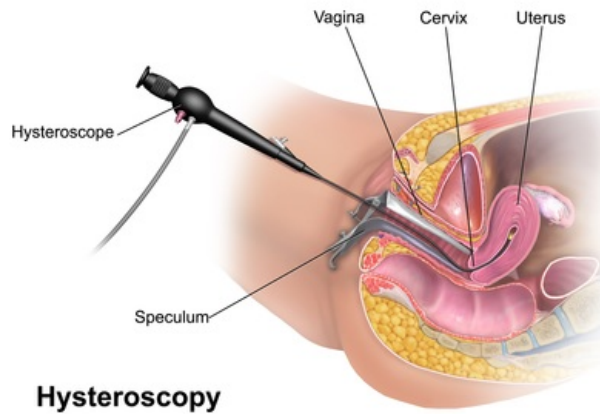


Hysteroscopy

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.

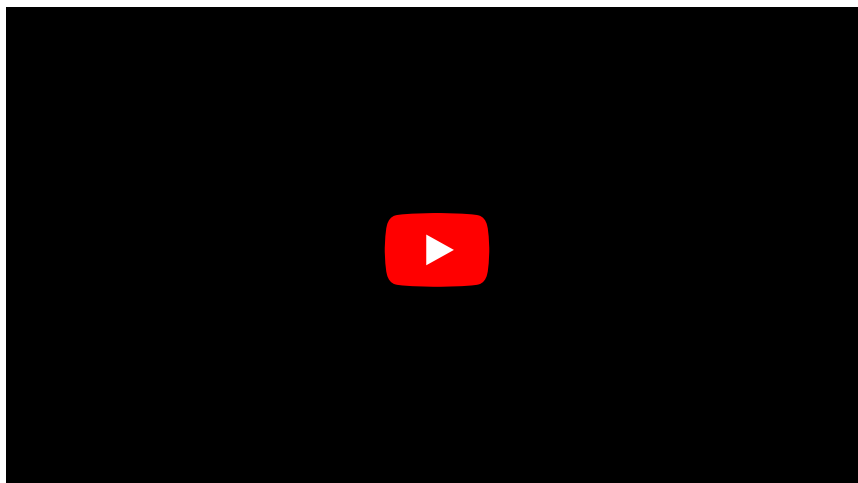


Hysteroscopic image of myoma

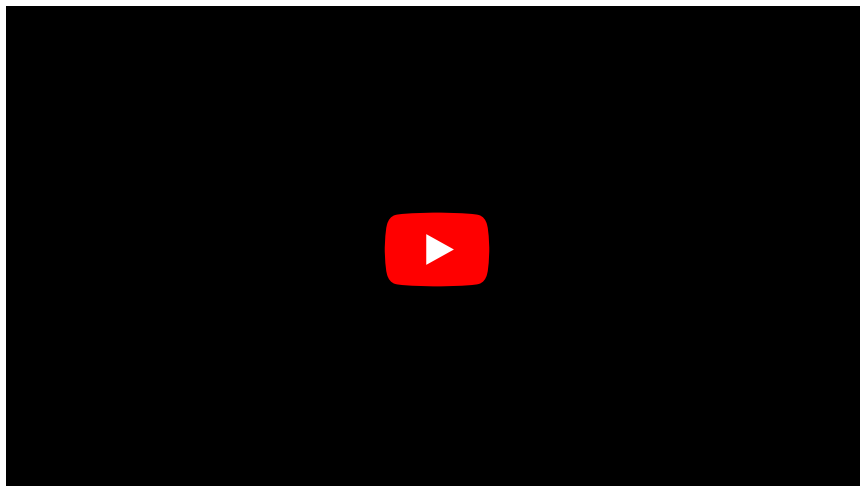
Implementation

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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