

Operative Hysteroscopy: Before Your Procedure



What is an operative hysteroscopy?

An operative hysteroscopy is a procedure to find and treat problems with your uterus. It may be done to remove growths from the uterus. It may also be used to treat fertility problems or abnormal bleeding.

Before the procedure, you will get medicine to make you sleep. You will not feel pain. The doctor will guide a lighted tube (called a hysteroscope) through the cervix into the uterus. The doctor will fill your uterus with liquid. The liquid will make it easier to see the inside of your uterus with the scope. The doctor will guide surgical tools through the scope to do the procedure.

When the procedure is done, the doctor will take the scope out. Most of the liquid that the doctor put in your uterus will flow out when the scope is removed.

How do you prepare for the procedure?



Preparing for the procedure

- Understand exactly what procedure is planned, along with the risks, benefits, and other options.
- If you take aspirin or some other blood thinner, ask your doctor if you should stop taking it before your procedure. Make sure that you understand exactly what your doctor wants you to do. These medicines increase the risk of bleeding.
- Tell your doctor ALL the medicines and natural health products you take. Some may increase the risk of problems during your procedure. Your doctor will tell you if you should stop taking any of them before the procedure and how soon to do it.
- Make sure your doctor and the hospital have a copy of your goals of care plan. It lets others know your health care wishes are. It's a good thing to have before any type of surgery or procedure.

Plan Ahead

- **Plan a ride home.** Ask a family member or friend to bring you home after your hospital visit and stay with you for 24 hours.

- **Plan for meals.** Good nutrition is important for your recovery, but cooking may be harder to do right after you get home. Prepare and freeze meals before your surgery or ask friends and family to help you cook or shop for groceries.
- **Get help with chores.** After you get home you may need help. For a short time after your surgery, you may be told to avoid certain physical activities. Plan ahead and arrange to have some help with chores after your surgery.
- **Buy gum or hard candies.** Chewing gum and sucking on hard candies may help get your bowels moving after surgery.

Be as healthy as possible

- **Be active.** Being active before surgery will make it easier for you to be active after surgery. If you're normally active, keep doing your regular activities up to the day of your surgery. If you aren't used to exercising, start slowly. You can start by going for 15 minute walks.
- **Eat healthy.** Eating healthy foods will give your body the nutrients it needs to prepare for and handle the surgery. Eat healthy foods and drink enough fluids in the weeks before your surgery. Your healthcare team will tell you how long before surgery that you need to stop eating and drinking.
- **Manage your medical conditions.** If you have other medical conditions, such as anemia or high or low blood sugar, ask your healthcare team what you need to do to prepare for surgery.
- **Quit tobacco.** You can heal faster and prevent lung problems after surgery if you quit tobacco. Aim to quit smoking and using tobacco and tobacco-like products at least 4 weeks before surgery. Talk to your healthcare team about ways to quit or cut back. **Don't drink alcohol 24 hours before surgery.** Alcohol, cannabis, and other drugs may interact with medicines you take before and after surgery. Talk to your healthcare team if you need help stopping or cutting back on alcohol, cannabis, or other drugs.

Do the following before your surgery to help you feel better sooner and recover faster.

The day before surgery

- Know the time of your surgery, when you need to be at the hospital, and where you need to go when you get there.
- Follow any instructions the healthcare team or your surgeon gave you for your medicines (including herbal or complementary medicines).
- Don't drink alcohol 24 hours before your surgery.



- **Stop** eating at midnight. This is very important!



Stop eating and drinking all non-clear fluids at midnight. This is very important

- You may DRINK CLEAR FLUIDS ONLY up to 3 hours before surgery. This includes BLACK coffee, tea, Gatorade, apple juice and water.

Morning of surgery

Plan to arrive at the hospital on time.

- Follow any instructions provided
- Bring all of the things you packed for your hospital stay **if** you are being admitted.
- Follow **all** other instructions the healthcare team gave you to prepare for surgery.
- Bring your CPAP if you use one



What happens on the day of the procedure?

If your doctor has instructed you to take your medicines on the day of the procedure, take them with only a sip of water.

- Take a bath or shower before you come in for your procedure. Do not apply lotions, perfumes, deodorants, or nail polish.
- Take off all jewelry and piercings. And take out contact lenses, if you wear them.

At the hospital



Bring a picture ID health card

- You will be kept comfortable and safe by your anesthesia provider. The anesthesia may make you sleep. Or it may just numb the area being worked on.
- The procedure will probably take less than an hour.

When should you call your doctor?

- You have questions or concerns.
- You don't understand how to prepare for your procedure.
- You become ill before the procedure (such as fever, flu, or a cold).
- You need to reschedule or have changed your mind about having the procedure.

Operative Hysteroscopy: What to Expect at Home

Your Recovery

An operative hysteroscopy is a procedure to find and treat problems with your uterus. It may have been done to remove growths from the uterus. Or it may have been done to treat fertility problems or abnormal bleeding.

You may have cramps and vaginal bleeding for several days. If the doctor filled your uterus with air during the procedure, you may have gas pains, a feeling of fullness in your belly, or shoulder pain. These symptoms usually go away in 1 or 2 days. If the doctor filled your uterus with liquid during the procedure, you may have watery vaginal discharge for a few days.

Many women are able to return to work on the day after the procedure. But it depends on what was done during the procedure and the type of work you do.

This care sheet gives you a general idea about how long it will take for you to recover. But each

person recovers at a different pace. Follow the steps below to get better as quickly as possible.

- **Discharge**

How you may feel after your operation

- You may feel nauseated, light headed dizzy or sleepy for up to 24 hours after your surgery
- You may have a slight temperature for 2 days
- You may feel tired for a few days after your surgery

For 24 hours after your surgery do not....

