

Procedure Information Sheet - Diagnostic Hysteroscopy + Endometrial Biopsy

Introduction

Hysteroscopy is the inspection of the uterine cavity by endoscopy through the cervix into the uterus to visualize the endometrium. Samples (biopsies) may then be taken using sampler.

Indications

1. Abnormal uterine bleeding, intrauterine adhesion, polyps and fibroids, intrauterine devices, proximal tubal obstruction, infertility etc.
2. Abnormal ultrasound finding such as suspected polyps and fibroids.
3. It helps to diagnose pre-malignant or malignant lesions in the uterine cavity.

Procedure

1. Local / general anaesthesia.
2. Telescope passed through the vagina and cervix into the uterus.
3. Cervical dilatation may be required.
4. Uterine cavity inspected.
5. Biopsy or curettage of the endometrial lining may be performed.
6. All tissue removed will be sent to the department of pathology or disposed of as appropriate unless otherwise specified.

Pre-operative preparation

1. Ideally performed soon after a menstrual period is finished.
2. You will need to sign a consent form and your doctor will explain to you the reason, procedure and possible complications.
3. No food or drink is allowed 6 to 8 hours before operation if the operation is performed under general anaesthesia.

Possible risks & complications

- Anaesthetic complications.
- Cervical tear.
- Perforation of the uterus with or without trauma to the surrounding organs may require repair.
- Pelvic infection.
- Small lesions can still be missed despite a normal hysteroscopic finding.

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Post-operative information

This is only a diagnostic procedure and not a therapeutic procedure. Further operation may be needed.

Remark

The above-mentioned procedural information is not exhaustive, other unforeseen complications may occur in special patient groups or individual differently. Please contact your physician for further enquiry.

Reference: http://www21.ha.org.hk/smartpatient/tc/operationstests_procedures.html

I acknowledge that the above information concerning my operation/procedure has been explained to me by Dr. _____. I have also been given the opportunity to ask questions and receive adequate explanations concerning my condition and the doctor's treatment plan.

Name:

Pt No.:

Case No.:

Sex/Age:

Unit Bed No:

Case Reg Date & Time:

Attn Dr:

Patient / Relative Signature: _____

Patient / Relative Name: _____

Relationship (if any): _____

Date: _____