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Hysteroscopy and Polypectomy Consent

Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to institution or type of practice, may be appropriate.

AS PART OF CONSENT THAT YOU HAVE READ AND UNDERSTOOD THIS DOCUMENT, PLEASE INITIAL EACH PAGE AND PRINT & SIGN YOUR NAME ON THE LAST PAGE.

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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 often or more often than normal. Bleeding between menstrual periods also is abnormal (see the FAQ [Abnormal Uterine Bleeding](#)).

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*
- 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, you may be given a medication to help you relax, or **general anesthesia** or **local anesthesia** 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 doctor'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 provider 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 provider see the lining more clearly. The amount of fluid used is carefully checked throughout the procedure. Your health care provider 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 instruments 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 provider right away.

What are the risks of hysteroscopy?

Hysteroscopy is a 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 rare cases, hysteroscopy can cause life-threatening problems.

Glossary

Adhesions: Scars that bind together affected surfaces of the tissues inside the abdomen or uterus.

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

Cervix: The opening of the uterus at the top of the vagina.

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

General Anesthesia: The use of drugs that produce a sleep-like state to prevent pain during surgery.

Intrauterine Device: A small plastic device inserted in the uterus to prevent pregnancy.

Local Anesthesia: The use of drugs that prevent pain in a part of the body.

Miscarriage: Early pregnancy loss.

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

Sterilization: A permanent method of birth control.

Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

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

PATIENT NAME.....

ID:.....

SIGNATURE.....

DATE.....

WITNESS.....

ID#

CONFIDENTIAL