



Hysteroscopy

*an internal examination
of your womb*

This information leaflet has been given to you to help answer some of the questions you may have about having a hysteroscopy. It explains the benefits, risks and alternatives of the procedure as well as what you can expect when you come to hospital.

If you have any questions or concerns, please do not hesitate to speak with your doctor or nurse.

What is a hysteroscopy?

A hysteroscopy is a procedure which uses a fine telescope, called a hysteroscope, to examine the lining and shape of the uterus (womb cavity).

It is performed either in the outpatient department or in theatre, usually as a day patient.

The Consultant will discuss with you where it is best for you to have the procedure.

What are the benefits of having a hysteroscopy?

A hysteroscopy can help to find the cause of problems relating to:

- Heavy vaginal bleeding
- Irregular periods
- Bleeding between periods
- Bleeding after sexual intercourse
- Bleeding after menopause
- Persistent discharge.

In some cases, once a diagnosis has been made, the hysteroscope can also be used in the treatment of the problem.



For example, problems that can be treated during a hysteroscopy are:

- fibroids (growths in the uterus which are not cancer)
- polyps (blood-filled growths which are not cancer)
- thickening of the lining of the uterus (the endometrium)
- removal of displaced intrauterine contraceptive devices removal of scar tissue.

What are the risks associated with a hysteroscopy?

Your Consultant/Doctor will explain these risks to you before you sign or give a verbal consent for the procedure. Please ask questions if you are uncertain.

The most common risks or complications from this procedure include:

- Infection
- A perforation (hole) in your uterus - this is not common, but if it occurs you may need an operation to repair the uterus
- Rarely (but serious) risk of injury to internal organs such as bowel, bladder or blood vessels
- Damage to your cervix - this is not common
- Difficulty seeing the cavity of the uterus
- Heavy vaginal bleeding.

Alternative treatments

An ultrasound can also be performed to look at the uterus, but it does not provide as detailed information as the hysteroscopy.

What do I need to do before the procedure?

You should ensure that there is no chance of pregnancy prior to the hysteroscopy. You can do this by making sure you use barrier contraception (condoms or a diaphragm) from the first day of your last period before the hysteroscopy right up until the day of the appointment itself.

The procedure may not be performed if you are having a heavy period, as this can make it difficult to see inside the uterus.



If you are having the procedure in the Gynaecology Outpatient Department:

You can eat and drink as normal and take your usual medicines.

We recommend that you take some simple pain relief such as paracetamol approximately 15 minutes before your appointment, this will help to prevent any period-type pain afterwards.

What should I expect?

When you arrive in the department the Doctor will take your medical history and ask you when your last menstrual period was, if you have any allergies or have had any previous surgery and whether you have had any reactions to any drugs or tests in the past.

The benefits and risks will be explained and there will be an opportunity to ask any questions.

- You will be asked for consent for the procedure.
- You will then be escorted to the changing room to prepare for the procedure.
- You will be given a hospital gown to wear and made as comfortable as possible on a special examination couch.
- A nurse will be with you throughout the entire procedure.

If you are having the hysteroscopy in the outpatient department you will be awake during the procedure. Please do not hesitate to tell the doctor or nurse if you feel any discomfort.

What happens during the procedure?

An instrument, called a speculum, is placed within your vagina to help the doctor see your cervix (the neck of the uterus). A speculum is the same instrument used during a cervical sample.

The neck of the womb (cervix) may be anaesthetised using either an injection or a gel. Your cervix may then be opened slightly using a smooth instrument called a dilator.



The hysteroscope (a small, fibre-optic 'telescope', which is attached to a small camera) is put inside your vagina then through your cervix in order to look at the inside of your uterus and if you wish you can watch the procedure on the nearby television screen. Sterile fluid is then run into your uterus to expand it – this helps the doctor to see the lining of your uterus.

After the lining of your uterus has been examined, a tiny sample of the lining may be removed. This is called a biopsy.

The tissue from the biopsy is then sent to the laboratory to be examined. The procedure takes between 10 and 30 minutes.

Your doctor will explain to you in more detail any findings after the procedure and you will have an opportunity ask questions at that time. You will be able to leave the department after the procedure and it is advisable that you arrange for someone else to come to the appointment with you and accompany you home.

You should be able to return to normal activities later that day or the next day.

You may feel some discomfort after the procedure and you can take pain relief (such as paracetamol) as instructed.

