and mild bleeding. The bleeding is usually mild and should settle within seven days. You will be advised antibiotics and pain killers for the next few days. Also, hormone replacement therapy in the form of tablets might be advised depending on the thickness of the septum.

What happens afterwards?

Recovery After the procedure we have a dedicated recovery area where you can sit and have a drink if you wish to. The doctor will explain the procedure that was done and post-operative instructions.

Returning to normal activities

You will be able to return to normal activities after your hysteroscopy. If you experience vaginal bleeding following your hysteroscopy it is advisable to avoid sexual intercourse as this it may increase the chances of infection. Normally women go back to work on the day following day a hysteroscopy. However, everybody is different. Your doctor will advise you if you need more rest.

When to seek medical advice

It is normal to have a few days of bleeding, vaginal discharge or period-like cramps after a hysteroscopy. You need to seek medical advice if you experience any of the following:
- your vaginal discharge becomes foul smelling
- you develop a fever
- your vaginal bleeding becomes heavier than your period
- you experience excessive pain
- Difficulty in breathing
- Dizziness, light-headedness, lethargy, incoherent talking.

Are there any side-effects or complications from a hysteroscopy?

Any medical procedure has risks. We take adequate precautions to avoid any problems. A hysteroscopy is a very safe procedure with a low risk of complications. Less serious but relatively more frequent risks are bleeding (2.4%), uterine perforation (1.5%), and cervical laceration (1-11%) and infection.

Another rare complication is excessive fluid absorption with or without resultant hyponatremia.

You should contact your doctor if you develop any problems such as:
- Fever
- Increased unexplained pain not relieved with painkillers.
- Increased discharge, which is smelly and unpleasant.
- Heavy bleeding.
What is Hysteroscopic Septal Resection?

A septum or a vertical partition in the uterus, could also be one of the rare causes of Infertility or a Bad Obstetric History. In such cases, the septum can be completely removed and the cause of Infertility treated. Hysteroscopic septal resection is a procedure wherein a thin telescope is used to view inside the partition inside the womb (uterus). The partition is cut with the help of instruments like Hysteroscopic scissors. The hysteroscope has special channels which allow the doctor to pass various instruments into the uterus. A special instrument known as resectoscope can also be used for this purpose. This means that as well as being able to look inside the uterus, the doctor can perform additional surgical procedures.

What is Hysteroscopic Septal Resection done for?

A hysteroscopic septal resection may be used to rectify problems caused by septum such as:

- Infertility.
- Unexplained miscarriages or bad obstetric history.

This procedure takes approximately 20-30 minutes depending on the size of the septum. During the procedure, you will lie on an examination couch and rest your legs in two supports; your legs will be covered with a drape. You will be administered general anaesthetic.

What happens during the procedure?

Your doctor will use a speculum (instrument used for viewing the mouth of the uterus). Then the doctor passes the hystroscope through your cervix into the uterus. More often, the hystroscope will be passed into your vagina without having to use a speculum. The hystroscope is connected to a camera and a TV monitor, which show the inside of your uterus. Normal saline may be pumped into your uterus to make it swell a little. This makes it easier to see the lining of your uterus. Once the septum (partition) is visualized, it is divided with the help of hysteroscopic scissors. In some cases, where the partition is thicker, a special solution called glycine is pumped inside the uterus and resectoscope with Collin’s knife with the help of electric current is used to divide the septum till both ostia are visualized at the same level. After the procedure is completed, the hystroscope is gently removed. A Foley’s catheter might be inserted, sometimes, to monitor urine input and output.

Are there any alternatives?

No. Hysteroscopy is considered the gold standard investigation to check and treat the partition in the womb. However, an ultrasound scan or an MRI scan is often used in assisting with investigations of symptoms. If the ultrasound scan is suspicious, a hysteroscopy may be necessary. Your doctor will discuss this with you.

How do I prepare myself for my Hysteroscopy investigation?

You will be asked to give routine blood and urine tests. You will be asked to take 2 laxative tablets the night before surgery. You will be asked to shave private parts. You will be asked to get admitted on the morning of surgery. A cytotec tablet will be inserted inside the vagina 1-2 hours prior to the procedure. IV antibiotics will be administered one hour prior to the procedure. An informed consent would be taken from you and your attendant explaining the risks and benefits.

What should I wear?

You will be asked to remove all clothes and will be provided with an OT gown before the procedure. It is advisable not to bring valuables.

Accompanying person

It is helpful if you can be accompanied by someone who can drive you back home.

Can I have sex before this procedure?

Sexual intercourse does not affect your hysteroscopy investigation.

What if I could be pregnant?

If you think there is any possibility that you could be pregnant please discuss this with us. This is very important and you MUST not have a hysteroscopy if you are pregnant. We can do a pregnancy test but please note that a negative pregnancy test does not always exclude a very early pregnancy.

What can I expect after a Hysteroscopy?

If you have been given general anaesthesia, you will need to rest until the effects of the anaesthetic have passed. You will need to arrange for someone to drive you home. You should try to have a friend or relative stay with you for the first 6-8 hours. You will be discharged if you should feel well enough to drink liquids, pass urine and walk comfortably. However, at times, you might be asked to stay overnight for monitoring. You may experience some period-like cramps.