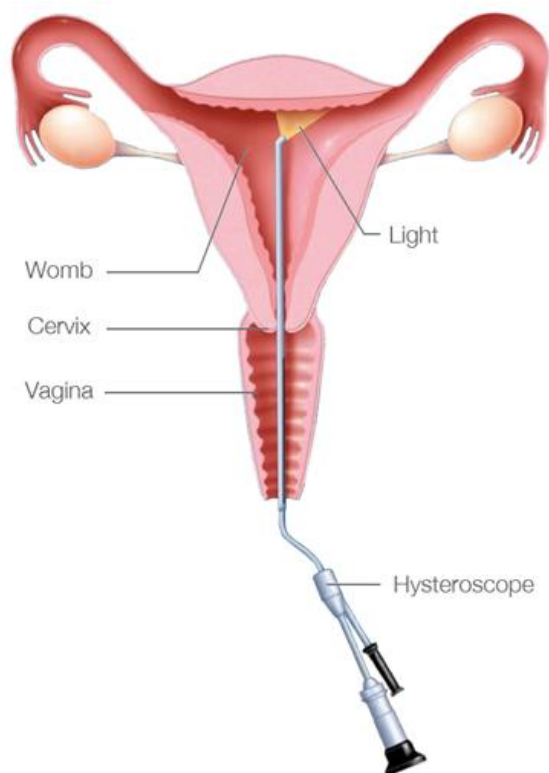


Having a Hysteroscopy

Patient information

What is a hysteroscopy?

Hysteroscopy is a procedure that allows gynaecologists to see inside the uterus (womb). A thin tube called a hysteroscope is inserted into the uterus. This has a light and a camera connected to a screen showing the images of inside the uterus.



Hysteroscopy is a quick, day-case procedure and is usually performed in gynaecology outpatients. Sometimes a general anaesthetic may be required. Hysteroscopy is used to investigate abnormal bleeding, infertility and to remove lost coils. A hysteroscopy might show:

- Abnormal endometrium (lining of the womb)
- Endometrial polyp (non-cancerous growths of endometrium)
- Fibroid (muscular growth of the uterus)
- Abnormal shape of the uterus
- Adhesions (scarring on the inside of the uterus)



What does an outpatient hysteroscopy involve?

Outpatient hysteroscopy is preferred to having a general anaesthetic because:

- The procedure is quicker.
- Recovery is faster and less time off normal activities is needed.
- The rate of complications is lower.

The procedure normally lasts up to 20 minutes. You can eat normally beforehand. It is a good idea to take paracetamol and ibuprofen an hour before the procedure. A doctor and nurse will be present during your hysteroscopy.

You will be asked to remove clothing below the waist. You will lie on a couch with your legs in supports and a sheet covering your lower half. A speculum may be used to open the vagina (similar to that used for the cervical screening smear test). Sometimes local anaesthetic may be injected into the cervix or inserted into the inside of the uterus. The hysteroscope is then inserted and fluid gently passed into the uterus. This may be uncomfortable but passes quickly. The inside of your uterus will be visible on a screen to enable the surgeon to find any abnormalities.

Using a thin straw-like device, a small sample of tissue from the lining of the womb (endometrial biopsy) may be taken. Sometimes fibroids or polyps can be treated during your hysteroscopy.

After the procedure you can go home and continue with your normal activities. We will write to you with the results of any biopsies within the next few weeks.

What does a hysteroscopy under general anaesthetic involve?

Reasons why you may need to have a general anaesthetic:

- You have a fibroid or polyp that is too big for removal while you are awake.
- You are having another operation performed at the same time.
- You find vaginal examination extremely painful.

Most women will require a pre-operative assessment, this is to ensure you are fit enough for a general anaesthetic. This may include blood tests, ECG (tracing of the heart) and physical examination. You must bring a current list of any medication you are taking.

It is important not to eat or drink anything prior to your procedure. This will be discussed at your pre-operative assessment. Most people will be discharged on the same day as their procedure. You will be unable to drive for 24 hours after your operation. It is important that you are not alone for the first 24 hours.

The procedure is exactly the same as hysteroscopy in outpatients except you are asleep. After your hysteroscopy you may feel groggy and sometimes people may feel sick. These are common side effects of the general anaesthetic and will pass quickly.

When you are up and about, eating and drinking and able to pass urine you will be able to go home. You will be able to continue your normal daily activities within 1-2 days. It is advisable to take 2 days off work.

What complications can happen?

2 in 1000 women will experience a serious complication from their diagnostic hysteroscopy. For various reasons, this number is likely to be lower for women having the procedure performed while they are awake.

Common complications include bleeding, infection (frequently of the womb lining or urine) and feeling faint during the procedure.

Serious potential complications include:

- Failure to pass the camera into the womb - this is more likely if you have had treatments on your cervix in the past.
- Blood clots in the lungs or legs (thrombosis).
- Damage to the uterus - this is when an instrument is passed through the wall of the uterus, also known as perforation. Commonly this heals well on its own, however, there is a small chance of damage to organs outside the uterus. If this is suspected, a keyhole camera (laparoscopy) is inserted through the bellybutton to repair any injuries. If a lot of damage has been done then a bigger cut on the abdomen may be needed (laparotomy). Damage to the womb can sometimes cause bleeding, rarely this can result in needing a blood transfusion.

Recovery

It is normal to experience some crampy lower abdominal pain and vaginal spotting for the first few days after your hysteroscopy. You can take simple painkillers such as paracetamol and ibuprofen as needed. It is advisable to use sanitary towels (instead of tampons) and avoid having sex until bleeding has stopped. This helps reduce the possibility of a womb infection. We do not arrange routine hospital follow up appointments.

When to Seek Medical Advice

If you have any concerns in the first week after your procedure you can contact the nurses on Charlotte ward (see number below) for advice. After the first week

please contact your GP or call 111 for advice. It is really important to seek medical advice if you feel unwell after your surgery.

You should look out for the following:

- Burning or stinging when you pass urine. This may be a urinary infection and can be treated with a course of oral antibiotics.
- Increased abdominal pain, smelly vaginal discharge, and fevers. This may mean an infection in the lining of the womb.
- A painful, red, or swollen leg. This may be a clot in the leg.

Useful Information

'*Recovering well, information for you after a hysteroscopy*' can be found in the patient information section of the Royal College of Obstetricians and Gynaecologists website: www.rcog.org.uk

Charlotte Ward: 01225 824434

Gynaecology Outpatient Department: 01225 824664

Disclaimer

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

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Please contact the Patient Advice and Liaison Service (PALS) if you require this leaflet in a different format, or would like to feedback your experience of the hospital. Email ruh-tr.pals@nhs.net or telephone 01225 825656 / 826319.