



Fact Sheet

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The Patient Education Website of the American Society for Reproductive Medicine

Evaluation of the uterus

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

If you haven't been able to get pregnant after trying for 6 months, some tests can be done to help find the reason. Your doctor may test your hormone levels, your partner's sperm, and your reproductive organs (ovaries, fallopian tubes and uterus [womb]). During an exam of your uterus, your doctor will make sure there is nothing that could prevent the fertilized egg (embryo) from implanting (attaching to the uterine lining) and growing.

How will the doctor examine my uterus?

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

Vaginal Ultrasound. A vaginal ultrasound uses a tampon-like probe that is placed in the vagina. The probe sends sound waves to a screen showing an enlarged image of the walls and lining of your uterus as well as your ovaries.

Sonohysterogram (Saline Infusion Sonogram). This test is a special type of vaginal ultrasound. During this test, a small amount of sterile fluid is placed in your uterus through the cervix (the lower part of the uterus that opens into the vagina) through a tiny plastic tube. It allows your doctor to see how the space inside of the uterus (cavity) is shaped. This is a quick procedure usually done in the doctor's office.

Hysterosalpingogram (HSG). This test can give information about the fallopian tubes and the inside of the uterus. A small amount of a special dye (that appears white on an x-ray) is placed into your uterus through the cervix. While the dye is being injected, an x-ray is taken to show the path of the dye through the uterus and fallopian tubes. This test allows the doctor to see the shape of the cavity and see if your fallopian tubes are open. You may experience mild, moderate, or severe cramping during this procedure.

Hysteroscopy. Your doctor uses a small telescope attached to a camera (called a hysteroscope) to look inside your uterus. The hysteroscope is passed through the cervix into the uterus. The doctor has a direct view inside your uterus which gives the most accurate information about the cavity. Hysteroscopy is used to diagnose and treat certain problems. It can be done either in the office with mild pain medication or in a surgery center under anesthesia.

How is hysteroscopy performed?

Diagnostic hysteroscopy. Sometimes hysteroscopy is used to diagnose a condition inside the uterus. If your procedure is done in the office, your doctor may give you ibuprofen and medication to numb your cervix. The doctor will place the hysteroscope through the cervix into the uterine cavity. Because the hysteroscope is attached to a camera, both you and your doctor can watch the procedure on a monitor screen. When the procedure is over, you can usually return to your normal activity just like you would after a regular gynecologic exam. You may have a little spotting or watery fluid from your vagina afterwards.

Operative hysteroscopy. Hysteroscopy can also be used to remove abnormal tissue that can cause problems with fertility or bleeding problems. Because the hysteroscope that is used during an operation is slightly larger than the one used for diagnosis, operative hysteroscopy is usually done under anesthesia in an operating room of a hospital or

surgery center. It typically takes about one hour. Usually, there is very little discomfort afterwards since no incisions are made. Because the cervix is stretched (dilated) to pass the hysteroscope into the uterus, your doctor may advise you not to go swimming, take a tub bath, or place anything in your vagina for up to 2 weeks (this includes avoiding sexual intercourse, using tampons, and douching). This precaution allows the dilated cervix to return to its normal closed position and will lower the chance of infection.

What can a doctor diagnose and treat with hysteroscopy?

Endometrial polyps are small growths of the tissue that lines the uterus. Polyps are commonly found and may affect fertility and can cause abnormal bleeding. Depending on the size and location, polyps can be taken out in the physician's office or in an operating room.

Uterine fibroids are noncancerous growths in the wall of the uterus. If they are inside the uterus, they can cause heavy bleeding and/or problems with getting and staying pregnant. These fibroids can sometimes be removed using a hysteroscope.

Scar tissue inside the uterus (adhesions) can be removed either in a doctor's office or in the operating room. To prevent adhesions from returning, your doctor may give you hormone medicine and/or place a small balloon in your uterus for up to one week after surgery. A follow-up hysteroscopy or other type of uterine test may also be needed to see if scar tissue has returned.

Uterine septum is a piece of tissue dividing the uterus in half. It is a type of uterine abnormality that some women are born with and can cause miscarriages. Commonly, a uterine septum is removed with operative hysteroscopy in the operating room. You may also receive hormone medicine after the procedure and/or a small balloon may be placed in the uterus to minimize scarring.

What are the risks of hysteroscopy?

Complications from hysteroscopy are rare. Like after any procedure, you could get an infection and scar tissue may form that could require another hysteroscopy. Most women will have some bleeding after the procedure. Heavy bleeding should be reported to your healthcare provider as this may require medical attention. Since hysteroscopy is performed using fluid to let your provider see into the uterus, there is also a risk of absorbing too much fluid from the uterus into your blood. Rarely, the hysteroscope could puncture a hole in the wall of your uterus (perforation). These holes are typically small and usually heal by themselves. If the perforation is larger, or your doctor is concerned about the possibility of injury to other organs outside the uterus, such as intestines, bladder, or blood vessels, the doctor may do another procedure called laparoscopy (placing a telescope through your abdomen) at that time. For more information about laparoscopy, please see the ASRM booklet titled *Laparoscopy and Hysteroscopy*. Serious complications of hysteroscopy are extremely rare.

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