

Any further questions?

If you have any questions or concerns regarding your condition or treatment, please contact the hysteroscopy co-ordinator or your GP.

Useful contact telephone numbers

Hysteroscopy Co-ordinator ☎ 01438 286177 or 286062

(Monday to Friday, 9am-4pm)

Useful website for more information

NHS Website

www.nhs.uk/conditions/hysteroscopy/

Further reading

For one-stop procedure clinics, please read the information leaflet on MyoSure® . This and other information leaflets are available on our East & North Herts NHS Trust website:

www.enherts-tr.nhs.uk/patient-information/

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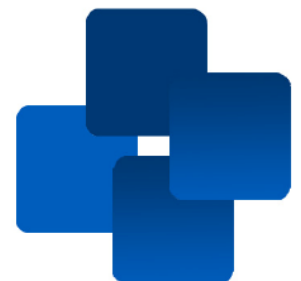
www.enherts-tr.nhs.uk

You can request this information in a different format or another language.

Patient Information

Diagnostic Hysteroscopy (outpatient)

Women's Services



Introduction

Hysteroscopy is a procedure used to examine the inside of the womb. It's carried out by using a narrow telescope, called hysteroscope, which is attached to a camera. This is passed through the vagina and cervix (neck of the womb) into the cavity of the womb so there are no cuts to your skin. The whole procedure usually takes between 10 – 15 minutes.

The procedure is mostly performed in an outpatient setting whilst patients are awake, although some women may wish to have this under general anaesthetic. Please inform your GP if you would prefer that as then you don't need to attend this clinic.

Why have a hysteroscopy?

A hysteroscopy aids the investigation of problems, such as heavy periods, bleeding in between periods, postmenopausal bleeding and unexpected bleeding on HRT. It helps in the diagnosis of conditions, such as polyps, fibroids or rarely, pre-malignant or malignant changes in the lining of the womb.

A hysteroscopy is sometimes performed to help find, remove or replace a coil.

How should I prepare for my appointment?

- You should eat and drink normally on the day of your procedure; this can reduce any feelings of nausea.
- **You should take pain relief at least an hour before your appointment** (either 2 x 500mg of paracetamol or 400mg of ibuprofen).
- It is important that you are not pregnant at the time of the procedure. If you are of childbearing age, you must use contraception at least from the start of your last period.
- You should still attend the appointment if you are on your period or are bleeding.
- It is normal to have some bleeding after the procedure, so please bring a sanitary pad with you.

What can I expect to happen?

The specialist doctor or nurse will ask you a few questions about your periods, including the date of your last period. You will be given the opportunity to ask questions and you will be asked to give consent for the procedure.

You will be asked to undress privately, below the waist, and then lie on an examination couch. A healthcare assistant will support you and remain with you throughout the procedure.

A speculum will be gently inserted into your vagina – similar to when you have your smear test. The cervix is cleaned with an antiseptic solution. If the cervix is very sensitive, some local anaesthetic can be injected. The hysteroscope is passed through the cervix and fluid is gently released inside. You may experience some period-like cramps. A sample of tissue (biopsy) may be taken from the womb. You will be able to watch the procedure on a screen.

Are there risks or complications of a hysteroscopy?

A hysteroscopy is generally very safe but like any procedure, there is a small risk of complications. Occasionally, some patients feel nauseous or faint during the procedure, however these symptoms usually settle very quickly.

There is a small risk of infection (1 in 400), which can cause smelly vaginal discharge and heavy bleeding; it can usually be treated with a short course of antibiotics from your GP.

There is a very small risk that the instruments used could puncture the wall of the womb (perforation). Occasionally, it is not possible to pass the hysteroscope into the cavity of the womb; if this happens the procedure would be stopped, and alternative options will be discussed with you.

After the procedure

The specialist will discuss the findings with you and the plan for management of your problem. You may drive home afterwards. Any period-like pain should have settled by the following morning. Normal physical activities and sex can resume once the pain and bleeding settles.