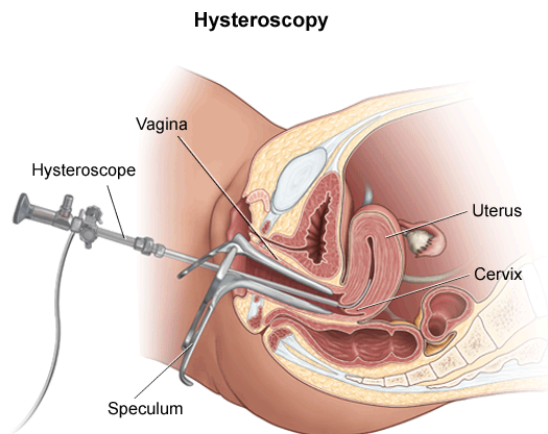


PLEASE NOTE:

This information sheet is not a substitute for a medical opinion. It is designed as an educational reference to allow you to make more informed decisions in consultation with your doctor. Much of what is conveyed during a consultation can be forgotten, this package is here to help remind you of various points that may have been discussed in your consultation and the suggestion of your tailor-made care plan.

HYSTEROSCOPY

Hysteroscopy is a procedure to examine the inside of the uterus. Dr Won uses a thin telescope called a hysteroscope. It is passed through the cervix vaginally and does not require abdominal incision. The hysteroscope allows Dr Won to inspect the lining of the uterus and the openings of the fallopian tubes and to look for any abnormalities. This minimally invasive procedure helps to diagnose uterine problems and can be used to treat some conditions.

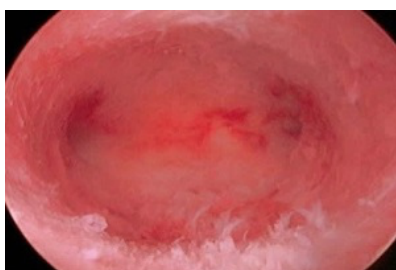


Diagnostic Hysteroscopy

Diagnostic hysteroscopy examines the uterus for abnormalities and signs of disease. A small sample (biopsy) of the uterine lining is usually taken. The biopsy is sent to a pathologist for examination.

Hysteroscopy may be used to investigate:

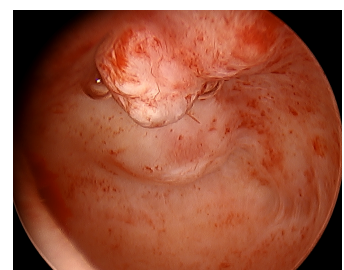
- Abnormal bleeding from the uterus (such as heavy or long period), absence of period, adhesions in the uterus, or bleeding between periods
- Uterine bleeding after menopause
- Painful or irregular periods
- Pelvic pain and discomfort
- Infertility
- Recurrent miscarriage



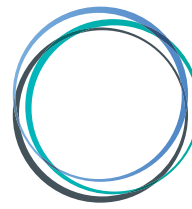
Normal Cavity



Polyp



Fibroid



Operative Hysteroscopy

Operative Hysteroscopy is used to treat certain uterine problems. Tiny surgical instruments are inserted through the hysteroscope and into the uterus. Depending on the diagnosis, this procedure can sometimes replace the need for major surgery. Operative hysteroscopy is most often used to:

- Remove certain type of fibroids (non-cancerous growth of uterine muscle wall)
- Remove some polyps (non-cancerous growth of the endometrial lining of the uterus)
- Treat abnormally heavy menstrual flow by ablation of the endometrium
- Remove adhesions (scar tissue)
- Remove an intrauterine contraceptive device (IUD)
- Insert a special type of contraceptive device into the uterus

Preparing for your Hysteroscopy

Pre Surgery Diet

There is no requirement for special diet or bowel preparation for hysteroscopy. Generally, this involves fasting for at least 6 hours before your surgery and stopping clear fluid (water or clear juice) for at least 2 hours before your surgery time. Hospital staff will contact you the evening before the surgery to advise you on exact timing.

