

• HYSTEROSCOPY •

Glossary

Adhesions: Scars that bind together affected surfaces of the tissues inside the abdomen or uterus.

Biopsy: A minor surgical procedure to remove a small piece of tissue that is then examined under a microscope in a laboratory.

Cervix: The opening of the uterus at the top of the vagina.

Fallopian Tubes: Tubes through which an egg travels from the ovary to the uterus.

General Anesthesia: The use of drugs that produce a sleep-like state to prevent pain during surgery.

Intrauterine Device: A small plastic device inserted in the uterus to prevent pregnancy.

Local Anesthesia: The use of drugs that prevent pain in a part of the body.

Miscarriage: Early pregnancy loss.

Speculum: An instrument used to open the walls of the vagina.

Sterilization: A permanent method of birth control.

Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

Vagina: A tube-like structure surrounded by muscles leading from the uterus to the outside of the body.

• IS HYSTEROSCOPY COVERED BY INSURANCE? •

Most often, insurance providers do cover hysteroscopy cost. This varies based on insurance company and plan. We will verify coverage and discuss this with you.

• HOW TO BEGIN •

The practitioner will determine if a hysteroscopy is necessary after conducting a full exam, obtaining medical history, and, in many cases, performing an ultrasound. If a hysteroscopy is necessary, we will discuss the need with you, discover insurance coverage, and help you choose a treatment date. A deposit may be required to book and secure your appointment.

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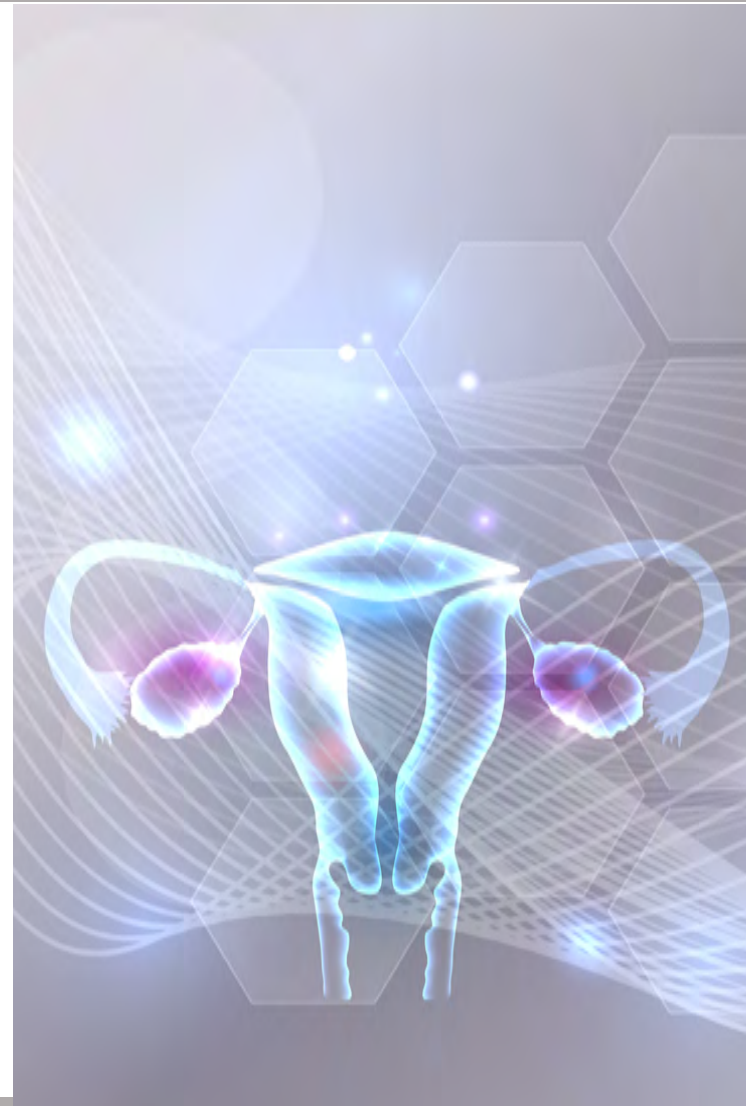


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GYNECOLOGY - DIAGNOSTIC PROCEDURE

• DIAGNOSE •

• WHAT IS A HYSTEROSCOPY? •

A hysteroscopy is a procedure that allows your practitioner to look inside your uterus by passing a very small telescope through the cervical canal. A hysteroscopy allows the practitioner to evaluate the inside of the uterus. The procedure involves passing an ultra-thin camera in to the uterus through the vagina. Scar tissue inside the uterine cavity can be cut, and polyps and fibroids can be removed. If there is a wall (septum) dividing the uterine cavity in two, it can be removed.

• WHY IS HYSTEROSCOPY DONE? •

One of the most common uses for hysteroscopy is to find the cause of abnormal uterine bleeding. Abnormal bleeding can mean that a woman's menstrual periods are heavier or longer than usual or occur less often or more often than normal. Bleeding between menstrual periods also is abnormal but common in menopause or in those on HRT. This can be treated and eliminated in most cases.

Hysteroscopy also is used in the following situations:

- See if polyps or fibroids are present
- Diagnose the cause of repeated miscarriage when a woman has more than two miscarriages in a row
- Locate an intrauterine device
- Remove adhesions that may occur because of infection from past surgery.

• WHERE IS MY HYSTEROSCOPY PERFORMED? •

We perform hysteroscopy in our office surgical room. This allows you to avoid the excessive costs and infection risks associated with hospitals.

• TREAT •

• ABOUT MY PROCEDURE APPOINTMENT •

You will be given a Motrin to take 1 hour prior to the procedure. In the office, you will be given a shot of Atropine and Toradol to relax you. These medications do not cause drowsiness so you may drive yourself to and from your procedure.

• WHAT TO EXPECT DURING THE PROCEDURE? •

The procedure is completely painless. Local anesthesia is used to block any pain. To make the procedure easier, your health care provider may painlessly dilate (open) your cervix before your hysteroscopy. You may be given medication that is inserted into the cervix, or special dilators may be used. A speculum is first inserted into the vagina. The hysteroscope is then inserted and gently moved through the cervix into your uterus. Saline (salt water) will be put through the hysteroscope into your uterus to see it. The fluid helps your provider see the lining more clearly. Your provider can view the lining of your uterus and the openings of the fallopian tubes by looking through the hysteroscope. If a biopsy or other procedure is done, small instruments will be passed through the hysteroscope.

• WHAT TO EXPECT AFTER MY PROCEDURE? •

After your hysteroscopy, you may have some menstrual type cramping or spotting for a few days. You will be discharged with another Motrin to take later. If you have any further questions or concerns after your procedure, please contact our office.

• RELIEVE •

• WHEN WILL WE DISCUSS THE FINDINGS? •

It is best to fully discuss the findings with you at a follow up appointment in a week. A post-operative check-up and examination should be scheduled for 4 to 7 days after the procedure, at which time the findings will be discussed, and a plan made for any future therapy.

• ARE THERE ANY SERIOUS COMPLICATIONS FROM HYSTEROSCOPY? •

Fortunately, any complications from hysteroscopy are very rare. You should call the office if you are concerned about any problems; especially severe cramping, nausea or vomiting, heavy vaginal bleeding (more than a period, or a temperature greater than 101 F.

