

| HYSTEROSCOPY: assessment of the endometrium and uterine cavity

A diagnostic or surgical hysteroscopy is a minimally invasive procedure used to evaluate the inside of the uterus (womb) to identify any abnormalities that may be affecting your fertility. It is often recommended for patient with history of implantation failure, recurrent miscarriages or in cases where there is an ultrasound suspicious of endometrial or uterine defects.

A very small optic is inserted into the uterus to visually inspect the uterus for conditions that could be contributing to infertility, such as:

- ⇒ **Uterine fibroids:** Non-cancerous growths in the uterus that can interfere with implantation.
- ⇒ **Polyps:** Benign growths of the uterine lining.
- ⇒ **Asherman's Syndrome:** Scarring inside the uterus, often caused by previous surgery (like a D&C).
- ⇒ **Congenital uterine anomalies:** Abnormalities in the structure of the uterus, such as a septum (a dividing wall in the uterus).
- ⇒ **Endometrial conditions:** Issues with the uterine lining that could make it harder for an embryo to implant like chronic endometritis or endometriosis.

***At Repromed, we perform Diagnostic Hysteroscopy and Minor Surgical Procedures (for example, removing one or two small polyps).

For more advanced surgical procedures, patients are referred to hospital-based care, where waiting times may range from 4–6 months.

When is it Used for Infertility?

- Previous imaging (like ultrasound) suggests uterine abnormalities (like fibroids, polyps, septum).
- If you had multiple miscarriages or recurrent implantation failure.
- The cause of infertility is unexplained, and the doctor wants to rule out any uterine issues that might be contributing.

How does it work?

⇒ Preparation:

- It is typically performed in an outpatient setting, and you may be asked to take medication before the procedure.
- A thin, lighted tube called a hysteroscope is inserted through the cervix into the uterus. The hysteroscope has a camera on the end, allowing the doctor to view the inside of the uterus on a screen.
- Saline solution is used to expand the uterus to get a better view. You will probably feel some water coming out the vagina during and after the procedure.

⇒ Duration:

- The procedure typically takes 15–30 minutes, and is normally well tolerated. If patients are in pain we can use local anaesthetic or sedation. Most patients goes back to their duties after the procedure.

⇒ Post-Procedure:

- After the procedure, you may experience some mild cramping or spotting for a day or two.

Risks

- While hysteroscopy is generally safe, there are a few risks to consider, such as:
- Infection (very low risk)
- Injury to the uterus or cervix (low risk)
- Heavy bleeding (very low risk)
- Adverse reactions to anesthesia (if used)

Benefits

- Provides a direct, clear view of the uterine cavity, which may not always be detected with ultrasound.
- Helps guide treatment decisions, such as surgical intervention (e.g., removal of fibroids or polyps).
- It is a relatively quick and low-risk procedure

Costs

Hysteroscopy diagnostic	€1,000
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Hysteroscopy surgical	€1,450
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