A FIELD GUIDE FROM DANIELLA

The Asherman's Compass Starter Kit

What I wish someone had handed me the day I was diagnosed.

BY DANIELLA

The Asherman's Compass

theashermanscompass.com

A LETTER FROM ME

Before we begin.

If you're reading this, something is telling you the answer is more than what your doctor said.

I'm Daniella. I live in the Byron Bay hinterland with my family, and a few years ago I found myself in the same place you might be standing in right now — confused, exhausted, and quietly certain that something wasn't being seen. I'd had a procedure I was told was routine. Then my periods got lighter, and lighter, and then they almost disappeared. I sat across from doctors who told me my tests looked normal while my body was screaming otherwise.

It took me a long time, a lot of second opinions, and a diagnosis I had to fight for to finally hear the word: Asherman's. And once I heard it, I went looking for the kind of resource I needed — warm, honest, written by someone who had actually lived it. I couldn't find it. So I made it.

This kit isn't medical advice. I'm not a doctor, and I'll point you back to your healthcare team again and again throughout these pages. What this is, is the map I wish I'd had — the questions I wish I'd known to ask, the symptoms I wish someone had taken seriously, the timeline I wish someone had walked me through honestly. Use it to ask better questions. Use it to advocate for yourself when the room goes quiet. Use it to trust what your body is telling you, because your body is almost always right.

I'm so glad you're here. Truly.

With you in this —

Daniella

WHAT'S INSIDE

Six chapters, in order.

Read it through if you like, or skip to the part you need today. Each chapter stands on its own.

And one last thing at the end — a community waiting for you, and a necessary note from me.

ONE

The seven questions to ask your surgeon.

Print this. Take it with you. Read from it if your voice shakes — mine did. These are the questions that separate a routine procedure from one tailored to women like us.

1. **How many hysteroscopies do you perform each year, and how many of those are for Asherman's specifically?**
   Volume matters. Asherman's is rare enough that most general gynaecologists see only a handful of cases — you want someone who sees it often.
2. **What technique will you use to minimise the risk of adhesion formation or recurrence?**
   There's a meaningful difference between sharp dissection with cold scissors, monopolar/bipolar energy, and newer methods. Ask them to walk you through their approach.
3. **Will you use a barrier (balloon, gel, IUD) post-procedure to prevent the uterine walls from re-fusing?**
   After lysis, the raw uterine surfaces want to stick back together. A physical or gel barrier in the days and weeks afterwards can be the difference between healing open and re-adhering.
4. **What is your protocol for post-op estrogen therapy and follow-up imaging?**
   Estrogen helps the lining regrow. Follow-up imaging (often a second-look hysteroscopy or sonohysterogram) confirms whether the cavity has stayed open. You want both to be part of the plan.
5. **If adhesions are found, will you treat them in the same procedure or schedule a second one?**
   Some surgeons prefer a diagnostic-first approach; others treat in the same sitting. Both are valid — you just want to know what you're walking into, and what you'll wake up to.
6. **What's your re-adhesion rate for cases like mine, and what are my options if it happens?**
   A specialist who tracks their outcomes will be able to answer this honestly. Vague reassurance is a quiet red flag.
7. **Can you walk me through what success looks like — and what it doesn't?**
   An honest surgeon will talk about likely outcomes, not guaranteed ones. If you're hearing only promises, ask gently for the other half of the picture.

TWO

The five symptoms most often dismissed.

If you've been told it's stress, age, or "just one of those things" — and you know in your gut that it isn't — read this with a pen in your hand.

1. **Lighter or absent periods after a uterine procedure.**
   This is the symptom I want to put in neon. If your bleeding changed after a D&C, hysteroscopy, c-section, or retained-products procedure — even months later — that change is information. "Lighter" is not nothing. "Almost stopped" is not nothing.
2. **Period-like cramping with little or no bleeding.**
   Your uterus is contracting on cue, but the blood has nowhere to go because the cavity is partially or fully scarred. It's painful, it's confusing, and it's one of the most overlooked patterns in our community.
3. **Secondary infertility after a previously normal pregnancy.**
   If you've conceived before — easily, even — and now you can't, and you've had any uterine instrumentation in between, please ask specifically about Asherman's. A normal pelvic ultrasound is not a clean bill of health.
4. **Recurrent pregnancy loss with no clear cause.**
   Scarring can disrupt implantation and early placental development in ways that don't show up on standard testing. "Unexplained" loss deserves a closer look at the cavity itself.
5. **IVF cycles that fail despite "good quality" embryos.**
   When the embryos look textbook and the transfers keep failing, the question to ask is whether the cavity is the problem. Many of us have been through round after round before anyone thought to look properly inside the uterus.

You are not making this up. You are not being dramatic. You are paying attention.

THREE

What a proper Asherman's diagnosis actually looks like.

Here is the gap that almost swallowed me — and almost every woman I've spoken to since. A standard pelvic ultrasound is the test most of us are sent for first, and a standard pelvic ultrasound very often misses Asherman's entirely. A "normal ultrasound" does not rule it out. Please read that sentence twice.

Adhesions are thin bands of scar tissue inside the uterine cavity. On a routine ultrasound — particularly one done outside of the right phase of your cycle — they can be invisible. To see them, you need a test designed to actually look inside the cavity itself.

