

The Role of Nurse in Diagnostic and Operative Hysteroscopy

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Abstract

Since the early 1980s, hysteroscopy surgery has been taken in evaluating the cervical canal and uterine cavity. In recent years, hysteroscopy with direct uterine sight has been developed by physicians to resolve intrauterine problems. This surgery is a selective method for treatment interventions and diagnosis of problems. The main advantages of hysteroscopy are short duration of operation, Post-operative recovery speed and reduction of its complications. The role of nurses in hysteroscopy as a pivotal role includes: the preparation and support of women, care and education after surgery and ultimately, care of tools and cleaning of instrument. In this paper, we have tried to address the roles and functions of nurses in operative and diagnostic hysteroscopy.

Keywords: Hysteroscopy; Nursing; Outpatient; Intrauterine problems

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Introduction

Hysteroscopy in outpatients is one of the selective methods for treating abnormal uterine bleeding [1]. Also it is a direct method for evaluating uterine cavity although the need to open the cervical canal and to perform intrauterine interventions requires anesthesia [2]. In all methods of endoscopy, accurate evaluation requires the surgeon's skill in using of tools and method of their use is important [3].

The role of nurses as coordinators of the treatment team [surgeon, patient and anesthesiologist], pre-and post-operative care of patients before and after surgery, accompanied by a surgeon during surgery and finally preparation of tools before and after surgery is very important. [2].

Nurses have a helpful role in performing hysteroscopy if they have their knowledge of the method and tools. Hysteroscopy indications include all normal and abnormal uterine events, such as abnormal hemorrhage of the uterus, and sometimes the treatment of uterine abnormalities that detected of hysterosalpingography, adhesion, polyps or fibroids, remove of foreign body [IUD] and examination of pregnancy remains [4].

Contraindications for hysteroscopy include: pelvic inflammatory disease [PID], acute cervicovaginitis, severe metrorrhagia and pregnancy.

Hysteroscopy tools

Endoscopes can be flexible [which cannot be autoclaved] or rigid

telescopes. The rigid telescopes available at 0.12-30 degrees. Typically, telescopes 0 and 30 are used for diagnostic cases and a 12-degree telescope is used in a resectoscope with different loops on it [3,4].

In all hysteroscopy procedures require distension of uterine cavity. Various media are employed for uterine cavity distension in diagnostic and operative hysteroscopy. The fluid in all cases of diagnostic and operative and the gas media for diagnostic hysteroscopy are also used. The automatic control of suction and irrigation are important for creating a clear image of the hysteroscopy field and the opening of the uterine cavity walls [1].

The cold light cables are for light transmission from the cold light source to the endoscope, and are viewed by the imaging system, which is a major tool in modern hysteroscopy [3] (**Figure 1 (a-c)**).

Preparing the patient

A woman's readiness begins after a doctor's suggestion for hysteroscopy, discussing the benefits and challenges. Ideally, during a clinical visit, the woman is referred to the nurse who describes the procedure for the patient. The nurse responds to the patient's understanding of the physician's explanation and, if there is a problem or a hysteroscopic question, answers her [3]. The nurse's role is vital for creating a sedative atmosphere [5]. By taking patient history and performing physical examinations, patients will be given information on the therapeutic effects and potential risks.

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a) The rigid telescopes.



b) The automatic control of suction and irrigation are important for creating a clear image of the hysteroscopy field and the opening of the uterine cavity walls.



c) old light cables.

Figure 1 Hysteroscopy tools.

In the Institute of Infertility, Royan Research Institute, a manual for the training of patients for candidates for hysteroscopy is provided to patients before delivery. And about the types of hysteroscopy, the causes of it, the therapeutic methods, the explanation of the possibilities before and after the treatment for patients. Depending on the procedure and the instructions given by the physician, the nurse will explain how the antibiotics and other medications are taken to the patient. Regarding the relationship between nurse and patient, the role of the nurse is to promote mental health and reduce patient anxiety [5].

Discussion

The disease, which has been followed by preoperative procedures, is entered into the operating room by the operating room nurse in the dorsal lithotomy position. Depending on the type of anesthesia [with or without anesthesia], the cervical physician rinses the patient. The cold light, camera, and saline fluid are connected by a nurse to the oscilloscope. The amount of fluids and the control of the lack of air right at the beginning of the nurse and the doctor is checked by the doctor. The nurse will start the flow of mildew, and apply different types of hysteroscopy to the type of operation. During operation, the nurse monitors the amount of pressure, fluid flow, intrauterine pressure, and fluid intake.

Complications during and after surgery

Considering that in all therapies, potential complications may

be seen in all therapies, and although surgical complications in endoscopes are not only dependent on surgeon and clinical care, the use of inappropriate means can also cause these complications and even risk Surgery may increase with the lack of appropriate tools [3]. These complications can be related to complications during and after surgery, nurses' knowledge in this regard can help to reduce its complications and their effects [4].

Complications during surgery that may occur during hysteroscopy

Trauma [rupture], bleeding, complications associated with uterine thinning fluid and skin injuries caused by electrical devices [Kutter] [3-6].

Post-operative complications

Post-operative bruising is an injury to the intestinal or bladder system and infection [7]. In all cases, the nurse's readiness and awareness are necessary to prevent or reduce complications, so that the nurse plays an important role in predicting or reducing the complications.

Post-operative measures

All tools, lenses, and irrigation devices should be cleaned immediately after operation. Depending on the type of device, sterilization solutions or an autoclave or gas for sterilization are used [3,7].

Conclusion

Today, hysteroscopy is considered as a safe surgical technique. The importance of the role of the nurse in preoperative work, patient education, in-patient preparation, accompaniment

with the patient, providing the instrument before and after the operation and after the operation of the patient after surgery is vital. Due to lack of action and endurance of the patient, this role becomes more and more important day by day.

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