West Hertfordshire Hospitals NHS Trust

A guide to...

Hysteroscopy

Patient information

How to contact us

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If you need this leaflet in another language, large print, Braille or audio version, please call **01923 217 187** or email **westherts.pals@nhs.net**

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Your consultant has recommended that you have an examination called a hysteroscopy. This booklet contains some of the questions you may want to ask before the procedure is carried out.

Why do I need a hysteroscopy?

Any abnormal bleeding from the uterus can be investigated using hysteroscopy. Abnormal uterine bleeding is the second most common gynaecological symptom (Kremer et al 200).

A hysteroscopy is done to investigate:

- Heavy menstrual bleeding
- Irregular menstrual bleeding
- Post-menopausal bleeding
- If you have a persistent vaginal discharge

What is a hysteroscopy?

A hysteroscopy is a procedure used to examine the inside of the uterus (womb). It's carried out using a hysteroscope, which is a narrow tube with a fibre-optic telescope at the end. This telescope passes through the neck of the womb so your abdomen (tummy) does NOT have to be opened. The lining of the uterus is the likely cause of your bleeding and can be examined and a biopsy can be sent to the laboratory for further investigation (under the microscope by the pathologist). A larger scope with operating attachments can be used to remove polyps or fibroids.

What are the benefits of a hysteroscopy?

The procedure is diagnostic i.e. it is only used to find out what is wrong. However it is ideal to take some tissue / sampling / biopsy to identify problems such as polyps, fibroids or tumours.

Are there risks involved in having a hysteroscopy?

Risks are minimal as it is a safe and reliable procedure. However, risks can include bleeding and infection. A more serious risk is perforation of the uterus, however this is uncommon and if dealt with at the time does not cause any long-term problems.

Will I need an anaesthetic?

A hysteroscopy is usually performed under a short general anaesthetic, most commonly as a day case. Local anaesthetic can also be used. The procedure usually takes 15-20 minutes. No incision is made and patients usually recover rapidly.

- If you were a smoker we would advise you not to smoke before your anaesthetic as this could cause chest problems.
- You will need to starve (nothing to eat for 6 hours and 4 hours for clear fluids) before the anaesthetic, this ensures your stomach is empty and prevents inhalation of vomit when anaesthetised.

What can I expect before my operation?

- The nurses who will be looking after you during your stay will welcome you to the ward or day ward. Your details will be checked, you will be shown to your bed and routine observations will be taken (temperature, pulse, blood pressure, weight, urine and a blood test).
- If you are taking any medication, please bring it with you.
- Please inform staff of any allergies to drugs or dressings.
- You will be visited by the surgeon and anaesthetist who will talk to you and ensure nothing has changed since your outpatient appointment. The procedure will be explained and your written consent obtained. If you do not understand any aspect of the procedure, please ask.
- Nurses will inform you if you are on the morning or afternoon theatre list.
- You will be transferred to theatre on a theatre trolley and accompanied by a ward nurse and a theatre assistant. Your details will be checked several times to ensure your safety is adhered to. You will be greeted by an anaesthetic nurse, who will look after you in theatre. In theatre you will be given a small injection to make you go to sleep, via a cannula usually in the back of your hand. The cannula will remain in situ until you are discharged home, when it will be removed by nursing staff.

What should I expect after the examination?

- You will wake up in the recovery room, and then be transferred back to the ward.
- You will need to rest following the operation.
- You may experience some period like pain. You will be given pain relief tablets for this. If you have had a local anaesthetic and introduction of carbon dioxide you will probably experience some shoulder pain, which usually resolves after 24 hours.
- You will also have some slight vaginal bleeding, which will last a few days. Please only use EXTERNAL sanitary pads and NOT tampons.
- Once you have eaten and drank, and passed urine and feel well enough you will be allowed home.
- If a sick note is required, please ask.
- If you require a follow-up appointment with your consultant an appointment will be made.

Please ensure that a family member or a friend escorts you home from the hospital.

When will I be able to go back to work?

You may feel well enough to go back to work the next day but if you have had a general anaesthetic you should have a couple of days off to recover. If you have had a general anaesthetic, you should not drive or operate machinery for at least 24 hours after the examination, therefore do not work in this period.

Will I be able to drive?

If you have had a general anaesthetic, you should not drive for at least 24 hours after the examination.

When can I have sexual intercourse again?

You can recommence sexual intercourse following your next period. We would usually recommend once bleeding settled and you feel comfortable.

Further advice / Information

- If you develop severe stomach pain, very heavy bleeding or a smelly vaginal discharge, please contact your GP for advice.
- If you develop flu like symptoms as well as any of the above symptoms, you may have an infection. Please contact your GP who may prescribe antibiotics.
- Please drink plenty of fluids as initially you may feel some discomfort when passing urine.
- A daily shower or bath is recommended.

Contact Details

If the issues in this booklet affect you, you can contact our staff using the following details:

Elizabeth Ward at Watford General Hospital	Tel: **01923 217 902**
Gynaecology Day Assessment Unit	Tel: **01923 217 344**
St Albans City Hospital Day Surgery Unit:	Tel: **01727 897 467**

Sources of information

1. Kremer C., Duffy S., Moroney M., (2000). Patient satisfaction with Outpatient Hysteroscopy Versus Day case hysteroscopy: Randomised Controlled Trial. British Medical Journal Vo. 320 pp 279-282

2. Torrende C. (1991) Pre-op nutrition, Fasting and the Surgical Patient. Surgical Nurse. Vol 2 pp 4-8 Gynaesurgeon (2000) Hysteroscopy. http://www.gynaesurgeon.co.uk

Glossary

Fibroids	Mass of muscle fibres growing within and around the uterus
Tumour	An abnormal swelling, can be benign (innocent) or cancerous
Menstrual bleeding	Period
Post	After
Uterus	Womb
Cervix	Neck of the womb
Abdomen	Tummy
Lining of the uterus	Endometrium
Biopsy	A small piece of tissue
Polyp	A mass of tissue that bulges