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HYSTEROSCOPY:

A hysteroscopy is a binocular examination of the uterine cavity.

Preparation:

You are welcome to take a couple of Panodil and an ibuprofen (400mg) approx. 30min before the examination. You will receive the medicine from us if you show up 30 minutes before the examination. Otherwise you can take them home before you show up at the agreed time. The medicine can be bought over the counter.

If you get menstruation, call the day before (at least 24 hours) to cancel it. You can also write to info@gynhvidovre.dk or send an SMS to 20789869, to report the cancellation. In the event of late / no cancellation, it costs DKK 500 in fees.

Examination:

Inside the room there is the doctor and 1-2 staff to help the doctor and hold your hand if you need it. You will be scanned by the doctor.

You will be lying in a gynaecological bed with a diaper under you as it may get a little wet during the examination. The vagina is kept open with an instrument called a "duck beak" and washed with chlorhexidine. You get local anesthesia in the cervical canal with a very thin needle and locally anesthetized with citanest octapressin. It is the same equipment and medicine that the dentist uses to anesthetize the teeth. It tightens for a few seconds when the medicine enters the tissue, and works immediately.

You will not feel any pain during the examination. In addition to ultrasound machines, there is a table with sterile cover and some extra equipment for the examination: a camera (a hysteroscope, 2mm in diameter), 1 bag with 1/2 liter of saline which is hung up in a drip stand and 2 hoses from which the saline bag is connected to the camera (inlet and outlet hose). The saline bag is pressurized (approx. 150-200mm mercury using a blood pressure cuff around the bag). The doctor inserts the camera through the vagina until the small opening in the cervix (orificium externum). From here, the doctor gently leads the camera up into the uterine cavity while the saline runs into the uterine cavity through a small opening built into the camera.

You can follow on a large flat screen to your left, and get an explanation from the doctor what he sees. The doctor looks for the mucous membrane, look for polyps, bleeding / infections, adhesions, and small openings from the uterine cavity to the fallopian tubes (cheeses). The water in the uterine cavity is necessary to expand the cavity and enable visualization of the cavity. The water runs out of the cavity again, partly via. cheeses through the fallopian tubes into the abdominal cavity, and partly back out of the vagina and collected in a bucket under the gynecological bed.

Indication for hysteroscopy can be:

- In connection with investigation of bleeding disorder, cell change
 - Suspicion of polyps in the uterine lining
 - Removal of jammed coil
- Examination of uterine anatomy
- In connection with fertility assessment



Hysteroscopy is usually agreed in advance.

After the examination:

No sick leave. There may be tenderness in the abdomen for a few hours after the examination. It can be treated effectively with two tablets Panodil and 400 mg ibuprofen. There may be diminished spotting for a few days due to bleeding from the mucous membrane which is irritated by the camera. There may be a risk of abdominal infection, which may cause one of the following symptoms: persistent severe pain, bleeding, foul-smelling discharge, fever. If this is the case, you must contact us during our opening hours or the emergency room if you can not get in touch with us. If the doctor has taken the samples during the examination, you will receive a microscopic answer one to two weeks after that.