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Hysteroscopy is an endoscopic instrument consisting of optical and mechanical parts to visualize the uterine cavity. The main instrument used for operative hysteroscopy is the rigid panoramic operative hysteroscopy, which represent major advances in the gynecological surgery.

To provide a panoramic view for the examiner, the uterine cavity must be distended. It must be illuminated to allow inspection, to attain targeted biopsy, and to perform a therapeutic operative procedure *(Siegler, 1975)*.

The first hysteroscopy was described by Aubinais in 1863 using candle light reflected by a mirror, he termed the procedure "uteroscopy".

A new era in hysteroscopy began with the introduction of viscous fluids as a media for distending the uterus. Both low and high viscosity fluids are excellent for uterine distention, but absorption of these solutions into the systemic circulation can cause significant complications including fluid overload, electrolyte imbalance, and pulmonary or cerebral edema *(Witz et al., 1993)*.

Therefore, it is necessary to understand the physiological changes resulting from the absorption of the various irrigating solutions to prevent, recognize and treat the complications.