

Outpatient Hysteroscopy (OPH)

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Introduction

This leaflet aims to answer your questions about having an out-patient hysteroscopy procedure. It explains the procedure, risks and benefits; as well as what to expect when you come to your appointment.

Please read the leaflet carefully.

What is outpatient hysteroscopy (OPH)?

Hysteroscopy is a procedure where a thin telescope (camera) is passed in through the neck of the womb to have a look at the inner lining of your womb. This procedure can be either done in clinic (out-patient) with you awake; or in operating theatres under an anaesthetic, with you asleep.

You will be offered both choices.

Why do I need an outpatient hysteroscopy?

There can be many reasons why you have been offered this procedure; such as heavy periods, abnormal bleeding, polyps (overgrowths of the inner lining of the womb) or missing threads of a coil.

The risk of complications from an OPH is lower than if you have it under a general anaesthetic. Having this procedure in clinic means that you return to your day to day activities on the same day; which is quicker than if you have a general anaesthetic.

What will this procedure involve?

You will be seen in the Out-patient Procedure Clinic which is located in the gynaecology outpatients department.

As a University hospital, a medical or nursing professional or trainee may wish to observe the clinic on the day that you are there. We will always ask for your consent (permission) for this. You can say no at any time, even if you have said yes before, and this will not affect your care in any way.

What should I do before my appointment?

You can eat and drink as normal and do not need to fast for this procedure.

We suggest that you take some painkillers such as paracetamol or non-steroidal anti-inflammatories such as ibuprofen or diclofenac 1-2 hours before the procedure.

You may wish to bring a friend or relative with you for support. They are allowed to accompany you to the procedure room.

It is important that you don't have the procedure if you are pregnant. You may be offered a pregnancy test before the procedure. You may wish to use contraception between your last period and your appointment.

If you are bleeding, we recommend that you still come to your appointment. Sometimes it can be difficult to see inside your womb if you are bleeding heavily, but usually the procedure can still be done.

What will happen during my visit?

A clinic nurse will support you throughout your visit. You will be taken to the changing area where you will be asked to undress from the waist down. A loose skirt does not need to be removed.

Before the examination, the doctor performing the procedure will ask you questions about your medical history and explain what to expect.

The nurse who is looking after you and assisting the doctor will then help you to get into a comfortable position on the examination couch with your legs in leg supports.

Normally 30 minutes is allocated to see each patient, though it may take longer. If this happens there may be a delay in the clinic. The receptionist aims to keep you informed if this is the case. The actual procedure normally takes 10-15 minutes. It may take longer if you need any extra procedures.

What pain relief options are available for this procedure?

OPH is quick and safe; and is usually carried out with little pain or discomfort. It is often done without a speculum by inserting only the camera into the vagina (a vaginoscopic), which is more comfortable.

Most women find that this discomfort is mild, however everyone's experience of pain is different; and some women will find the procedure very painful. You can ask the doctor to stop the procedure at any time if it is too uncomfortable for you.

Entonox (gas-and-air) will be available to use during the procedure if you wish to use it.

You have an option of having local anaesthetic injection in the neck of the womb (which takes some of the discomfort away, but you may still have some tummy cramps) or a general anaesthetic in an operating theatre. This will be arranged for you as a day case procedure on another day if you find that the procedure is too uncomfortable.

How is the procedure performed?

A thin telescope is passed in through the vagina and the neck of the womb to the inside of your womb. This has a small camera attached to it, which allows the doctor to see the inner lining of your womb on a screen. You may also wish to look at the screen. Pictures of the findings are often taken and kept in your healthcare notes.

Fluid (saline) flows through the telescope to help look inside the womb, and this may feel cold and wet as the fluid trickles out.

Sometimes a biopsy may be taken from the inner lining of the womb. This can be painful, but the pain should not last long.

If a polyp or fibroid is found, it can sometimes be removed at the same time by using a different instrument which shaves and removes the polyp or fibroid. You may be offered a local anaesthetic to make you more comfortable.

It is important to remember that you are in charge. You must tell the doctor or nurse if the procedure is becoming painful or if you would like it to stop at any time.

What are the possible risks with out-patient hysteroscopy?

- Pain during or after OPH is usually mild and like period cramps. Sometimes women may experience severe pain.
- Feeling faint or sick can affect some women. This will usually pass very quickly.
- Bleeding is usually mild after the procedure and will settle within a few days. It is recommended that you use sanitary pads and not tampons.

- Infection is uncommon (1 in 400)
- Difficulty getting into the womb. This can happen if the neck of the womb is scarred or tightly closed.
- Damage to the wall of the womb (perforation). Rarely (in fewer than 1 in 1000) patients, the telescope can accidentally make a small hole in the wall of the womb. This could also cause damage to other nearby organs. If this happens, you may need to stay in overnight for observation and usually nothing more needs to be done. Rarely, some patients may need an operation to repair the womb.

Perforation is less common during an OPH than if you were having this procedure under an anaesthetic.

If you get a smelly discharge, fever, or heavy bleeding, either see your GP or contact us; or go to the emergency department if you feel unwell.

How will I feel afterwards?

Most women feel very well after the procedure and can return to their normal activities on the same day.

You may get some period like pain for 1-2 days, and some mild spotting or fresh bleeding which may last up to one week. We suggest that you use sanitary pads rather than tampons.

It is best to avoid having sex until the bleeding or discharge has settled.

You can shower as normal, which is better than having a bath.

What happens next?

The doctor will inform you about whether any further clinic visits are needed. If you have a biopsy, we will write to you with the result within four weeks.

Further Information:

If you have any questions, please contact us in the **Gynaecology Clinic** on **01493 452363**

You may also find that these websites have useful information for you:

Royal College of Obstetrics and Gynaecology: website:<https://www.rcog.org.uk/en/patients/patient-leaflets/outpatient-hysteroscopy/>

NHS information on hysteroscopy: <https://www.nhs.uk/conditions/hysteroscopy/what-happens/>

Feedback

We want your visit to be as comfortable as possible. Please talk to the person in charge if you have any concerns. If the ward/department staff are unable to resolve your concern, please ask for our Patient Advice and Liaison (PALS) information. Please be assured that raising a concern will not impact on your care. **Before you leave the hospital you will be asked to complete a Friends and Family Test feedback card.** Providing your feedback is vital in helping to transform NHS services and to support patient choice.

Trust Values

Courtesy and respect

- A welcoming and positive attitude
- Polite, friendly and interested in people
- Value and respect people as individuals
So people feel **welcome**

Attentively kind and helpful

- Look out for dignity, privacy & humanity
- Attentive, responsive & take time to help
- Visible presence of staff to provide care
So people feel **cared for**

Responsive communication

- Listen to people & answer their questions
- Keep people clearly informed
- Involve people
So people feel **in control**

Effective and professional

- Safe, knowledgeable and reassuring
- Effective care / services from joined up teams
- Organised and timely, looking to improve
So people feel **safe**



The hospital can arrange for an interpreter or person to sign to assist you in communicating effectively with staff during your stay. Please let us know.

For a large print version of this leaflet, contact PALS 01493 453240