Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Hysteroscopy including Polypectomy

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Hysteroscopy including Polypectomy

Patient Information

Gynaecology Department

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Introduction

This leaflet has been written to help allay 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, who will do their best to answer them honestly and openly.

You can telephone the wards on the following numbers:

Women's Health Care Unit, Hanover Building, Leigh Infirmary 01942 264960

Ward 2, Leigh Infirmary 01942 264252

Swinley Ward, 01942 822568 (24 hrs)

What is Hysteroscopy?

The procedure can either be in the Hysteroscopy clinic at Leigh Infirmary or under a general anaesthetic in theatre and usually takes approximately 10 to 15 minutes.

A hysteroscope is a telescopic instrument, which allows the inside of the uterus (womb) to be inspected under direct vision. The instrument is inserted into the womb via the cervix. A little liquid is introduced into the cavity of the womb to open it up. The hysteroscope is attached to a light source, which allows the cavity to be

viewed by the surgeon. If a small polyp is present in the womb, it can be removed using an instrument attached to the hysteroscope - this procedure is called **polypectomy.**

If it has been decided at your clinic appointment that a general anaesthetic is necessary for your operation, this involves “putting you to sleep” for approximately 15 to 30 minutes. The anaesthetic will be carried out in theatre by an anaesthetist who will insert a small needle into the back of your hand through which the anaesthetic medications are injected – you will go to sleep very quickly.

How do I need to prepare for Hysteroscopy?

Do not stop using contraception before the operation. If you have any suspicions that you may be pregnant at the time of the operation, please inform the nursing staff when you are admitted, and a pregnancy test will be carried out. Please note that a negative pregnancy test does not always exclude a very early pregnancy.

Pre-Op Clinic

You will be asked to attend a clinic about a week before your operation to have the procedure explained and check on your general health. You will be weighed and have a blood pressure check. If you need any further tests before your operation, these will be arranged.

On admission

We have only limited facilities on the ward for relatives or friends and because of this, before they leave, we will ask them for a contact number. Ward staff will then ring them after your operation to finalise and confirm your discharge arrangements. Please be aware that you will be expected to remain on the ward for most of the day.

If you are suffering from a cold or sore throat, you should inform the nurse or doctor when admitted; this may result in your operation being cancelled until it has cleared up.

You will also be asked to sign a consent form for the operation if you have not done this already. When the time for you to go to theatre arrives, you will be walked down escorted by a nurse from the ward, who will hand you over to the reception nurse.

Intended benefits

To check the inside of the uterus (womb) for any abnormality and remove any polyps that are present.

Serious or frequently occurring risks

If you have had previous uterine surgery (caesarean section, myomectomy) or cervical surgery (cone biopsy) the risks will be increased. The risks are also slightly increased if you require removal of a polyp (polypectomy).

Serious risks

- Uterine perforation (occurring in 7 cases out of every 1000)
- Pelvic infection
- Failure to visualize uterine cavity

Frequent risks

- Vaginal bleeding and discharge
- Pain: pelvic and shoulder

Extra procedures which may become necessary during the procedure

- Laparoscopy (camera examination of the inside of the abdomen through a small incision in the umbilicus – tummy button) in a few of the cases of perforation of the uterus – rare.
- Blood transfusion – very rare.
- Surgery to repair damage to other organs caused during perforation of the uterus – very rare.

Fasting

It is essential that you have nothing to eat or drink for at least 6 hours before your operation if a general anaesthetic is planned. This is to reduce the risk of sickness during and after the procedure.

- If your admission time is **8am** you should **fast from midnight.**

- If your admission time is **12 noon** you should **fast from 8am on the morning of admission** (a light breakfast is advised before this time).

Don't chew gum during fasting as this may increase the risk of sickness during and after the procedure.

Please make sure you bring with you:

- A specimen of urine.

- Dressing gown, slippers, and sanitary towels.

- All tablets or inhalers you are taking prior to admission.

- A small amount of change for the telephone

Please have a bath or shower before you come to hospital, also remove all make-up, nail varnish and jewellery (except for your wedding ring).

Transport arrangements

Please make arrangements for someone to take you home by car or taxi – **not** public transport. It is essential that a responsible adult be with you for 24 hours following your operation, who is aware of the procedure that has been carried out.

Following the operation

You will be given a mild painkiller on the ward, if necessary, and will be given further advice about painkillers following discharge. The nurse will explain the results of your operation and advise on rest and activities before discharge.

For the following 24 hours **DO NOT**

- Drive a car or other vehicle.
- Operate any electrical apparatus or machinery.
- Drink alcohol.
- Sign any legal documents

If you have any queries or worries following your discharge do not hesitate to contact your GP or telephone the hospital on the numbers given at the beginning of this leaflet.

Leaving hospital

A nurse will advise you when you are ready to go home, and she will discuss the findings of the operation with you.

You may experience some slight bleeding or discharge for 7 to 10 days following the procedure for which you should use pads, **not tampons**. Your next period should be at the usual time but may be heavier than normal.

You should rest for one to two days and may return to work within one to two weeks.

You should avoid intercourse for one week or until the bleeding has settled.

Follow-up arrangements

This will be decided at the time of your operation and discussed with you before you are discharged.

Contacts

If there is a need to cancel or postpone your operation, please contact the Admissions Office on 01942 264958 or the wards on the numbers given at the beginning of this leaflet.

If you have any queries or problems after discharge do not hesitate to contact your GP or the ward.



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