

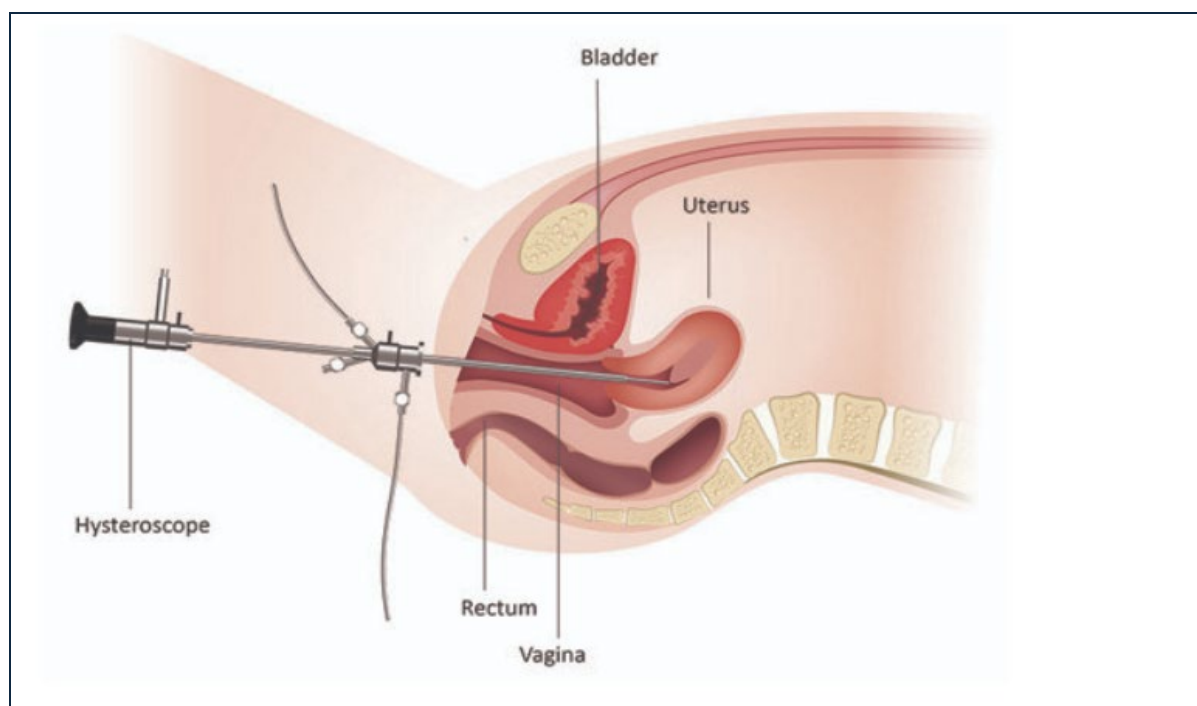
Out-Patient Hysteroscopy Patient Information – Gynaecology

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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.

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 usually be carried out in clinic (out-patient) with you awake. However, you will be given the option of having this procedure under general anaesthetic at a later date if this is your preference.



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, bleeding after menopause (postmenopausal bleeding), Irregular bleeding on hormone replacement therapy, polyps (overgrowths of the inner lining of the womb) , fibroids 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 Out-patients Department.

As this is 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-steroidals 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 consultation room, where the doctor performing the procedure will ask you questions about your medical history and explain what to expect. Let us know if you were taking any blood thinner medications because generally we ask you to stop them a few days before the procedure.

Your blood pressure will be checked before the procedure, sometimes the procedure has to be rescheduled if your blood pressure is very high.

The changing areas are located within the consultation rooms and staff will ensure you have privacy whilst you undress from the waist down. A loose skirt does not need to be removed.

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 are 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 (vaginoscopic OPH), 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). Local anaesthetic gel and spray are also available.
- You have an option of choosing a general anaesthetic in an operating theatre as well. This will be arranged for you as a day case procedure on another day.

How is the procedure performed?

