

Advanced Hysteroscopic Surgery

Hysteroscopic (keyhole) surgery combines the benefits of simplicity and short hospital stay (mostly day case) with absence of abdominal scarring and faster recovery.

What is hysteroscopy?

Hysteroscopy is the technique of inspecting or operating on the inside of the womb by passing a telescope through the cervix, thereby avoiding abdominal cuts. This is safely achieved by instilling fluid inside the womb to distend it at the beginning of the operation. Hysteroscopy has major advantages over other abdominal operations, including shorter hospital admission, faster recovery and return to normal functioning, reduced post-operative pain, reduced risk of post-operative adhesion formation (fibrous tissue that forms between different abdominal organs), and absence of abdominal scarring.

What to expect following hysteroscopic surgery

Anti-adhesion agents: we take active measures to reduce the risk of forming adhesions from hysteroscopic surgery. We do this by instilling 10mls a special gel (called Hyalobarrier) into the womb at the end of the operation. This gel gets absorbed by the body in about a week's time. Women might pass some of the gel through the vagina causing an increased amount of discharge.

Pain: the first 24 hours after hysteroscopic surgery is associated with mild-moderate abdominal and pelvic pain for which we provide appropriate painkillers. We recommend you use the painkillers to keep on top of the pain so it remains manageable. The pain usually becomes much less troubling by the second day and thereafter resolves gradually.

Hospital stay: this depends on the procedure performed. The vast majority of hysteroscopic surgery is performed as day case. Operations needing inpatient hospital stay usually involve an overnight stay for observation.

Return to normal routine: we recommend staying off work for 1 week after a mild procedure and for 2 weeks after an intermediate/major procedure.

Hospital follow-up: this might not be necessary for some women but where indicated is arranged about 4-6 weeks after surgery.

Benefits of hysteroscopic surgery

1. Reduced operative blood loss and need for blood transfusion.
2. Shorter hospital stay.
3. Faster recovery and return to normal routines.
4. Reduced post-operative pain.
5. Absence of abdominal scars.
6. Reduced risk of adhesions and their long-term complications of infertility, pelvic pain and intestinal obstruction.
7. Greater post-operative satisfaction with the treatment.

Risks of hysteroscopic surgery

Our current state of knowledge indicates that hysteroscopic surgery is relatively very safe compared to abdominal surgery. Having said that, no operation is completely risk free and so we've listed below common and serious risks of hysteroscopy.

Bleeding: the risk of bleeding from hysteroscopic surgery depends on the type and complexity of the operation. Bleeding can occur during the operation or afterwards and this could necessitate a blood transfusion.

Uterine perforation: there is a small risk of perforating the womb during hysteroscopic surgery. This risk increases with the complexity of the operation and with bleeding.

Injury to pelvic/abdominal organs: this is very rare and only occurs if there has been a uterine perforation.

Adhesion formation: there is a small risk of intrauterine adhesion formation and this is further reduced with use of anti-adhesions agents.

Infection: these can complicate this type of surgery and so we use prophylactic antibiotics during surgery to reduce the risk. Offensive vaginal discharge especially if coupled with worsening pelvic pain suggest infection.

Our scope of advanced hysteroscopic procedures include:

Hysteroscopic myomectomy

This involves removing uterine fibroids from the womb. This procedure is particularly beneficial for women with infertility and repeated miscarriage.

Hysteroscopic metroplasty

This involves repairing the cavity of the womb to restore its natural contour. This procedure is particularly beneficial for women born with a particular type of abnormality of the womb or with scarring in the lining of the womb.

Hysteroscopic endometrial resection/ablation

This involves removing or destroying the lining of the womb. This procedure is particularly beneficial for women with heavy or troublesome menstrual periods.