Operative hysteroscopy — through the natural passages

01 What is it?

Hysteroscopy is an operation carried out through the natural passages to look at and treat the inside of the uterus. A tube fitted with an optical system is introduced through the cervical canal. The inside of the uterus is first examined, then the abnormality is treated using instruments and/or an electrical scalpel.

This sheet, given to you by Dr Gatri, is intended to complement the explanations provided during your consultation. Do not hesitate to ask her if you have any questions.

This sheet is based on the patient information sheet of the CNGOF and the SCGP "Hystéroscopie 1ère génération" (2025) and on the CNGOF sheet "Hystéroscopie" (2017), adapted to the practice of the clinic.

02 Why this procedure?

Operative hysteroscopy can treat certain abnormalities of the inside of the uterus confirmed by the examination: fibroids, polyps, abnormalities of the lining, septa, synechiae (adhesions).

In particular, it makes it possible to remove polyps or fibroids located in the uterine cavity.

03 How does the procedure take place?

The operation is performed under general anaesthetic. It takes about 45 minutes.

A small amount of fluid is injected into the uterus, through the cervix, to distend it and allow better viewing. This is most often saline, sometimes glycine.

A sample of the lining of the uterus may be taken under guidance of the optical system, to be analysed.

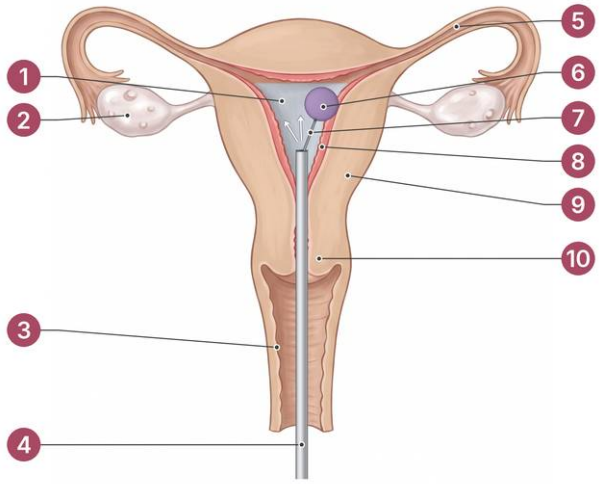


FIGURE 1 — Operative hysteroscopy: the tube fitted with an optical system passes through the cervical canal (diagram, front view).

1. Fluid distends the uterus
2. Ovary
3. Vagina
4. Tube fitted with an optical system, through the cervical canal
5. Fallopian tube
6. Polyp (or fibroid) in the uterine cavity
7. Instruments and/or an electrical scalpel
8. Lining
9. Uterus
10. Cervix

In purple: the polyp (or fibroid), in the uterine cavity.

In blue-grey: the fluid injected into the uterus to distend it and allow better viewing.

Front view: the right of the image is the patient's left side.

Diagram Wagram Clinic, 2026.

Before or after the operation, it may be necessary to carry out checks: vaginal examination, rectal examination, filling of the bladder with coloured saline, for example.

04 What the procedure does not guarantee

A perforation of the uterus during the operation may prevent the planned operation from being carried out.

05 Risks and complications

Hysteroscopy is a common operation whose aftermath is almost painless and straightforward in the majority of cases. Apart from the risks specific to anaesthesia, you should be aware of the possibility of certain events, which remain rare.

- During the operation: a perforation of the uterus may sometimes occur. It generally does not require an operation, but a laparoscopy (keyhole surgery) may sometimes be needed to rule out an exceptional injury to a neighbouring organ (bowel, bladder, blood vessels), which would require specific management.
- Exceptional risks linked to the passage into the bloodstream of the fluid injected into the uterus have been described (pulmonary oedema, allergic reaction, cardiac disturbances). Very exceptionally, they may involve a risk to life or serious after-effects.
- Afterwards: an infection of the uterus (endometritis) is rare and may require antibiotic treatment.

06 Alternatives

The options other than the operation are not described in this sheet: do not hesitate to discuss them with your doctor at the consultation.

07 Contraindications

Certain risks may be increased by your condition, your medical history or by treatment taken before the operation. It is essential to tell your doctor about your history (personal and family) and about all treatments and medicines you take.

Smoking increases the risk of complications of any surgery; stopping 6 to 8 weeks before the operation removes this additional risk. If you smoke, talk to your doctor, your surgeon and your anaesthetist, or call the Tabac Info Service helpline on 3989.

08 Before the procedure

An anaesthetic consultation is always carried out before the operation.

You are admitted on the day of the operation.

Stopping smoking is always advisable.

On the day of the operation, a drip is set up and the anaesthetic is then given.

09 After the procedure and your instructions

You will spend time in the recovery room before returning to your room.

This is day surgery: you go home the same day.

Moderate vaginal bleeding is normal after the operation; it may last from a few days to several weeks. You may wear sanitary pads or period pants, but do not use tampons or a menstrual cup.

You may resume normal physical and sexual activity as soon as the bleeding stops.

The follow-up consultation takes place 3 to 4 weeks after the operation.

10 When to seek medical advice without delay

In case of pain, bleeding, fever, vomiting or any other abnormality, you must inform your doctor.

11 Your questions for Dr Gatri

This information sheet probably cannot answer all your questions. In any case, do not hesitate to ask your doctor any question that comes to mind, either orally or in writing.