

After Your Hysteroscopy Surgery

Self-care and follow-up

You recently had a hysteroscopy surgery. This handout explains what to expect as you recover at home. We hope your recovery is quick and easy.

Personal Care

During surgery, your cervix was dilated so that instruments could be used inside your uterus. To lower your risk of infection in this area:

- Do **not** put anything into your vagina for 2 weeks after surgery. This means you cannot use tampons, douche, or have sexual intercourse.
- Do **not** take a bath, soak in a hot tub, or go swimming for 2 weeks. Bacteria from the water can enter your uterus.

Bleeding

You will likely have some bleeding after your surgery. It should be like a light period and may last several days to several weeks. Also, because your uterus was affected by the procedure, your usual menstrual cycle may change. Your period may start a few days to several months earlier or later than expected. And your period **may** be more painful for a couple of cycles after surgery.

Diet

- Eat foods you feel you can handle after your surgery. You may have some nausea from the anesthesia or pain medicine, which may decrease your appetite.
- It is very important to drink lots of fluids to help you stay hydrated. Clear liquids are usually easiest to handle after surgery.



After your surgery, be sure to drink plenty of clear liquids.

Activity

- Do **not** drive if you are taking *opioids*, a type of prescription pain medicine.
- Avoid strenuous activity or sports for about 1 week after surgery. You may resume your other daily activities as you feel able.
- You may get tired more easily after your surgery and anesthesia, and from the medicines you are taking. Each person recovers after surgery at a different rate.



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this handout.

Pain

- You may have mild cramps in your pelvic area or abdomen after surgery. This usually goes away within a few days.
- You will be given pain medicine to take at home. Take this medicine as directed. Pain control works best if you take the medicine as soon as you begin to have discomfort rather than waiting until the pain is severe.
- For most patients, *non-steroidal anti-inflammatory drugs* (NSAIDs) such as ibuprofen (Motrin or Advil) work best to control this type of pain. If your doctor tells you to take ibuprofen for pain, take 600 mg every 6 hours with food for the first 24 to 72 hours after your surgery.
- Rarely, a patient has severe pain and needs a prescription pain medicine such as Percocet in addition to the ibuprofen. **Follow the specific instructions your doctor gives you for pain medicines.**

Follow-up

Your provider will decide if you need another appointment after your procedure. The care team will tell you the day after your surgery and check to see how you are feeling.

When to Call

Please call your doctor if you have any of these symptoms:

- Fever higher than 100.4°F (38°C)
- Nausea and vomiting – cannot handle eating or drinking anything
- Heavy vaginal bleeding (needing to change a pad more than once an hour) or bad-smelling vaginal discharge
- Pain that keeps getting worse

If you have any of these symptoms:

- **During clinic hours:** Call the Center for Reproductive Health and Fertility at 206.598.4225
- **After hours and on holidays and weekends:** Call 206-598-6190 and ask for the CRHF provider on call to be paged.

Questions?

Your questions are important. Call your UWMC healthcare provider if you have questions or concerns.

Center for Reproductive Health and Fertility: Call 206.598.4225 weekdays between 8 a.m. and 5 p.m.

- After hours and on weekends or holidays, call 206.598.6190 and ask for the CRHF provider on call to be paged.
- Website: uwmedicine.org/specialties/obstetrics-gynecology/fertility-care