



PATIENT FACT SHEET

Evaluation of the Uterus

This fact sheet was developed in collaboration with The Society of Reproductive Surgeons

If you are trying to get pregnant for more than one year (or six months if you are 35 years or older) and have not been successful, a series of tests will be performed to find the cause of your infertility. Your doctor will test your reproductive organs (fallopian tubes and uterus), your partner's sperm, and possible blood tests to check for hormonal problems.

The examination of your uterus (womb) is one of the more important tests that you will undergo. Your doctor will make sure there is nothing that could prevent the fertilized egg (embryo) from implanting and growing. Abnormal tissue growths (such as endometrial polyps and fibroids) and scar tissue within the uterine cavity can prevent implantation.

How will the doctor examine my uterus?

There are many different ways for your doctor to look at your uterus. These include:

Vaginal Ultrasound. A vaginal ultrasound utilizes a probe that is placed inside the vagina. The probe transmits sound waves that allow visualization of the organs in and around the pelvic cavity. The use of vaginal ultrasound helps the doctor see the wall and lining of your uterus.

Sonohysterogram (Saline Infusion Ultrasound). When the inside cavity of the uterus needs to be evaluated, your doctor may want to perform a saline infusion ultrasound. During this procedure, a small amount of sterile solution is placed into your uterus for a better look at the cavity.

Hysterosalpingogram. This procedure provides information about the fallopian tubes and uterine cavity. The doctor injects a special dye into your uterus and then performs an x-ray to visualize the path of the dye through the fallopian tubes. This test allows your doctor to determine if the fallopian tubes are open.

Hysteroscopy. This procedure is performed with a small telescope attached to a camera (called a hysteroscope) that lets the doctor look inside your uterus. Because the doctor has a direct view of your uterus, this procedure may provide the most accurate information.

How is hysteroscopy performed?

Diagnostic hysteroscopy. Hysteroscopy is sometimes used to diagnose a condition involving the uterine cavity. Though the majority of hysteroscopic procedures are performed in a hospital operating room, diagnostic hysteroscopy can also be done in the doctor's office, usually without narcotic pain medication. If your doctor performs this procedure in the office, he or she may give you ibuprofen and medication to numb your cervix. The doctor will

then insert the hysteroscope through your vagina into the cervix. Because the hysteroscope is attached to a camera, both you and your doctor can watch the procedure on a television screen. After the procedure is performed, you can usually return to your normal activity just as you would after an annual gynecologic exam.

Operative hysteroscopy. Hysteroscopy can also be performed to remove tissue or growths that interfere with fertility. The hysteroscope that is usually used for operating is larger than the one used for diagnosing problems in the uterus, so you will need general, epidural or spinal anesthesia; and the procedure will probably be done in a hospital or outpatient facility. After operative hysteroscopy, there is very little discomfort since there were no incisions made.

Both the office and operative hysteroscopy are performed through the opening of your cervix. If the cervix was stretched (dilated), your doctor may advise you to avoid swimming, taking a bath, or placing anything in the vagina for up to two weeks (this includes avoiding sexual intercourse). This will allow the dilated cervix to return to its normal size and will reduce the risk of infection.

What can a doctor diagnose and treat with hysteroscopy?

Endometrial polyps are lesions commonly found in infertility patients. Polyps are an overgrowth of the tissue that lines the uterine cavity or cervix. Depending on their size and location, polyps are either removed in the physician's office or in an operating room.

Uterine fibroids are noncancerous growths in your uterus. These growths can cause heavy bleeding if they are in the inside of the uterus. A hysteroscope can be used to remove these growths.

Intrauterine scar tissue can be removed with either office or operative hysteroscopy. To prevent scar tissue from returning, your doctor may give you estrogen and place a balloon in your uterus for up to a week after surgery. A follow-up hysteroscopy or other method of uterine evaluation may also be needed to determine if scar tissue has returned.

What are the risks of hysteroscopy?

Only 1% of women have complications from an office hysteroscopy. After any procedure, you could have an infection. Rarely, the surgeon could accidentally puncture a hole in the wall of your uterus (called uterine perforation) using the hysteroscope. These holes are small and usually heal by themselves.

Complications with operative hysteroscopy include absorption of fluid, infection, bleeding, and uterine perforation. If a perforation occurs during an operative hysteroscopy, you may need another procedure to ensure there is no damage to nearby organs such as your intestines, bladder, or blood vessels.