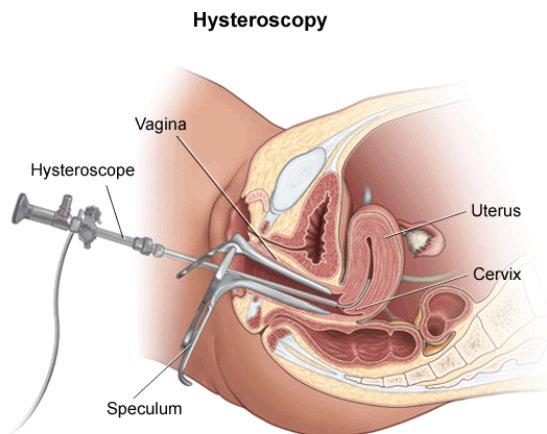


PLEASE NOTE:

This information sheet is not a substitute for a medical opinion. It is designed as an educational reference to allow you to make more informed decisions in consultation with your doctor. Much of what is conveyed during a consultation can be forgotten, this package is here to help remind you of various points that may have been discussed in your consultation and the suggestion of your tailor-made care plan.

HYSTEROSCOPY

Hysteroscopy is a procedure to examine the inside of the uterus. Dr Won uses a thin telescope called a hysteroscope. It is passed through the cervix vaginally and does not require abdominal incision. The hysteroscope allows Dr Won to inspect the lining of the uterus and the openings of the fallopian tubes and to look for any abnormalities. This minimally invasive procedure helps to diagnose uterine problems and can be used to treat some conditions.

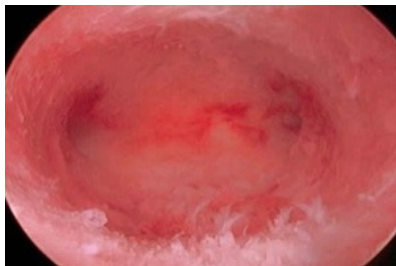


Diagnostic Hysteroscopy

Diagnostic hysteroscopy examines the uterus for abnormalities and signs of disease. A small sample (biopsy) of the uterine lining is usually taken. The biopsy is sent to a pathologist for examination.

Hysteroscopy may be used to investigate:

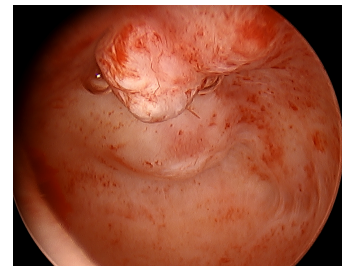
- Abnormal bleeding from the uterus (such as heavy or long period), absence of period, adhesions in the uterus, or bleeding between periods
- Uterine bleeding after menopause
- Painful or irregular periods
- Pelvic pain and discomfort
- Infertility
- Recurrent miscarriage



Normal Cavity



Polyp



Fibroid



Operative Hysteroscopy

Operative Hysteroscopy is used to treat certain uterine problems. Tiny surgical instruments are inserted through the hysteroscope and into the uterus. Depending on the diagnosis, this procedure can sometimes replace the need for major surgery. Operative hysteroscopy is most often used to:

- Remove certain type of fibroids (non-cancerous growth of uterine muscle wall)
- Remove some polyps (non-cancerous growth of the endometrial lining of the uterus)
- Treat abnormally heavy menstrual flow by ablation of the endometrium
- Remove adhesions (scar tissue)
- Remove an intrauterine contraceptive device (IUD)
- Insert a special type of contraceptive device into the uterus

Preparing for your Hysteroscopy

Pre Surgery Diet

There is no requirement for special diet or bowel preparation for hysteroscopy. You just need to fast for 6 hours (not even water) before your surgery. PLEASE NOTE: if you do not adhere to the diet prior to your surgery, your surgery will not proceed.

Medication

Hormones are to be continued. Pain medications - You may take **paracetamol only** (no codeine or ibuprofen). Neurofen, Ponstan, Voltaren and other non-steroidal anti-inflammatory drugs may be continued until your surgery. Stop Aspirin 14 days prior to surgery. Continue other medications (e.g. heart, diabetes), take with a small amount of water on the morning of your surgery - if you are unsure, check with your doctor.

Exercise

No restriction on daily activities before your operation.

After having Hysteroscopy

Diet

Light diet (soup, sandwiches) if desired. Gradually build up to normal diet. Small frequent meals rather than occasional large one is recommended.

Medications

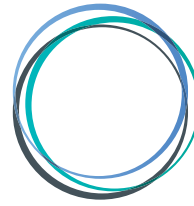
Advice will be given regarding continuing hormonal treatment. Restart other medication (e.g. heart, diabetes) on day of surgery. Take home pain medication will be prescribed.

Vaginal bleeding

It is expected to have moderate 'period-like' vaginal bleeding after hysteroscopy up to 1-2 weeks. This bleeding should decrease slowly. Your usual period may be disturbed from hysteroscopy. Sexual intercourse can resume when vaginal bleeding / discharge stops. Please contact us if there is smelly vaginal discharge, fever or heavy bleeding.

Other General Advice

Gentle exercise such as walking should be gradually reintroduced 1 day after surgery. Avoid high impact exercises for 1 week and stop if it hurts. Do not drive for 24 hours after general anaesthetic. Recommence driving when pain medication is no longer required (check with your car insurance company regarding cover following surgery).



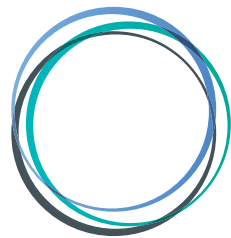
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Return to work

You will be able to return to a desk job 1-2 days after your surgery. Heavy manual jobs or jobs that involve lifting will require up to 1 week. Light duties may be possible during this time. You are likely to feel more tired than usual following surgery and rest is recommended. This is because your body is putting energy into healing the surgical areas. Avoidance of alcohol, keeping well hydrated and a health diet is recommended for good healing.

Post-operative Visit

Please ring and make a follow up appointment 4-6 weeks after surgery to review your recovery and pathology result, as well as further management plan.



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