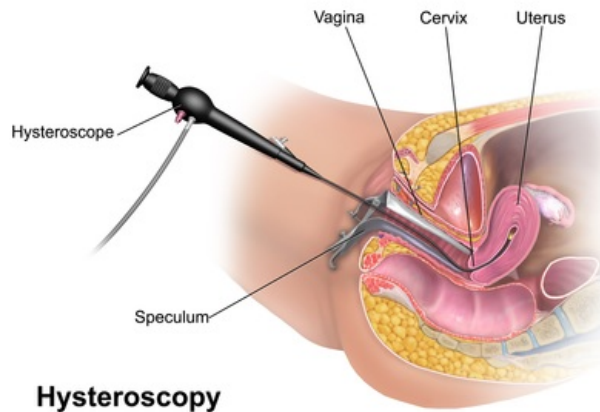


# Hysteroscopy

Hysteroscopy belongs to endoscopic methods. It is either **a diagnostic method** where the cervical canal and uterine cavity are examined using a hysteroscope, followed by a tissue sample (biopsy). But it can also be **a surgical method**, when it is possible to remove, for example, a polyp, a fibroid from the uterine cavity, and break up smaller adhesions. Extensive procedures in the uterine cavity are then called **transcervical surgery**.



## Indication

- Abnormal uterine bleeding - irregular, atypical, heavy. (e.g. uterine polyp or myoma).
- Abnormal ultrasound image of the uterine cavity.
- Secondary dysmenorrhoea - new pains during menstruation.
- Postmenopausal bleeding - always a reason for hysteroscopy (early diagnosis of uterine cavity cancer).
- Infertility and sterility - uterine causes in up to 5-7 % of cases (finding of a polyp, myoma, chronic inflammation, adhesions, etc.).
- Localization, positioning and extraction of the intrauterine body.
- Control after operations on the uterus.
- Removal of residues after abortion and childbirth.
- Hysteroscopic sterilization - the introduction of spirals into the fallopian tubes on both sides, which will scar and cause the fallopian tubes to be blocked.
- Vaginoscopy - without breaking the hymen (for virgins), possible extraction of foreign bodies from the vagina.

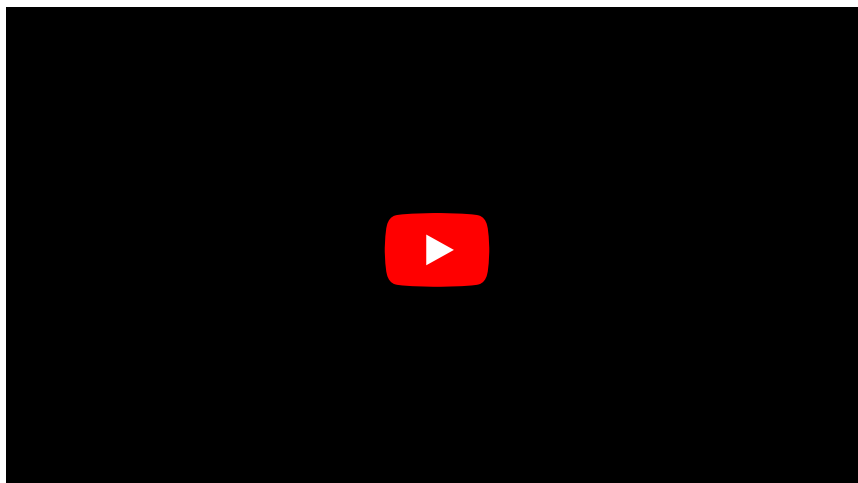


Hysteroscopic image of myoma

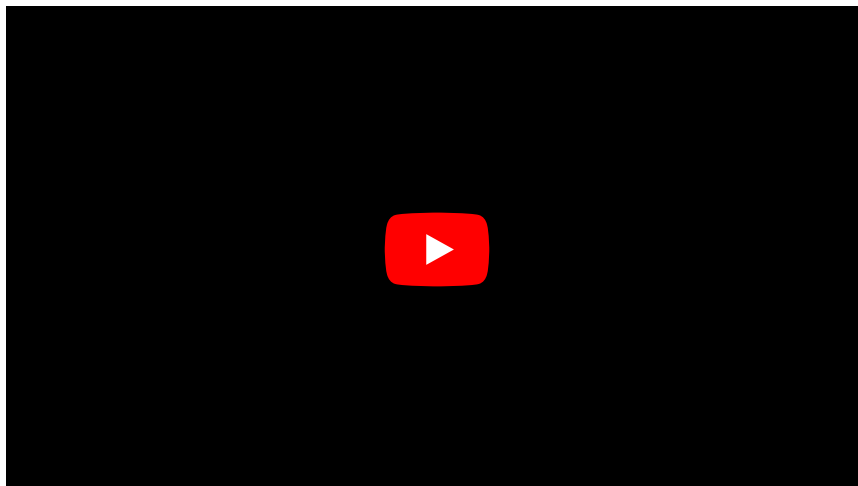
## Implementation

Instrumentation is also adapted to individual types of hysteroscopy depending on the scope, from thin diagnostic hysteroscopes to hysteroscopes with a working channel or directly resectoscopes with a resection loop. Due to its minimal invasiveness, the method is used in gynecology for a number of reasons. It can be performed under general anesthesia during a one-day hospitalization or, since 2009, in outpatient mode, when the procedure is performed without anesthesia in civilian clothes, and therefore with absolutely minimal burden on the patient. Procedures with a smaller scope are suitable for outpatient procedures, they make up about 95 % of all procedures. The others are suitable for their larger scope to be completed under general anesthesia.

### Performing a hysteroscopy



## Diagnostic hysteroscopy with findings



## Contraindications

**Absolute:** overall bad condition of the patient not allowing the procedure, vaginal or pelvic infection, pregnancy.

**Relative:** heavy uterine bleeding (impossible to visualize and localize the source).

## Complications

Iatrogenic mechanical injuries, *fluid overload* syndrome, in connection with anesthesia

## Links

### External links

- Hysteroskopie ambulantní metodou (<https://www.ambulantni-hysteroskopie.cz/>)
- Videozáznam různých nálezů hysteroskopie (<https://www.youtube.com/watch?v=MzixPFAsnAU>)

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