Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Outpatient Hysteroscopy

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Patient Information

Gynaecology Services

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Introduction

A hysteroscopy is a procedure using a small telescopic instrument (hysteroscope) to examine the inside of your womb directly. The hysteroscope is equipped with a camera and passed through the neck of the womb. The healthcare professional doing the procedure can then assess your womb and determine if any other investigations or treatment is required. This can be performed in the Women's Healthcare Unit at Leigh Infirmary as an outpatient. This means you will remain awake and not require a general anaesthetic.

Intended Benefits

Having an outpatient hysteroscopy carries several benefits. Because you will not be having an anaesthetic, you will not feel drowsy or need a long recovery time when it is complete. You can drive, go to work and be at home independently after the appointment. The hysteroscopy is usually done on the same day during your appointment, which avoids repeated hospital visits.

What is hysteroscopy used for?

A hysteroscopy may be used to try and determine the cause of various problems such as:

- heavy or irregular bleeding
- bleeding between periods
- bleeding after your menopause (postmenopausal bleeding)
- to investigate causes of infertility
- following miscarriage
- irregular bleeding while on hormonal treatment

As well as being used to investigate the causes of various problems, it can be used to:

- Remove polyps – small lumps of tissue growing on the lining of the womb.
- Take biopsy samples from inside the womb – to check for abnormal cells
- Remove fibroids from inside the womb
- Locate a ‘lost’ or stuck contraceptive device i.e. coil.

How do you prepare for a hysteroscopy?

Do not stop taking contraception and avoid sex between your last period and your appointment. If you have any suspicion that you may be pregnant, you must contact the unit beforehand or speak to the nurse in clinic, as it is essential that the procedure is not carried out. You may be offered a urine pregnancy test on arrival at your appointment.

If you are bleeding at the time of your appointment, don’t worry. Unless you have an objection, it is usually still possible to proceed. If it is too heavy, we may need to arrange another appointment.

You do not need to fast before your appointment; you may eat and drink as normal

Although hysteroscopy is generally tolerated well in most women, it may be helpful and make you feel more relaxed to take a painkiller such as paracetamol or ibuprofen, an hour before your appointment (provided you are not allergic to these medications).

You may attend the appointment on your own; however, some women prefer to be accompanied by a friend or relative.

Before the hysteroscopy

You will be seen by the doctor in clinic that day and introduced to the other members of staff who will be assisting. We will take details of your medical history and reasons for the appointment.

Please bring a list of any medication that you take, either prescribed by a doctor or bought over the counter at a pharmacy.

If you have not had an ultrasound scan prior to your appointment, then it may be performed. This tends to be an internal scan. It may be that if the scan is normal, you don’t need to go on to have a hysteroscopy, depending on your symptoms.

During the hysteroscopy

The nurses will help you get ready and position you in a special chair and keep you as covered as possible. A hysteroscope is then gently passed through the cervix, using warmed sterile fluid to help open the womb so that the lining can clearly be seen. The hysteroscope has a light and camera attached; this allows the images to be seen on a monitor that can also be viewed by you if you wish to look.

The doctor will then decide if any treatment or investigations are needed; if any are needed, they will tell you and ask for your consent.

The procedure will normally take 10 to 15 minutes; however, the whole appointment may take up to an hour.

Following the hysteroscopy

The doctor will discuss the findings of the hysteroscopy, and if any medicines are needed. If biopsies were taken, the results will be available in 4 to 6 weeks' time. If no problems were found, you may not need any follow-up appointments.

After the procedure, most women feel well enough to go home immediately; however, you may be taken to an area to rest for a short period of time, if needed.

You may experience period-like pain for 1-2 days. If needed, you can take pain relief such as paracetamol or ibuprofen. If the pain is still not controlled, contact your health care professional or nearest emergency department.

You may have a watery or small vaginal discharge for a few days following this procedure; we advise you to use sanitary towels and not tampons. We also advise you to avoid swimming, sexual intercourse and having a bath until the loss has settled.

Most women can resume normal activities later that day.

Risks

Outpatient hysteroscopy is a safe procedure, but just as with any medical procedure, complications may occur. The most common include:

- **Pain: generally mild in nature; simple medication can help. If severe, let a healthcare professional know.**

- **Feeling faint or being sick:** these symptoms settle quickly and only affect a small number of women

- **Infection:** uncommon (1in 400 women); this can cause lower abdominal pain, with or without fever, and foul discharge. It is crucial to contact your healthcare professional if this happens.

- **Vaginal bleeding and discharge:** should settle within a few days. If this gets worse, seek medical advice.

- **Failure to visualise the uterine cavity sufficiently:** this occurs when the cervix is ‘closed’ tightly and the hysteroscope is unable to pass through.

- **Perforation:** a hole may be made in the womb, bowel or bladder which may require further investigations or admission overnight. This happens fewer than 1 in 1000 procedures.

Alternatives

For some women, it may be safe to try some medical treatment without needing a hysteroscopy, after the doctor has reviewed your history, performed an internal examination and assessed your ultrasound scan findings.

There is the option to have the hysteroscopy done under spinal or general anaesthetic as a day-case procedure; this is if you prefer not to have it done as an outpatient, or it becomes too painful whilst it is being done in the clinic. This would require another appointment, and a pre-operative assessment would need to be performed.

Some women may choose not to have the hysteroscopy investigation done at all. This might mean that we may not be able to determine the cause of your symptoms or offer the best care that we could give.

This leaflet has been written to calm any fears or worries you may have. If after reading it you have any questions, please feel free to discuss them with a member of staff.

Contact telephone numbers

Women's Healthcare Unit, Leigh Infirmary 01942 264959

Monday to Friday 8am until 5:30pm

Outside these hours telephone

Swinley Ward, Royal Albert Edward Infirmary 01942 822568 or 01942 822569



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