



**University Hospitals
Bristol and Weston**
NHS Foundation Trust

Patient information service
Gynaecology outpatients department

Hysteroscopy



This leaflet explains what will happen during your hysteroscopy procedure, and the reasons why you are having it performed. You will also be able to talk to the hysteroscopist before your procedure, who will answer any questions that you have.

What is a hysteroscopy?

A hysteroscopy is a procedure to look inside your uterus (womb). A very fine telescope with a tiny camera at its tip is passed into the vagina and through the cervix (neck of the womb). A gentle flow of fluid is used to open the cervix and fill the womb cavity so it can be viewed by the hysteroscopist.

The pictures are shown on a screen, which allows the hysteroscopist to see whether or not it is normal. Sometimes other procedures are recommended, such as taking a biopsy or removing a polyp. Your hysteroscopist will explain what is needed in your case.

Why do I need a hysteroscopy?

There are many different reasons why you may have an appointment for hysteroscopy. It is commonly used to investigate symptoms such as bleeding in between periods, heavy periods and bleeding after the menopause.

Hysteroscopy is also used where a problem has already been diagnosed, such as removing a polyp, or retrieving a contraceptive coil.

What are the benefits of having the procedure as an outpatient?

The main benefit of outpatient treatment is that you do not need a general anaesthetic. This means you recover more quickly and you can go home soon after the procedure has finished.

You can resume your normal activities sooner, and you will be able to go back to work after an hour or two if you wish. If you like, you can watch your procedure on a screen. You will be able to drive home.

Do I need a general anaesthetic?

Sometimes you may require hysteroscopy as a day case procedure under a general anaesthetic (whilst asleep). If this is recommended for you, your hysteroscopist will explain the reasons for this. Common reasons for needing an anaesthetic include:

- you need a longer procedure
- you have requested to be asleep for your procedure
- your particular treatment cannot be performed as an outpatient, for example removal of a large fibroid.

What are the risks of a hysteroscopy?

All procedures and operations have risks, which can happen either during the procedure or after it.

Heavy bleeding: one in every 100 women. Most women will have bleeding following the hysteroscopy, but if this is heavy and you are passing blood clots then you need to seek advice.

Infection: one in every 100 women will have an infection after hysteroscopy. We do not recommend antibiotics at the time of the procedure, but if you feel unwell, have foul-smelling vaginal discharge, a fever, or pain in the lower part of your tummy, you could have an infection and you need to seek advice.

Uterine perforation: one in every 1,000 women will have a puncture hole made in the womb by the telescope. This is more likely to happen if you have a general anaesthetic.

In most cases, no further treatment is required, but you would be admitted to the ward for observation. A further operation to look inside your tummy and repair damage to other organs (such as bowel) following perforation is rare.

Please seek medical advice if you experience the following problems following your appointment:

- feeling unwell, severe tummy pain
- fever
- heavy vaginal bleeding/passing clots
- smelly vaginal discharge.

What happens during the procedure?

In the outpatient department

Your hysteroscopist or nurse will call you from the waiting room.

The team will include a hysteroscopist, an experienced gynaecology nurse and a healthcare assistant. They are there to support you at all times.

After talking to the hysteroscopist, you will be asked to get ready in a small cubicle. To prepare, you will need to remove your underwear. You will be guided to a couch, which can be adjusted if you need to sit more upright. Your legs and knees are supported on either side, and your comfort is ensured before the procedure begins.

Usually the hysteroscope is inserted directly into the vagina using a flow of clear fluid. Sometimes a speculum is inserted first to open the walls of the vagina, and this may be to give an injection of local anaesthetic.

As the hysteroscope (telescope) is passed through the cervix, you may experience some cramping pain. In some women this can feel like a severe period pain, but others experience no discomfort at all. This can be helped by taking some painkiller medication before your appointment.

Once inside the womb, the camera is moved gently to examine all areas and pictures are taken. You may watch if you wish.

Next, the hysteroscopist will undertake any procedures that are necessary, such as removal of a polyp. If you require a biopsy, then following the camera test, a speculum will be passed into the vagina to allow the hysteroscopist to see your cervix.

A thin narrow tube will be passed through the cervix in the same way as the camera, and gentle suction is used to take a small sample of the lining of the womb.

In the day surgery unit

The hysteroscopy procedure is performed in exactly the same way as in the outpatient department, but you will be asleep. You will be taken to the operating theatre by a nurse.

A drip is put into the back of your hand before you lie on the operating bed. The anaesthetist will put you to sleep, and you will wake up in theatre before moving to recovery and then back to the ward.

How do I prepare?

You must use an effective form of contraception in the month before your period if you are sexually active.

Our normal practice is somebody is welcome to come with you for support but circumstances may change.

In the outpatient department

Taking simple painkillers such as paracetamol 1g (two standard 500mg tablets) and ibuprofen 400mg (two standard 200mg tablets) one hour before your appointment can help to minimise any discomfort that you may experience.

You should not take either of these medications if you are known to be allergic to them. Ibuprofen should be avoided if you have a history of asthma, stomach ulcers or severe heartburn.

Please eat and drink normally on the day of your outpatient procedure, as skipping meals can make you feel lightheaded.

How long does it take?

The procedure takes about 15 to 20 minutes. You should plan on being in the outpatient department for about an hour. If you are having a general anaesthetic, you will spend the day on the day case unit. You are offered a drink and a snack following the procedure, and you are free to leave as soon as you feel able.

What happens after?

The hysteroscopist will explain your procedure, along with any tests that you have had taken. They will advise you on any results that you will expect to receive.

You will usually have a letter sent to your home address two to four weeks following your procedure with your results. Alternatively, the hysteroscopist may ask for you to return for an appointment to discuss your results if further treatment is required.

In the day surgery unit

If you are having a general anaesthetic you should have nothing to eat for six hours before the time of your admission, but you may drink water up to three hours before.

Returning to normal activities

Most women are able to return to normal activities within a few hours of the procedure. If you have had a general anaesthetic, you must not drive or sign legal documents for 24 hours.

It is normal to have vaginal bleeding for a week following a hysteroscopy, and to reduce the risk of infection it is recommended to use sanitary pads rather than tampons

or menstrual cups during this time. Swimming and sexual intercourse should also be avoided until after the bleeding has stopped.

Notes

As well as providing clinical care, our Trust has an important role in research. This allows us to discover new and improved ways of treating patients.

While under our care, you may be invited to take part in research. To find out more please visit: **www.uhbw.nhs.uk**

Help us prevent the spread of infection in hospital. Please make sure your hands are clean. Wash and dry them thoroughly/use the gel provided. If you have been unwell in the last 48 hours please consider whether your visit is essential.

Smoking is the primary cause of preventable illness and premature death. For support in stopping smoking contact **NHS Smokefree on 0300 123 1044.**

Drinkline is the national alcohol helpline. If you're worried about your own or someone else's drinking, you can call this free helpline in complete confidence.
Drinkline on 0300 123 1110.

To access all patient leaflets and information please go to the following address:
<http://foi.avon.nhs.uk/>

Bristol switchboard: 0117 923 0000

Weston switchboard: 01934 636 363

www.uhbw.nhs.uk



For an interpreter or signer please contact the telephone number on your appointment letter.



For this leaflet in large print or PDF format, please email patientleaflets@uhbw.nhs.uk.

