



## ***Patient Surgical Packet for Office- Based Hysteroscopy with Anesthesia***

### **ACOG Hysteroscopy FAQ**

#### **What is hysteroscopy?**

Hysteroscopy is used to diagnose or treat problems of the **uterus**. A hysteroscope is a thin, lighted telescope-like device that is placed into the uterus through the **vagina** and **cervix**. 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 your menstrual periods are heavier or longer than usual, or happen less or more often than normal. Bleeding between menstrual periods is also abnormal (read [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 is also used in the following situations:

- Remove **adhesions** caused by infection or past surgery
- Diagnose the cause of **recurrent pregnancy loss**
- Find an **intrauterine device (IUD)**

#### **How is hysteroscopy done?**

Hysteroscopy can be done in a health care professional's office or at the hospital. It is 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. This may be done using medication that is inserted into the cervix, or special dilators.

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 or sedation anesthesia, you are not awake during the procedure.

- First, a [speculum](#) is 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), is 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 see the lining of your uterus and the openings of the [fallopian tubes](#) by looking through the hysteroscope. If you need a [biopsy](#) or other procedure, your health care professional uses small tools 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.

Talk with your health care professional about when you can get back to your normal activities at work or home. For most people, it is the next day. Make sure to ask about when you can have sex or use tampons.

### **What are the risks of hysteroscopy?**

Hysteroscopy is a very safe procedure. But there is a small risk of problems. The uterus or cervix can be punctured by the hysteroscope, you may have bleeding, or extra fluid may build up in your system. In very rare cases, hysteroscopy can cause life-threatening problems. If a problem happens during the procedure, it is treated right away.

## **Pre-Surgical Checklist**

Please use this checklist as a guide throughout the surgical process.

- **1. Surgical Consult**
  
- **2. Preoperative evaluation from primary care physician (if applicable)**
  
- **3. Preoperative lab tests (if applicable)**
  
- **4. Arrange ride home**
  - An adult must accompany you directly home from your procedure. This person must remain at our office for the duration of your procedure.
  - You must not operate a vehicle or any machinery for 24 hours following the anesthesia procedure.
  
- **5. Medication Review**
  - Patients taking glucagon-like peptide-1 (GLP-1) receptor agonists for treatment of type 2 diabetes and/or weight loss (including but not limited to: Ozempic, Trulicity, Mounjaro, and Jardiance) should consider holding such medications on the day of the procedure for patients on a daily dosing schedule, and a week prior to the procedure for patients on a weekly dosing schedule.
  
- **6. The night before surgery**
  - No eating or drinking, including water, for 8 hours before your procedure
  - Small sips of water are okay if you have been advised to continue certain medication such as blood pressure medication.
  
- **7. The day of your surgery**
  - If you were instructed to take any medications on the morning of surgery, it is okay to do so with a small sip of water
  - Travel to the office with a trusted adult who will accompany you home after your procedure
  - Bring any medications with you to office as instructed
  - Check in at the front desk upon arrival to office
  - Bring insurance information and form of payment
  
- **9. Going home from surgery**
  - Pick up any prescriptions if not already done
  - Follow up in the office in 2 weeks for post-op visit

## Step 1: Insurance Authorizations & Financial Responsibility


### Copy of Discharge Instructions

Our surgical scheduling staff will contact your insurance carrier to determine your financial obligation prior to your surgery. This is for your surgeon's portion of the surgery **ONLY**. You will receive separate statements from the anesthetist.

- Our surgical scheduling staff will complete the surgery pre-authorization (or pre-certification) with your health insurance company. In rare instances, your surgery may be delayed due to insurance issues. You will be notified immediately if this occurs. Our staff will work diligently to provide the needed information to the insurance company to receive approval.

## Step 2: Getting Ready for Surgery

Please make sure all items in the following checklist are completed

- Fill prescribed medications prior to your surgery
  - Patients taking glucagon-like peptide-1 (GLP-1) receptor agonists for treatment of type 2 diabetes and/or weight loss (including but not limited to: Ozempic, Trulicity, Mounjaro, and Jardiance) should consider holding such medications on the day of the procedure for patients on a daily dosing schedule, and a week prior to the procedure for patients on a weekly dosing schedule.
  - Arrange to have a trusted adult accompany you to the office on the day of your surgery. **You will not be permitted to drive after anesthesia**
  - Drink plenty of fluids the day before your surgery
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- Refrain from drinking alcohol or smoking for 24 hours prior to surgery
  - **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT** (this includes candy and chewing gum)
  - Take medications that have been instructed by your surgeon or anesthetist. You may take medications with a small sip of water
  - Don't apply lotions or powders to your body
  - Wear comfortable, loose-fitting clothing with sleeves that can be rolled up past the elbow and low-heeled shoes to the office
  - Do not wear make-up or jewelry on the day of surgery
  - Bring any medications as instructed
  - Bring something to read, watch, or listen to in the event of an unexpected delay
  - Bring all insurance information and a form of payment
  - Check in at the front desk upon arrival

### **Step 3: Pain Management After Surgery**

Prior to your surgery, your surgeon will send the following prescriptions to your pharmacy:

- **Ibuprofen 600mg tablet** - take 1 tablet 3 times per day by oral route
- **Acetaminophen 500mg capsule** - take 1 tablet every 6 hours by oral route

### **Step 4 Manage Possible Problems or Side Effects After Surgery**

- **Constipation:** you may take 100mg colace daily as needed for constipation
- **Nausea or Vomiting:** following your surgery, you will have 3 remaining Zofran tablets, which you may take as needed for nausea.

**Drowsiness:** should be expected after surgery. Plan to rest and avoid vigorous exercise.