

# Hysteroscopy

# Information for patients

# What is hysteroscopy?

Hysteroscopy is a procedure for looking inside the uterus (womb). It is carried out using a hysteroscope, which is a small camera that is passed through the vagina and cervix to see inside of the uterus.

# How will a hysteroscopy help?

Hysteroscopy is performed to help in the diagnosis of heavy or irregular periods, bleeding between periods, post menopausal bleeding, and in some cases of repeated miscarriage. Hysteroscopy is also used in certain treatments of menstrual problems, such as the removal of polyps / fibroids and endometrial ablation

#### Are there alternatives?

An ultrasound scan is usually carried out before a hysteroscopy, but the view of the inside of the uterus is not as clear as it is with a hysteroscope.

#### Is the treatment safe?

Hysteroscopy is a minor procedure / operation and is relatively free of problems. You can expect to have some vaginal bleeding for up to a week after your procedure.

There is a low risk of infection, and a very low risk of the uterus being perforated by the hysteroscope itself (less than one in 1000). Infection can present with increased vaginal bleeding and / or an offensive discharge. If this happens you will need a course of antibiotics from your GP.

# Where is the hysteroscopy performed? and, will I have an anaesthetic?

A hysteroscopy can be performed as an outpatient with or without local anaesthetic (you are awake but the area is numbed), or as an inpatient in the Day Surgery Unit under general anaesthetic (you will be asleep).



# What are the advantages to having the hysteroscopy as an outpatient?

- There are no unwanted side effects of general anaesthetic.
- You can speak with the hysteroscopist (doctor or specially trained nurse) during and immediately after your procedure.
- You will be able to go home soon after your procedure, with a plan for future treatment as needed.

Outpatient hysteroscopy is suitable for most women, but you and your doctor will decide which is most appropriate for you.

# What should I do before I come into hospital?

- If you are having your procedure as an outpatient, it is sensible but not essential to bring someone with you to your appointment, so that you do not have to drive yourself home.
- If you feel nervous make an appointment to see your GP or contact the hospital's hysteroscopy nurse co-ordinator before your procedure to discuss your concerns.
- If you plan to have your hysterscopy under a general anaesthetic, you may be asked to come to a Preassessment Clinic.
- You may have blood tests before your operation.
- Please read your appointment letter for instructions on what to do before your operation, particularly about fasting (not eating or drinking) before your surgery.

#### What will happen when I arrive at hospital?

Before your procedure the hysteroscopist will talk to you and answer any questions you may have. If this is in the outpatient clinic, you will be asked to remove your clothes below the waist. A trained nurse will be with you throughout your procedure.

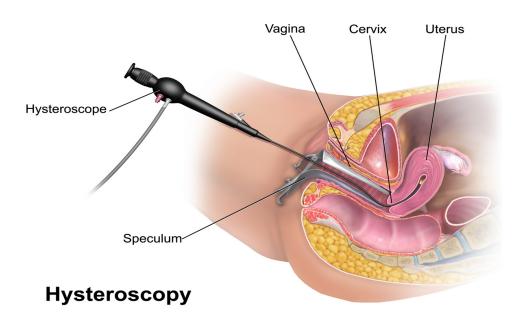
If you are having a general anaesthetic, then on admission to Day Surgery you will be greeted by a member of the ward team, who will discuss with you the care you will have whilst you are in hospital. You will also be seen by your consultant or one of their team.

Please use this time to ask any last minute questions. Remember you can withdraw your consent for treatment at any time.

You will be asked to remove make-up, nail varnish, and jewellery.

# What will happen during my procedure?

After lubrication (gel) is added, the hysteroscope (a thin camera about the diameter of a drinking straw) will be inserted through your cervix (neck of the womb) and into your uterus. A speculum may be inserted in your vagina (as for a smear) to help with the procedure. It is sometimes necessary to use a local anaesthetic to numb the area; this will either be as a gel or an injection.



In order to get a good view, a small amount of liquid is released through the hysteroscope to fill your womb; this allows the hysteroscopist to see the whole of the lining of your womb.

A biopsy (a little bit of tissue) from the lining of your womb may be taken at this time. Occasionally small polyps may be removed or cauterised under local anaesthetic.

#### Will I have to stay in hospital?

Most people having an **outpatient hysteroscopy** will be in the clinic 20 to 30 minutes. No recovery time is needed and you are ready to go back to your usual commitments soon after your procedure. You may prefer to take the day off work as you might feel a little uncomfortable afterwards.

Most **general anaesthetic hysteroscopies** are performed as a day case and you can expect to be discharged home within a couple of hours. You should always have someone at home with you, and have access to a telephone on the night following your surgery. In certain cases, you may be advised to stay in hospital overnight after surgery.

#### How will I feel afterwards?

Most patients leave after their procedure saying it was not as bad as they expected. During the procedure you may have some period type pain. Painkillers such as paracetamol or ibuprofen should help with this pain; we advise that you take these around two hours before your procedure.

You can expect to have some vaginal bleeding for up to a week after your procedure. Please contact your GP or the clinic if you are worried.

# What should I do when I go home?

- If you have had a general anesthetic, try to rest for the first 24 hours. Some women may feel emotional or 'weepy' during the first few days.
- Do not do any strenuous activity.
- **Do not** operate machinery or do anything needing fine co-ordination or judgement, for example using a cooker, for at least 24 hours.
- **Do not** make important decisions or sign important documents.
- You must not drive a car, or ride a motorbike or bicycle for 48 hours.
- You may eat or drink as you wish; but your appetite may be poor to begin with.
- Do not drink alcohol or take sleeping tablets for at least 24 hours.

# Will I have to come back to hospital?

This will depend on your particular problem, but usually no. Biopsy results are usually sent to the patient by post four to six weeks after their procedure.

#### When can I return to work?

If you had a general anaesthetic you can usually return to work three to four days after your procedure / surgery. If you had a local anaesthetic then you may return the next day.

#### What if I have any questions or concerns?

You will be able to ask any questions at the end of your procedure or before you go home. You can always contact the clinic during office hours if needed. If the clinic is closed, please contact your GP or your nearest Emergency Department in an emergency.

If you would like this information in **another language**, **audio**, **Braille**, **Easy Read**, **or large print** please ask a member of staff. You can ask someone to contact us on your behalf.

Any complaints, comments, concerns, or compliments please speak to your doctor or nurse, or contact the Patient Advice and Liaison Service (PALS) on 01227 78 31 45, or email ekh-tr.pals@nhs.net

Patients should not bring in large sums of money or valuables into hospital. Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property had been handed in to Trust staff for safe-keeping.

**Further patient leaflets** are available via the East Kent Hospitals web site www.ekhuft.nhs.uk/patientinformation

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