks for recovery. If there are reasons for this before surgery, we will make plans for decisions about open surgery. Otherwise, we will stop and make decisions at a later date.

Your insurance plan may not cover the total cost of hysteroscopy related to infertility, septum repair and some other problems. In addition, some insurance plans have participating physicians. You should clarify your insurance coverage before you schedule surgery.

Please read this and ask questions before the day of surgery.

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POSTOPERATIVE INSTRUCTIONS

HYSTEROSCOPY / D&C

After surgery your concentration and energy levels will be low due to the surgery and anesthesia. For the first 48 hours, do not make decisions, drive a car, use electrical appliances or participate in activities that require concentration or energy. If you have stairs to go up, do so when you are rested.

You can usually resume light to moderate activities in one to three days. Major activities and heavy lifting can be resumed two to five days after surgery. You can usually return to work by two to five days.

You may be sore and have less energy than normal for three to ten weeks.

You can usually start having sex after your post-op visit.

Call the office with:

- Bleeding heavier than a menstrual flow,
- Temperature over 100 degrees for more than four hours,
- Cramping abdominal pain more than a menstrual period,
- Nausea with vomiting, or

A small amount of bleeding is common for several days. Do not have intercourse until after the bleeding has stopped. Call if this is heavier than a menstrual period or lasts more than 10 days.

MEDICATION

Pain medication, gas medication, and other medications should be taken as prescribed.

Use Aleve 220 mg or Motrin 600 mg every 6 hours to help with swelling and pain.

Other medication may be used for problems such as bladder infection, etc.

If you are on other medication, please ask Dr. Martin when to restart these.

You can start on regular diet today

APPOINTMENT

Please call 347-8331 to set up a follow-up appointment to see Dr. Martin in 4 weeks.

EMERGENCIES

The office or answering service is 347-8331

If you have questions, please be sure to ask.

Procedures that are sometimes done on the same day.

LAPAROSCOPY

Expect abdominal swelling for two to six weeks. You may notice a knot in the area of the incision. This is the absorbable stitch before it has had time to dissolve. The incision may be tender for one to four weeks. You may have spotting or bleeding for 10 days.

You may have shoulder pain particularly in the right shoulder. This pain is related to irritation from surgery and from the gas that remains after surgery. This may get better if you lay on your right side to move the gas to the left. A salt water solution is left in the abdomen to push out the gas; this may leak out of the incision and may have a small amount of blood.

You may experience vaginal drainage of a blue dye if it was used to check the tubes.

Your bandaids can be taken off tomorrow. The steristrips should stay on for five days. You can bath or shower with the Steristrips.

HYSTEROSALPINGOGRAM (X-RAY)

After a hysterosalpingogram, you may experience vaginal drainage of the dye.