

Patient information

Hysteroscopy (as an outpatient)

What is a hysteroscopy?

Hysteroscopy is a procedure used to examine the inside of the uterus (womb).

It is carried out using a narrow telescope (hysteroscope) connected to a screen on which the doctor can view images from the inside of the womb.

Hysteroscopy is a common procedure that is carried out as an outpatient. This means that you do not need to have a general anaesthetic or to stay in hospital overnight.

Why is a hysteroscopy carried out?

A hysteroscopy is recommended as a diagnostic test in women with symptoms suggesting a possible abnormality of the womb. It can also be used to treat problems such as lost coils or to remove polyps.

Symptoms investigated	Procedures
<ul style="list-style-type: none"> • Heavy or irregular menstrual bleeding 	<ul style="list-style-type: none"> • Endometrial biopsy- taking a small sample of the womb lining
<ul style="list-style-type: none"> • Bleeding after the menopause or after sexual intercourse 	<ul style="list-style-type: none"> • Ablate or burn away the womb lining
<ul style="list-style-type: none"> • Repeated miscarriage 	<ul style="list-style-type: none"> • Fitting a coil
<ul style="list-style-type: none"> • Fertility concerns 	<ul style="list-style-type: none"> • Removal of a “lost” coil when threads are not visible
<ul style="list-style-type: none"> • Persistent vaginal discharge 	<ul style="list-style-type: none"> • Resect fibroids (knots in the muscle of the uterus that are benign)
	<ul style="list-style-type: none"> • Removal of polyps (small overgrowths in the lining of the womb)

What happens during an outpatient hysteroscopy?

You will first meet the gynecologist who will ask you about your symptoms. If a hysteroscopy is appropriate they will explain the planned procedure and ask for your written consent.

The procedure takes place in a private room with the gynecologist and nurses to support you.

A speculum may or may not be used to gently open the vagina (similar to when a cervical smear test is performed). The doctor inserts the hysteroscope into the vagina, through the cervix, into the uterus (womb). You may watch on the screen if you wish, pictures will be taken and kept in your healthcare notes.

Local anesthetic may be required and can be used to numb the area and help to minimise discomfort during the procedure.

It may be necessary to take a specimen from the lining of the womb during the hysteroscopy. This is called an endometrial biopsy. Your doctor will inform you if you need to have an endometrial biopsy.

A hysteroscopy usually takes around 10 - 20 minutes to perform.

Prior to the procedure

- Please take paracetamol 1g and ibuprofen 400mg an hour before your appointment if it is safe for you to do so.
- You should ensure that there is no chance of pregnancy prior to your hysteroscopy by using contraception or avoiding sex between your last period and the appointment. If you think you might be pregnant please inform us as soon as you arrive.
- Please eat and drink normally
- Bring a list of medications you are taking.
- If you are bleeding please keep the appointment.

Risks of the procedure

This is a safe procedure with a low risk of complications. The most commonly reported complications are:

- Pain: please take medication before your appointment as described above. Most women's pain is mild.

- Infection: this can show with abdominal pain or smelly discharge.
- Feeling sick or fainting.
- Excessive bleeding
- Accidental perforation of the uterus (making a hole in the wall of the womb). This is not usually serious but may require observation or rarely further treatment to correct.
- Failed / unsuccessful OPH: If this occurs your doctor will discuss alternatives with you.

Recovering from a hysteroscopy

- Some women will experience cramping similar to period pains after a hysteroscopy. We recommend you have simple painkillers such as paracetamol or ibuprofen available at home to take if needed.
- You may experience some vaginal bleeding or a discharge for a few days following the procedure.
- Use external sanitary towels, **not tampons or any internal devices**, to reduce the risk of infection and to allow healing to take place.
- You should avoid sexual intercourse until any bleeding has stopped.
- Do not douche (wash out) or use any internal vaginal products.
- Most women feel they can return to normal activities, such as work, the day after the procedure.
- You may drive following the procedure.

Alternatives

OPH may not be right for all individuals. You may also choose to have your hysteroscopy under an anesthetic. This is usually as a day case procedure. Complications are lower with outpatient procedures.

Results

We will write to you and your GP with any results from this investigation.

If an endometrial biopsy was performed the specimen is sent to the laboratory for further investigation and results may take up to 4 weeks.

You should contact your GP if:

- You have severe abdominal pain
- You have heavy vaginal bleeding especially if it contains clots of blood
- There is a vaginal (smelly) discharge

If you require any further advice, please contact the Martin Corke Day Surgery Unit on 01284 713050 between 7.45am and 8.00pm, Monday to Friday.

Or the gynaecology nurse on 01284 713601 during office hours.

Outside of these hours contact the gynaecology ward on 01284 713235 / 713236 and speak to the nurse in charge. Please have your hospital number on the discharge letter available.

or contact NHS 111

Please find the RCOG outpatient hysteroscopy leaflet at -
<https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/gynaecology/pi-outpatient-hysteroscopy.pdf>

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (formerly DisabledGo)
<https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust>



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