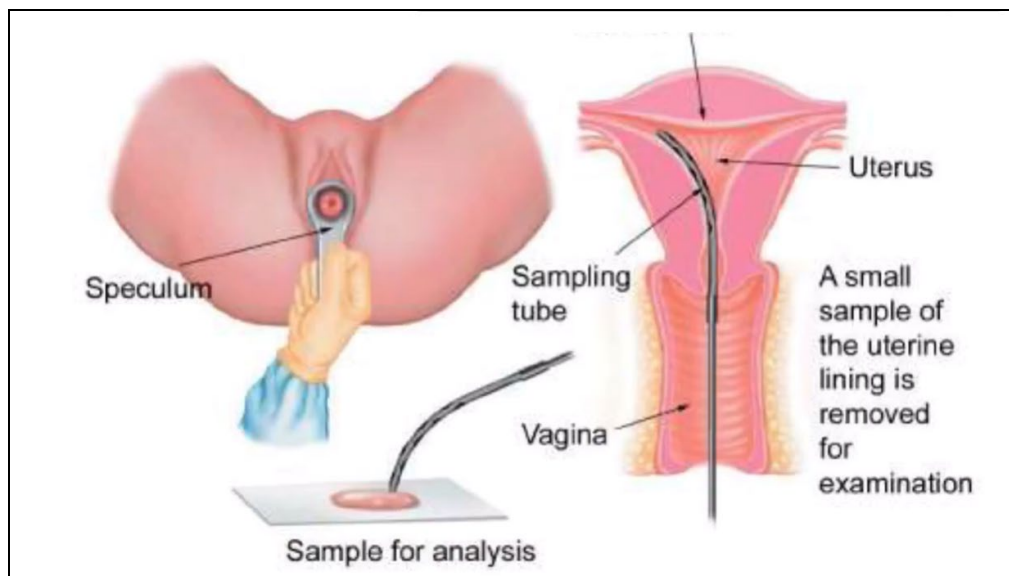
A thin telescope is passed in through the vagina and the neck of the womb to the inside of your womb. This has a small camera attached to it, which allows the doctor to see the inner lining of your womb on a screen.

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.

Endometrial Biopsy:

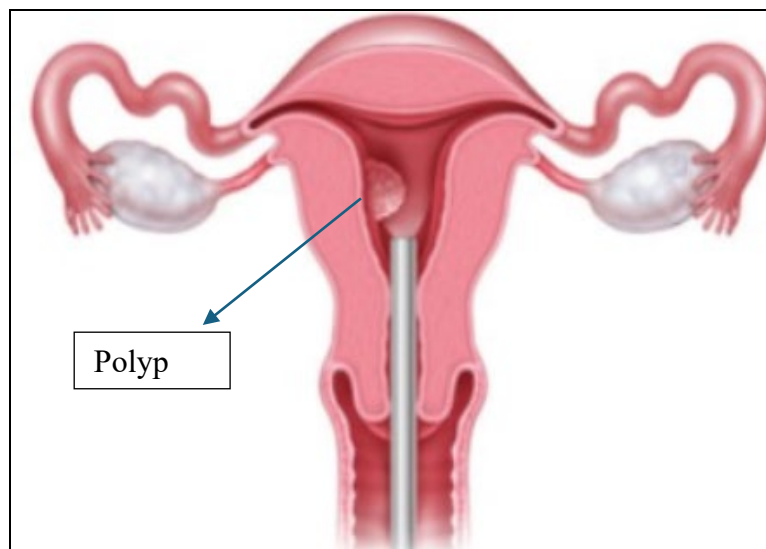
Sometimes a biopsy may be taken from the inner lining of the womb. This is done by passing a thin plastic tube inserted in to the womb. This can be painful, but the pain should not last long. It is a valuable test to collect cells from the lining of the womb.



