



## Procedure Information - Diagnostic Hysteroscopy + Endometrial Biopsy

Visit No.: Dept.:  
Name: Sex/Age:  
Doc. No.: Adm. Date:  
Attn. Dr.:  
Patient No.: PN

Page No:

01	02	03	04	05	06	07	08	09
+10	+20	+30	+40	+50	+60	+70	+80	+90

*Please fill in /  
affix patient's label*

### Introduction

Inspection and biopsy by accessing the uterine cavity with endoscopy through the cervix. This procedure helps to diagnose pre-malignant or malignant lesions in the uterine cavity.

### Indications

1. Abnormal uterine bleeding
2. Intrauterine adhesion
3. Suspected fibroids or polyps
4. Intrauterine devices
5. Proximal tubal obstruction
6. Infertility
7. Abnormal ultrasound findings

### The Procedure

1. Local, regional or general anaesthesia
2. Dilatation of cervix (if required)
3. Passage of telescope
4. Inspection of uterine cavity under direct vision
5. Biopsy or curettage of the endometrial lining (if required)
6. All tissue removed will be sent to Pathology Department or disposed of as appropriate unless otherwise specified

### Risk and Complication

There are always certain side effects and risks of complications of the procedure. Medical staff will take every preventive measure to reduce their likelihood.

### Possible risks and complications (not all possible complications are listed)

1. Anaesthetic complications
2. Cervical tear
3. Infertility
4. Bleeding
5. Pelvic infection
6. Perforation of uterus with or without injury to adjacent organs or major blood vessels, may require repair
7. Presence of small lesions despite a normal hysteroscopic finding

### Pre-operative information

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

### Post-operative information

This is merely a diagnostic procedure with no therapeutic value, may require another operation.

### Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor.

### Reference

Department of Obstetrics & Gynaecology - The University of Hong Kong

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.

\_\_\_\_\_  
Patient / Relative Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship (if any)

\_\_\_\_\_  
Date