PLEASE NOTE: if you do not adhere to the diet prior to your surgery, your surgery will not proceed.

Medication

Hormones medications are to be continued unless advised otherwise.

Pain medications – please do not take anti-inflammatory medication for 1 week before the surgery (Nurofen, Ponstan, Voltaren or Ibuprofen) to reduce the risk of bleeding. These can be resumed after the surgery.

Most of your regular medications can be continued (e.g. heart, blood pressure, thyroid medications) - take with a sip of water at the usual time, even on the morning of the surgery. If you are taking anticoagulation medications (blood thinners), these medications need to be stopped up to 1-2 weeks before surgery (including Aspirin, Xarelto, Warfarin, Eliquis and Pradaxa just to name a few). It is recommended that you speak to the doctor who prescribed the medication to determine whether it is safe for you to stop the medication before surgery. Occasionally, an alternative medication needs to be taken prior to the surgery and switched back after surgery.

Supplements

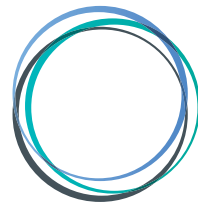
Please stop the following supplements 2 weeks before surgery.

- Garlic, ginger, ginkgo, fish oil, krill oil, turmeric, feverfew, Vitamin E (may increase risk of bleeding)
- St. John's wort, ginseng, echinacea, ephedra, keva, valerian (may interact with anaesthesia or medications)

Please note that this is not an all-encompassing list of supplements to stop before surgery. Please ask Dr Won if you are unsure about your supplements.

Exercise

No restriction on daily activities before your operation.



After having Hysteroscopy

Diet

Light diet (soup, sandwiches) if desired. Gradually build up to normal diet. Small frequent meals rather than occasional large one is recommended.

Medications

Advice will be given regarding continuing hormonal treatment. Continue your regular medication (e.g. heart, diabetes) on day of surgery. Take home pain medication will be prescribed.

Vaginal bleeding

It is expected to have moderate 'period-like' vaginal bleeding after hysteroscopy up to 1-2 weeks. This bleeding should decrease slowly. Your usual period may or may not come at the expected time after hysteroscopy. Please use pads and not tampons for first 2 weeks. If you had a Mirena IUD inserted, please expect intermittent, irregular vaginal bleeding for up to 3-4 months' time. Please contact us if there is offensive vaginal discharge, fever or excessive vaginal bleeding.

General Advice

Gentle exercise such as walking should be gradually reintroduced 1 day after surgery. Avoid high impact exercises for 1 week and gradually increase to usual intensity. Do not drive for 48 hours after general anaesthetic. You may recommence driving when pain medication is no longer required and when you feel ready.

Please avoid inserting anything in the vagina for 2 weeks (tampon, intercourse, swimming, bath) to decrease the risk of infection. Shower is fine even on the day of surgery.

Return to work

You will be able to return to a desk job 2 days after your surgery. Heavy manual jobs or jobs that involve lifting will require up to 1 week. Light duties may be possible during this time. You are likely to feel more tired than usual following surgery and rest is recommended. This is because your body is putting energy into healing the surgical areas. Avoidance of alcohol, keeping well hydrated and a health diet is recommended for good healing.

Post-operative Visit

If advised, please contact us to make a follow up appointment 6 weeks after surgery to review your recovery and pathology result.

When to contact us:

Please contact us on 02 9388 0055 if you have any of the followings.

- Fever higher than 38°C
- Offensive/ smelly vaginal discharge
- Excessive vaginal bleeding
- Intense pain, not responding to pain medications provided
- Any other concerns

Out of business hours, please contact the hospital that you had the procedure at for advice. In case of an emergency, please present to your nearest Emergency Department.

Useful link:

More information on hysteroscopy by Royal Australian and New Zealand College of Obstetrician and Gynaecologist;
<https://ranzcog.edu.au/wp-content/uploads/Hysteroscopy.pdf>