Endometrial polyp or fibroid:

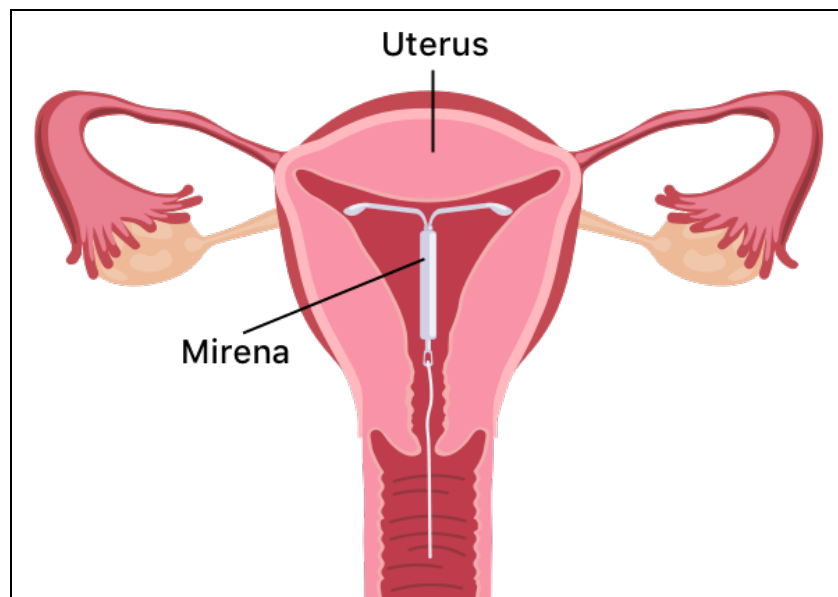
The endometrial polyp is a skin tag like outgrowth from the lining of the womb. A fibroid is muscular overgrowth inside the womb.

If a polyp or fibroid is found, it can sometimes be removed at the same time by using a different instrument that shaves and removes the polyp or fibroid. To complete this procedure we might need to use a slightly wider instrument, in that case we will let you know and local anesthetic injections will be offered to you.



Intra uterine device insertion:

The Mirena coil can be suggested for you for various reasons like heavy bleeding, irregular bleeding, as part of hormone replacement therapy, sometimes for the treatment of condition called endometrial hyperplasia.



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. This can sometimes lead to a false passage.
- Failure to complete the procedure 1 in 20. This can be due to cervical stenosis, unable to visualise cavity clearly due to excessive bleeding or larger lesion needing further procedure.
- 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 (keyhole surgery or rarely may need a cut in the tummy).
- Perforation is less common during an OPH than if you were having this procedure under an anaesthetic.
- There is a small risk of fluid overload from the fluid used in the procedure when polyps and fibroids are being removed. The risk is slightly higher if you have a cardiac or renal condition. However, we will strictly monitor the amount of fluid absorbed into your body.

How will I feel afterwards?

- You will be observed in the recovery area after the procedure where your blood pressure will be taken. You can stay in recovery area until you feel ok.
- 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.
- **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.**

You will be provided with the aftercare leaflet to highlight the things to look for.

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 results within 4-6 weeks depending on the urgency of the referral.

Further information

If you have any questions, please contact us in the **Gynaecology Clinic** on **01493 452361** during the hours of **09:00 – 16:30 Monday to Friday**.

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/>

Image references

Image 1: RCOG- the Royal College of OBGYN.

[Outpatient Hysteroscopy LARGE PRINT patient information leaflet](#)

Image 2: From Cambridge NHS Trust

Image 3: From Cambridge NHS Trust [One-stop outpatient hysteroscopy clinic | CUH](#)

Image 4: <https://www.drugwatch.com/mirena/>

Your Feedback

We want your visit to be as comfortable as possible - talk to the person in charge if you have any concerns. If the ward/department staff are unable to resolve it, then ask for our Patient Advice and Liaison (PALS) information. Please be assured that raising a concern will not impact on your care.

Before leaving please complete a Friends and Family Test feedback card.

Help us transform NHS services and to support patient choice.

OUR VALUES

Collaboration

We work positively with others to achieve shared aims

Accountability

We act with professionalism and integrity, delivering what we commit to, embedding learning when things do not go to plan

Respect

We are anti-discriminatory, treating people fairly and creating a sense of belonging and pride

Empowerment

We speak out when things don't feel right, we are innovative and make changes to support continuous improvement

Support

We are compassionate, listen attentively and are kind to ourselves and each other



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