Pregnancy test

We have a policy to perform a pregnancy test for all sexually active women of childbearing age, to make sure that the procedure does not disturb a pregnancy. On the day of the procedure we will ask your permission to perform a pregnancy test - you will need to give a urine specimen for this.

Your procedure will be cancelled if there is a possibility that you might be pregnant.

In the day surgery ward

Sometimes a hysteroscopy is performed in the day surgery unit using a general/spinal anaesthetic.



A general/spinal anaesthetic may be used because:

- treating fibroids/polyps or the removal of the endometrium can be painful
- it has been decided that another procedure which needs a general anaesthetic, such as a laparoscopy (a procedure which examines the inside of your abdomen) will be done at the same time
- you have expressed that you would prefer to be asleep during the procedure (the benefits and risks of this would be discussed with your doctor).

If you have a general anaesthetic, you will be asleep for the entire procedure. When you wake up, you may feel some mild, abdominal discomfort. On your return to the ward the staff will give you pain relief for this.

Please contact the day surgery unit or your GP if you find the pain difficult to control.

Any medicine given to you will be explained to you before you leave the hospital, and any questions you have will be answered. If you are uncertain about anything, please contact the day surgery ward or your GP for advice.

What happens after the procedure?

In the day surgery ward

If you are having a hysteroscopy in the day surgery ward and you have had a general anaesthetic you might feel dizzy and tired when you go home after the procedure.

Please rest for the remainder of the day and the following day to help you recover from the general anaesthetic.

The anaesthetic will take 24 to 48 hours to wear off, however, you do not need to stay in bed.

Gently moving around your home will help your blood circulation and help to prevent blood clots. A responsible adult must take you home and be with you for 24 hours after the procedure.



What should I look out for at home?

Vaginal bleeding and discharge

You may bleed from your vagina for 7 to 10 days following this procedure. This bleeding might be heavier than a normal period and can stop and start - these variations are normal.

Please contact the Gynaecology Outpatients Department or Gynaecology ward if you experience heavy bleeding (soaking a pad every one or two hours), pass any clots larger than the size of a ten pence piece or have severe lower abdominal pain.

It is normal to have vaginal discharge for up to two weeks after the procedure. Please contact your GP if this discharge becomes offensive smelling or you have a high temperature, (38C/100.4F or above) as this might be a sign of an infection.

When can I return to work?

This will depend on whether you had a general anaesthetic. Please ask your doctor or nurse before you go home. Every patient reacts differently to the anaesthetic and there is no definite rule as to when you can return to work. It is advisable to have some rest to help you heal and to let the anaesthetic wear off properly.

Please do not return to work until you feel ready to do so. Your GP can give you a medical certificate (Med3) if needed.

When can I have sexual intercourse?

Please do not have sexual intercourse for at least seven days after the procedure to help prevent an infection in the uterus or vagina.

When can I use tampons again?

Please do not use tampons during your next period. This will help to prevent an infection. After your next period, you can start to use tampons again for future periods.

When can I have a bath or shower?

You can have a shower the day of the procedure and a bath the next day.



If you have had a general anaesthetic you might feel dizzy so please have an adult around to help you, if needed, and keep the bathroom door unlocked.

Can I eat and drink as normal?

You can eat and drink as normal, but please avoid alcohol for two days if you have had an anaesthetic.

You should not drink alcohol while taking certain medicines - please read the label or information sheet that comes with the medicine.

Are there any follow-up appointments?

You may need a follow-up appointment in the Gynaecology Outpatient Clinic. This will be posted to you.

When will I get the results?

Before you go home, we will talk to you about the procedure and whether further treatment is needed. If you have had a biopsy taken or a polyp removed the results will take 4 to 6 weeks, the Consultant will write to you with them. Information about your procedure will be sent by post to your GP.

Please contact the Gynaecology Outpatients Department or Gynaecology Ward if you have a concern or need advice.

CONTACT NUMBERS

Doncaster Royal Infirmary

Gynaecology Outpatients Department Tel: 01302 642808
Ward G5 Tel: 01302 642650.

Bassetlaw Hospital

Gynaecology Outpatients Department Tel: 01909 572214
Ward B6 Tel: 01909 572254.



Patient Experience Team

The team are available to help with any concerns, complaints or questions you may have about your experience at the Trust. Their office is in the Main Foyer (Gate 4) of Doncaster Royal Infirmary. Contact can be made either in person, by telephone or email.

The contact details are:

Telephone: 01302 642764 or 0800 028 8059

Email: dbth.pals.dbh@nhs.net