THE TESTS THAT ACTUALLY SEE IT

Hysteroscopy

The gold standard. A thin camera is passed through the cervix so the surgeon can see the cavity directly. It's the only test that confirms a diagnosis with certainty — and in many cases, treatment can happen in the same procedure.

Saline Infusion Sonogram (SIS / sonohysterogram)

An ultrasound performed while a small amount of sterile saline is introduced into the uterus. The fluid outlines the cavity and makes adhesions far more visible than on a standard scan. Often the most useful first-line test.

Hysterosalpingogram (HSG)

An x-ray with contrast dye, usually done as part of a fertility work-up. It can suggest adhesions when the dye doesn't fill the cavity normally — it's not as detailed as hysteroscopy, but it's a valuable clue.

What to ask for: if your symptoms fit and your standard ultrasound was unremarkable, you can request a saline infusion sonogram or a referral for diagnostic hysteroscopy. These tests aren’t always offered automatically. You are allowed to ask for them by name.

FOUR

The post-op recovery timeline, honestly.

This is not medical advice and it isn't prescriptive — every body heals on its own clock, and your surgical team's instructions always come first. But here's what tends to happen, in the language nobody uses with you in the consult room.

WEEK 1

The fog.

Expect bleeding, cramping, and a kind of bone-deep tiredness that surprises you. Emotionally, it's a rollercoaster — anaesthetic hangover, hormonal whiplash, and the weight of finally being seen. Most of this is normal. Red flags worth a phone call: fever above 38°C, soaking through a pad in under an hour, severe or escalating pain, or foul-smelling discharge. When in doubt, ring your surgeon's rooms — that's what they're there for.

WEEKS 2 – 4

The slow climb back.

The bleeding tapers. Energy starts to return in patches. If you had a balloon or barrier device placed, this is often when it comes out. Your first post-op review tends to fall in this window — bring your list of questions, and don't apologise for it.

WEEKS 4 – 8

The first period — a milestone.

For many of us, the return of a real period is the first proof things are working. It might come back lighter than "normal" and slowly build over a few cycles. Follow-up imaging (often a sonohysterogram or second-look hysteroscopy) tends to happen in this window to confirm the cavity has stayed open.

MONTHS 2 – 6

Recalibration.

Conversations about trying again start here for many. Some surgeons recommend a second-look hysteroscopy before TTC; some don't. Emotionally, this is a tender stretch — relief, grief, hope, and impatience can show up in the same afternoon. All of it is allowed.

Healing is not a straight line. A bad day doesn't undo a good week.

FIVE

Before you say yes to surgery number two.

If you're reading this section, I'm sorry. Recurrence is one of the cruellest parts of this condition, and it's far more common than most of us are warned. A second procedure is a chance to do things differently — please give yourself permission to choose carefully.

Choose a high-volume Asherman's surgeon.

This is the single biggest variable in your outcome. A general gynaecologist who does the occasional hysteroscopy is not the same as a specialist who does Asherman's cases weekly. Ask, by name, who in your country (or near it) is known for this work — the community knows. Travelling for the right person is often worth it.

Ask about recurrence prevention, specifically.

Barriers (balloon, gel, IUD), estrogen protocols, follow-up imaging schedules — these aren't optional add-ons, they're the protocol. If a surgeon brushes past them, that's your sign to keep looking.

Get a second opinion. Then maybe a third.

A good surgeon will not be offended. A surgeon who is offended is telling you something important about what working with them will be like. You are allowed to take your time, even when you feel pressure to move quickly.

Understand what "success rate" actually means.

Success can mean a return of menstruation, an open cavity at follow-up, a live birth, or all three — and these numbers are not the same. Ask which definition your surgeon is using when they quote you a percentage. You deserve a precise answer.

The right surgeon will treat your questions as a sign you're paying attention, not a sign you're difficult.

SIX

Where to go from here.

If this kit has been useful, there is more — built carefully, written in the same voice, and made for women like us. Nothing here is required. Take what helps and leave the rest.

MOST POPULAR

The Full Package

$147 AUD · one-time

Everything in The Complete Guide, plus bonus chapters on advanced topics, deep-dive sections, and direct Q&A access with me. This is the package I would have bought in a heartbeat when I was first diagnosed — and the one most of our community chooses.

The Complete Guide

$97 AUD · one-time

The eight-chapter educational guide — diagnosis, surgery, recovery, fertility, and the emotional terrain of all of it. For when you want the full picture in one place, written from someone who's lived it.

Recovery Tracker app

$4.99 AUD / month

The daily companion: symptom tracking, appointment notes, emotional check-ins, and gentle gamified progress. Quietly designed to give you something to show your specialist, and something to show yourself.

The Compass Fund. 10% of every purchase goes directly to research and awareness for Asherman's globally. Buying from us means funding the work that should already exist.

Launch month: use code STARTER15 for 15% off any guide this month.

VISIT

theashermanscompass.com

ONE LAST THING

Come find us.

If this kit has helped, the best thing you can do for the next woman is keep the door open behind you. We have a quiet, kind corner of the internet where we share research, lived experience, and the small wins that matter.

JOIN US

On Instagram, follow @theashermanscompass for weekly threads, reader questions, and gentle reminders that you're not the only one navigating this.

Or join the email community at theashermanscompass.com — one note from me each week, written like a letter to a friend, never more often than that.

Take what helps. Leave the rest. Trust your body.