



NEWTON-WELLESLEY HOSPITAL

POST-OPERATIVE INSTRUCTIONS OPERATIVE HYSTEROSCOPY

You have recently undergone a procedure called a hysteroscopy, most likely for the removal of a polyp or fibroid. The following information should help you understand what to expect during your recuperative period.

Personal Care:

During surgery your cervix was dilated to allow for instruments to be used inside the uterus. To prevent bacteria from entering this area, do not use anything vaginally for two weeks – no tampons, no douching, no intercourse. Also, it is best to avoid soaking in a tub or swimming as bacteria in the water can enter the uterus in this way.

Bleeding:

You will likely have a small amount of bleeding after your procedure. It should not be heavier than a light menstrual period and will probably resolve spontaneously within a few days. Sometimes it is not possible to remove an entire fibroid during surgery. This is dependent on how deeply embedded the fibroid is in the uterine muscle. Thus, if a portion of the fibroid is left behind in the uterus, it often necroses (dies) and causes no further bleeding problems. Sometimes fibroid tissue left behind in the uterus will, over time, begin to protrude into the uterine cavity and bleeding problems may recur. In this case, an additional surgical procedure may be performed to remove the fibroid in its entirety. Surgical manipulation can disrupt the normal timing of menstruation. You may get your period earlier or later than expected (anytime from a few days to several months).

Diet:

You may eat whatever you feel you can tolerate. You may experience some residual nausea from the anesthesia or pain medication which may decrease your appetite. It is most important to remain hydrated and clear liquids are usually most easily tolerated.

Activity:

You may resume your normal daily activities. You may find that you tire more easily as a result of surgery and anesthesia. It is best to avoid strenuous activity or sports for about a week after surgery, although there are no specific restrictions on activity. The speed with which patients “bounce back” after surgery varies widely and is largely dependent on the individual. Remember that your body is undergoing a healing process and that you may not have as much energy as usual.

Pain:

Mild pelvic/abdominal cramping may occur after surgery. You will be given pain medication to take at home. Do not be afraid to take this medication as directed. Pain management efforts are most successful if you take the medication as soon as you begin to experience discomfort rather than waiting until the pain is severe. Most patients find that their cramping resolves spontaneously within a few days. Finally, the first several menstrual cycles following surgery may be more uncomfortable than usual.

For most patients, non-steroidal anti-inflammatory drugs (NSAIDS) such as ibuprofen (Motrin or Advil) work best to control post-operative pain. Occasionally, a narcotic such as Percocet will be needed in addition to the ibuprofen. *You should follow the specific instructions your doctor gives you.* Typically, ibuprofen (Motrin or Advil) 600 mg is recommended every 6 hours for the first 24 to 48 hours after surgery. The narcotic can be taken with the ibuprofen as needed. Do not take the ibuprofen on an empty stomach.

Follow-up:

There is usually no need for a post-operative visit following hysteroscopic surgery; however, in some cases your doctor may instruct you to make a post-operative appointment and, in this case, you should call the office to do so.

Please call your doctor if you experience any of the following:

- Temperature greater than 101 degrees
- Nausea and vomiting, unable to tolerate anything by mouth
- Vaginal bleeding, changing more than one pad every hour
- Foul-smelling vaginal discharge
- Progressively worsening pain