HOLLYWOOD GYNAECOLOGY

HYSTEROSCOPY

Post-Operative Information

A hysteroscopy is a procedure used to look inside your uterus using a thin camera (hysteroscope). It can help to diagnose and treat issues like heavy periods, abnormal bleeding, or suspected polyps and fibroids. Depending on your condition, we may also take a biopsy, perform an endometrial ablation, or insert or remove an intrauterine device (IUD).

Your procedure item numbers may include:

- Diagnostic hysteroscopy
- Dilation and curettage (D&C)
- Removal of a polyp or fibroid
- Endometrial ablation
- Resection of a uterine septum
- Insertion or removal of an IUD eg Mirena or Copper IUD

Most patients go home the same day. Please arrange for someone to take you home from hospital, as you won't be able to drive or take public transport alone.

Vaginal Discharge & Bleeding

- Following most gynaecological surgeries, vaginal bleeding is very normal, and can continue for up to 4-6 weeks post procedure
- **Mild cramping and pelvic pain are common after a hysteroscopy.**
- Light bleeding may occur, often stopping and restarting over a few days. This is not a cause for concern.
- Your next period may be delayed or unpredictable. Cycles generally return to normal after one month.
- If you have had an endometrial ablation or resection of fibroid, you may have a **watery discharge for up to 4 weeks.**

- If you have had a Mirena placed, the bleeding pattern can be quite irregular for a few months. This is due to the Mirena working to thin the uterine lining, which takes time to achieve. Occasionally, the Mirena can also provoke period-like cramps. This usually settles down after the first period
- In order to avoid infection, use sanitary pads rather than tampons, and shower rather than taking baths.

Sexual intercourse

- Avoid until any bleeding has completely stopped.
- If you had a Mirena or Copper IUD inserted, wait **7 days** before resuming intercourse.

Tampons

Avoid for 1 week post op.

Exercise and Physical Activity

- You can return to everyday tasks and light activity straight away.
- Exercise and walking can safely be resumed **the next day**.

If any form of exercise causes you significant discomfort, you must stop it immediately.

Bathing and Swimming

- Swimming or bathing are safe to resume the day after surgery.

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Time Off Work

- Most people feel well enough to return to work in **1–2 days**.
- If your job is physically demanding, you may need slightly longer.

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Driving

- Do **not drive for 24 hours** after having a general anaesthetic.
- After 24 hours, you may resume driving if:
    - You are not taking strong pain medications
    - You can perform an emergency stop without hesitation or pain

Always check with your car insurance provider for specific post-surgery restrictions.

Bowel Care

Constipation is common after surgery. Fasting, bed rest and medications for pain can all contribute to slowing of bowel function in the first few days. Constipation can lead to significant post op pain, so it is important to prevent and manage.

To avoid constipation:

- Drink plenty of fluids, mobilise and eat a healthy fibre rich diet as soon as possible post op
- Use over-the-counter options like **Movicol** (softens and bulks stool to naturally trigger a bowel movement) or **Coloxyl** (stool softener) before constipation becomes a problem.
- If you feel that your rectum is full but you are unable to evacuate it, **glycerine suppositories** may also help
- Sometimes a Microlax or fleet enema may be required, if constipation is severe. All of these medications can be purchased without a prescription from any pharmacy.

If constipation persists despite the above, please contact your GP.

TED Stockings

You are not required to continue wearing TED stockings at home unless your surgeon specifically instructs otherwise, regardless of the hospital's advice.

Pain Relief

You may be prescribed:

- **Paracetamol** and **anti-inflammatories** – take regularly as directed
- **Buscopan** – take as needed for cramping

Vaginal Medications

You may restart vaginal oestrogen (e.g. Ovestin, Vagifem) 3 weeks post-op.
Wait 1–2 more weeks if insertion is uncomfortable.

Follow-Up Appointment

If a follow-up is needed, we will schedule it **1–6 weeks after your procedure**, depending on your situation.

Hospital Stay

This is usually a day procedure, and you will be discharged home on the same day.

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When to Seek Medical Advice

Please contact our Rooms or your GP if you experience any of the following:

- Increasing pain in the abdomen, pelvis or back, not relieved by taking analgesia, or is severe when you move, breathe or cough
- Persistent or heavy vaginal bleeding or discharge, or passage of large clots
- Offensive smelling vaginal discharge
- An elevated temperature or fever
- Shortness of breath or chest pain
- Swelling of your abdomen
- Nausea or vomiting that is worsening
- Pain, burning or stinging, or difficulty when passing urine
- Persistent or worsening redness, pain, discharge, increasing swelling or an enlarging bruise around your wound

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Contact Details

Dr Leake, Dr Pontré and Dr Fitzgerald

- **During business hours:** Call the Rooms at (08) 9389 5065
- **Non-urgent post-op questions:** Email: nurse@leake.com.au

Dr Karthigasu, Dr Robertson and Dr Julania

- **During business hours**: Call the Rooms at (08) 93898900
- **Non-urgent post-op questions:** Email: reception@karthigasu.com
  info@drpipparobertson.com
  reception@julania.com.au

Please note: emails are not monitored 24/7

Emergency requiring urgent care: Attend **KEMH Emergency Department or your closest hospital.**

In a medical emergency (e.g. difficulty breathing, chest pain, or very heavy bleeding): Call **000** immediately.