- Drive a vehicle
- Operate heavy equipment
- Drink alcohol or smoke
- Make any important or legal decisions

How can you care for yourself at home?



Activity

- Rest when you feel tired. Getting enough sleep will help you recover.
- Most women are able to return to work on the day after the procedure.
- You may shower and take baths as usual.

- Talk about birth control with your doctor. Do not try to become pregnant until your doctor says it is okay.



Diet

- For the first day eat light. Soup toast and tea. Do not eat fatty foods or dairy after surgery as this might upset your stomach.
- You may notice that your bowel movements are not regular right after the procedure. This is common. Try to avoid constipation and straining with bowel movements. You may want to take a fibre supplement every day. If you have not had a bowel movement after a couple of days, ask your doctor about taking a mild laxative.



Medicines

- Your doctor will tell you if and when you can restart your medicines. He or she will also give you instructions about taking any new medicines.
- If you take aspirin or some other blood thinner, ask your doctor if and when to start taking it again. Make sure that you understand exactly what your doctor wants you to do.
- Take pain medicines exactly as directed.
 - If the doctor gave you a prescription medicine for pain, take it as prescribed.
- If your doctor prescribed antibiotics, take them as directed. Do not stop taking them just because you feel better. You need to take the full course of antibiotics.



Other instructions

- You may have some light vaginal bleeding. Wear sanitary pads if needed. Do not douche or use tampons until your doctor says it is okay.
- You may want to use a heating pad on your belly to help with pain. Use a low heat

At Home

Slowly get more active.

- Eat healthy and drink fluids as you did before surgery (unless your healthcare team gives you other instructions).

- Drink oral nutritional supplements (like Ensure Protein Max) for the first month after surgery to give you extra protein and help you heal faster.
- Take less pain medicine as your pain gets better.
- Take your blood thinner and other medicines as you were told.

What is anesthesia?

Anesthesia controls pain. And it keeps all your organs working normally during surgery or another kind of procedure.

Anesthesia can relax you. It can also make you sleepy or forgetful. Or it may make you unconscious. It depends on what kind you get.

Your anesthesia provider (anesthesiologist) will make sure you are comfortable and safe during the procedure or surgery.

There are different types of anesthesia.

- **Local anesthesia.** This type numbs a small part of the body. Doctors use it for simple procedures.
 - You get a shot in the area the doctor will work on.
 - You will feel some pressure during the procedure.
 - You may stay awake. Or you may get medicine to help you relax or sleep.
- **Regional anesthesia.** This type blocks pain to a larger area of the body. It can also help relieve pain right after surgery. And it may reduce your need for other pain medicine after surgery. There are different types. They include:
 - Peripheral nerve block. This is a shot near a specific nerve or group of nerves. It blocks pain in the part of the body supplied by the nerve. This is often used for procedures on the hands, arms, feet, legs, or face.
 - Epidural and spinal anesthesia. This is a shot near the spinal cord and the nerves around it. It blocks pain from an entire area of the body, such as the belly, hips, or legs.
- **General anesthesia.** This type affects the brain and the whole body. You may get it through a small tube placed in a vein (IV). You are unconscious and will not feel pain. During the surgery, you will be comfortable. Later, you will not remember much about the surgery.

What type will you have?

The type of anesthesia you have depends on many things, such as:

- The type of surgery or procedure and the reason you are having it.
- Test results, such as blood tests.

- How worried you feel about the surgery.
- Your health. Your doctor and nurses will ask you about any past surgeries. They will ask about any health problems you may have, such as diabetes, lung or heart disease, or a history of stroke. They will want to know if you take medicine, such as blood thinners. Your doctor may also ask if any family members have had any problems with anesthesia. You will talk with your anesthesia provider about your options. In many cases, you may be able to choose the type of anesthesia you have.

What can you expect after having anesthesia?

Right after the surgery, you will be in the recovery room. Nurses will make sure you are comfortable. As the anesthesia wears off, you may feel some pain and discomfort from your surgery.

Tell someone if you have pain. Pain medicine works better if you take it before the pain gets bad.

You may feel some of the effects of anesthesia for a while. It takes time for the effects of the medicine to completely wear off.

- If you had local or regional anesthesia you may feel numb and have less feeling in part of your body. It may also take a few hours for you to be able to move and control your muscles as usual.
- When you first wake up from general anesthesia, you may be confused. Or it may be hard to think clearly. This is normal.
- Don't do anything for 24 hours that requires attention to detail. This includes going to work, making important decisions, or signing any legal documents.

Other common side effects of anesthesia include:

- Nausea and vomiting. This does not usually last long. It can be treated with medicine.
- A slight drop in body temperature. You may feel cold and shiver when you first wake up.
- A sore throat, if you had general anesthesia.
- Muscle aches or weakness.
- Feeling tired.

You may go home the same day of surgery or you may stay in the hospital. Your doctor will check on your recovery from the anesthesia. He or she will answer any questions you may have.

For answers to frequently asked questions about your anesthetic, please visit <https://www.cas.ca/en/about-cas/advocacy/anesthesia-faq>

Call 911 anytime you think you may need emergency care. For example, call if:

- You pass out (lose consciousness).
- You have chest pain, are short of breath, or cough up blood.

Call your doctor or seek immediate medical care if:

- You have bright red vaginal bleeding that soaks one or more pads in an hour, or you have large clots.
- You have vaginal discharge that has increased in amount or smells bad.
- You have pain that does not get better after you take pain medicine.
- You have signs of infection, such as:
 - Increased pain, swelling, warmth, or redness.
 - A fever.