



FREQUENTLY ASKED QUESTIONS

FAQ084

SPECIAL PROCEDURES

Hysteroscopy

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What is hysteroscopy?

Hysteroscopy is used to diagnose or treat problems of the **uterus**. A hysteroscope is a thin, lighted telescope-like device. It is inserted through your **vagina** into your uterus. The hysteroscope transmits the image of your uterus onto a screen. Other instruments are used along with the hysteroscope for treatment.

Why is hysteroscopy done?

One of the most common uses for hysteroscopy is to find the cause of abnormal uterine bleeding. Abnormal bleeding can mean that a woman's menstrual periods are heavier or longer than usual or occur less or more frequently than normal. Bleeding between menstrual periods also is abnormal (see [FAQ095 Abnormal Uterine Bleeding](#)). In some cases, abnormal bleeding may be caused by benign (not cancer) growths in the uterus, such as fibroids or polyps.

Hysteroscopy also is used in the following situations:

- Remove **adhesions** that may occur because of infection or from past surgery
- Diagnose the cause of repeated **miscarriage** when a woman has more than two miscarriages in a row
- Locate an **intrauterine device (IUD)**
- Perform **sterilization**, in which the hysteroscope is used to place small implants into a woman's **fallopian tubes** as a permanent form of birth control

How is hysteroscopy performed?

Before the procedure begins, you may be given a medication to help you relax, or a general or local **anesthetic** may be used to block the pain. If you have general anesthesia, you will not be awake during the procedure.

Hysteroscopy can be done in a health care professional's office or at the hospital. It will be scheduled when you are not having your menstrual period. To make the procedure easier, your health care professional may dilate (open) your **cervix** before your hysteroscopy. You may be given medication that is inserted into the cervix, or special dilators may be used. A **speculum** is first inserted into the vagina. The hysteroscope is then inserted and gently moved through the cervix into your uterus. Carbon dioxide gas or a fluid, such as saline (salt water), will be put through the hysteroscope into your uterus to expand it. The gas or fluid helps your health care professional see the lining more clearly. The amount of fluid used is carefully checked throughout the procedure. Your health care professional can view the lining of your uterus and the openings of the fallopian tubes by looking through the hysteroscope. If a **biopsy** or other procedure is done, small tools will be passed through the hysteroscope.

What should I expect during recovery?

You should be able to go home shortly after the procedure. If you had general anesthesia, you may need to wait until its effects have worn off.

It is normal to have some mild cramping or a little bloody discharge for a few days after the procedure. You may be given medication to help ease the pain. If you have a fever, chills, or heavy bleeding, call your health care professional right away.

What are the risks of hysteroscopy?

Hysteroscopy is a very safe procedure. However, there is a small risk of problems. The uterus or cervix can be punctured by the hysteroscope, bleeding may occur, or excess fluid may build up in your system. In very rare cases, hysteroscopy can cause life-threatening problems.

Glossary

Adhesions: Scars that can make tissue surfaces stick together.

Anesthetic: A drug used to relieve pain.

Biopsy: A minor surgical procedure to remove a small piece of tissue. This tissue is examined under a microscope in a laboratory.

Cervix: The lower, narrow end of the uterus at the top of the vagina.

Fallopian Tubes: Tubes through which an egg travels from the ovary to the uterus.

Fibroids: Growths that form in the muscle of the uterus. Fibroids usually are noncancerous.

Intrauterine Device (IUD): A small device that is inserted and left inside the uterus to prevent pregnancy.

Miscarriage: Loss of a pregnancy that is in the uterus.

Polyps: Abnormal tissue growths that can develop on the inside of an organ.

Speculum: An instrument used to hold open the walls of the vagina.

Sterilization: A permanent method of birth control.

Uterus: A muscular organ in the female pelvis. During pregnancy this organ holds and nourishes the fetus.

Vagina: A tube-like structure surrounded by muscles. The vagina leads from the uterus to the outside of the body.

If you have further questions, contact your obstetrician–gynecologist.

FAQ084: This information was designed as an educational aid to patients and sets forth current information and opinions related to women's health. It is not intended as a statement of the standard of care, nor does it comprise all proper treatments or methods of care. It is not a substitute for a treating clinician's independent professional judgment. Please check for updates at www.acog.org to ensure accuracy.

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