

# Hysteroscopy

(Out Patient, Day Case or In Patient)



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# Introduction

This leaflet explains the procedure of hysteroscopy. If you have any other questions do not hesitate to ask. You may also find it useful to write down any questions you have at the end of the leaflet.

## What is a Hysteroscopy?

A hysteroscopy involves putting a thin telescope into the womb through the cervix (the neck of the womb).

Hysteroscopy allows us to look inside the womb, and if needed to take samples of the lining of the womb, which we send off to the laboratory to be looked at under a microscope. It can be performed under local or general anaesthetic – the way you are having your procedure will be discussed with you in advance. There are no stitches or cuts involved, and the operation usually lasts about 10 - 15 minutes.

## Why is a hysteroscopy performed?

We use this surgery to investigate:

- bleeding after the menopause
- irregular or heavy bleeding patterns
- fertility problems
- to remove a polyp (a small growth attached to the inner wall of the womb)
- to remove an intrauterine device (coil) when threads are lost
- to investigate some types of abdominal pain, alongside another procedure called a laparoscopy.

## What are the risks of this procedure?

How to understand what the risk will mean for you:

Very common 1/1 to 1/10	A person in family
Common 1/10 to 1/100	A person in street
Uncommon 1/100 to 1/1000	A person in village
Rare 1/1000 to 1/10 000	A person in small town
Very rare Less than 1/10 000	A person in large town

### Serious risks

- The overall risk of serious complications from diagnostic hysteroscopy is approximately two women in every 1000 (uncommon)
- Damage to the uterus (uncommon)
- Damage to bowel, bladder or major blood vessels (rare)
- Failure to gain entry to uterine cavity and complete intended procedure (uncommon)
- Infertility (rare)
- Three to eight women in every 100 000 undergoing hysteroscopy die as a result of complications (very rare).

### Frequent risks

- infection
- bleeding.

## **What happens if I have the procedure as an outpatient?**

You will be advised to wear comfortable clothes as you will need to remove all clothing below the waist for the procedure.

You may be having a local anaesthetic for the procedure so we recommend that you bring someone with you who will be able to accompany you home afterwards.

To reduce any pain you may experience during the procedure we recommend that you take some painkillers about an hour before your appointment time. We suggest what you would normally take for period pains or a headache e.g. paracetamol or ibuprofen. If you are bleeding or expecting your period the procedure can still be carried out in most cases.

You should arrive at the outpatient clinic in the Cotswold Centre at your appointment time. You will be seen by a doctor who will explain the procedure, answer your questions and ask you to sign a consent form.

You will be asked to remove your clothes below the waist, lie on an examination chair and rest your legs on two knee supports on either side of the chair. Your legs will be covered by some drapes

A nursing assistant will be by your side during the procedure to talk to you and explain what is happening, there will also be a nurse helping the doctor with the instruments.

The doctor will insert the hysteroscope (telescope) into your vagina and through your cervix (neck of the womb). Sometimes a speculum is inserted into the vagina to help the doctor see the cervix.

If the procedure is painful some local anaesthetic can be inserted into the neck of the womb.

You may experience some cramping lower abdominal pains similar to period pains. This is why it is useful to take painkillers before the procedure.

The womb is filled with some warm fluid so that the lining can be seen clearly. The procedure is visualised on a television screen. It is usual to feel the dampness from the fluid.

If needed a biopsy may be taken from the womb lining or a polyp removed.

The whole procedure takes 10-15 minutes.

## **What happens after the procedure in outpatients?**

You will rest in the recovery room, where the staff will look after you and offer you some refreshments. When you are fully recovered you will be allowed home. You may find that you have some period type cramps, and some light vaginal bleeding after the operation. This is to be expected and may last for a few days.

It would be advisable for someone to take you home from hospital and for you to rest quietly at home for the remainder of the day.

## **What happens if I have the procedure under general anaesthetic?**

You will be given a time to arrive on the ward having not had anything to eat or drink for at least 6 hours before.

The anaesthetist and surgeon will visit you before surgery to discuss the procedure and the anaesthetic and ask you to sign a consent form. A nurse will help you prepare for theatre and you will be asked to wear a hospital gown. You may also need to wear some elasticated stockings to prevent the formation of blood clots in your legs. From the ward you are taken to the anaesthetic room, where a nurse will be with you until you go off to sleep. A small plastic tube (cannula) is put into the back of your hand which allows us to give you drugs that will make you go off to sleep.

## **What happens after the procedure under general anaesthetic?**

You will wake up in the recovery room near theatre, where the staff will look after you for about an hour until you are properly awake, and ready to go back to the ward. You may have an oxygen mask on your face when you wake up for a short time.

You may also find that you have some period type cramps, and some light vaginal bleeding after the operation. This is to be expected and may last for a few days.

Most people these days do not feel sick after a general anaesthetic. If you do feel sick, we will give you some medicines to take away any sickness, and if you have pain we will give you

regular painkillers. The anaesthetic may make you feel drowsy, but this will wear off. If it lasts a bit longer than usual, the staff may wish you to stay in hospital until you feel a bit better. You may find that you have a sore and dry throat after the anaesthetic - this is normal and will wear off over a day or two.

## **How soon can I go home?**

Once you are back on the ward, we would expect you to be able to have something to drink and eat, and for your blood pressure, pulse, breathing, temperature and oxygen levels to be stable. We would need you to have passed water (had a wee) and to be able to walk around without feeling faint/dizzy or unwell. If you feel well after a few hours, you will be discharged home. However it is important after having had a general anaesthetic that you have someone to pick you up from hospital and to stay with you overnight.

## **What to expect after a hysteroscopy**

Things to avoid for 24 hours after a general anaesthetic

- Driving – as concentration can be poor after a general anaesthetic
- Operating machinery
- Alcohol – as it can make you feel sick after having anaesthetic drugs in your system
- Signing of any legal documents – it is best to avoid important decision making so soon after drugs that can cause poor concentration.

## **Bleeding**

We would consider it normal to have vaginal bleeding for a few days after this procedure. If you have any offensive smelling discharge or bleeding that continues for more than 7 – 10 days, it is sensible to see your GP. They will then check you to make sure you do not have an infection. If you have excessive bleeding in the first 48 hours with the passing of very large clots, it may be sensible to contact Cotswold Ward (the gynaecology ward) in the hospital.

## **Periods**

If you are still having periods, you will usually find that that your period will come within about 4 – 5 weeks of the procedure. It may be sensible to use sanitary pads rather than tampons for this first period, to avoid the risk of infection

## **Pain**

It is sensible to make sure that you prepare well for coming in to hospital by getting basic painkillers such as paracetamol and ibuprofen ready at home. If your pain increases or becomes severe, you should contact Cotswold Ward or your own GP.

## **Follow up**

It may well be that you will go home and not need follow up at the hospital – your GP will be able to look after you.

After your surgery the doctors can sometimes inform you of specific problems found, and will prescribe any medicines that are needed to take home. If follow up is needed an appointment will be given to you or sent to you in the post.

Sometimes the doctors will say they will write to you with results, as they may not feel they need to see you again (but will only know when results are back).

## References

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**PATIENT  
APPROVED** 

**How to contact us:**



**Cotswold Ward**  
**0117 414 6785**



**[www.nbt.nhs.uk/gynaecology](http://www.nbt.nhs.uk/gynaecology)**

If you or the individual you are caring for need support reading this leaflet please ask a member of staff for advice.

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