

Information for patients having day case hysteroscopy

Directorate of Women's, Perinatal & Sexual Health Services
Information for Patients



University Hospitals of Leicester **NHS**
NHS Trust

Caring at its best

Introduction

It has been decided that you need a hysteroscopy. A hysteroscopy is a technique that allows the surgeon to look directly into the womb. A thin telescope called a hysteroscope is passed through the cervix (neck of the womb) into the womb itself, this is done whilst you are asleep. Sometimes the surgeon carries out a "D&C" (dilatation and curettage) at the same time, if he/she thinks it is necessary.

What is a "D&C"?

D&C stands for dilatation and curettage, it is also known as a scrape. Whilst you are asleep, the surgeon passes a small instrument through the cervix to clean out the womb, a sample of the lining of the womb is sent to the laboratory for examination. If a polyp (small growth in the lining of the womb) is present, this will be removed at the same time.

Are there any complications?

Hysteroscopy is a very safe procedure, however in a small number of cases complications can arise, these include:

- Infection – this is rare but is easily treated with antibiotics
- Damage to blood vessels causing excessive bleeding – this is very rare, and if this is noted by the surgeon, it will be dealt with whilst you are asleep.
- Damage (perforation) to the uterus (womb) or cervix – this is very rare, but if it does occur further surgery may be needed to mend the damage.

You will have time to discuss these risks with the doctors and nursing staff before you consent to having a hysteroscopy.

Are there any alternatives?

This depends on the nature of your problem. An ultrasound scan can provide some helpful information. A small sample of the lining of the uterus may be able to be taken in the outpatient clinic to help rule out some problems, however, a hysteroscopy may be the only way to diagnose certain conditions. Your doctor will have already discussed with you whether the alternatives are suitable for you.

Your procedure

We are looking forward to seeing you on the Day Surgery Unit, and want to make sure that your visit is comfortable and successful. To help us do this, please read the following **important information**:

- If you are ill, cannot keep your appointment, please let us know **as early as possible**. Another patient may benefit from the cancellation of your appointment.
- If you feel worried or nervous and want to talk to someone, nurses on unit will be pleased to help in any way they can.

Please ring the number of the hospital you are going to for your operation; Monday to Friday 10.00am – 4.30pm.

Leicester Royal Infirmary 0116 258 5164

Leicester General Hospital 0116 258 4192 (day case 1)

0116 258 8130 (day case 2)

What happens before your operation?

You will be seen in a pre-assessment clinic at some point before your operation, to make sure you are fit for the surgery as a day case. At this appointment the nurse will go through your paperwork with you, and you will be given information about your operation.

You may have already been asked to sign a consent form in the clinic, giving the surgeon permission to carry out your operation. If not you will be given information about this at pre-assessment. This appointment is a good time to ask any questions you may have, please write these down if that will help.

Depending on your general health and your age, we may need to carry out some tests. These will be discussed with you, and may include an electrocardiograph (ECG/ heart tracing), MRSA screen and blood tests. If you are taking any medication, please bring all of it with you.

What arrangements must I make before my operation?

Before you can have surgery as a day surgery patient, you need to plan the following things:

- You must be collected by a responsible adult, who will take you home in a car or taxi following your operation
- You must have a responsible adult at home with you for at least 24 hours after your operation
- You must have a telephone at home
- **You must not drive**, cycle, operate machinery, drink alcohol, or be alone for a minimum of 24 hours after your operation.

Important: Driving after an anaesthetic is a criminal offence, and will affect your insurance cover.

What do I need to do before my operation?

- Read your admission letter carefully
- Do not eat or drink anything from the time stated in your letter
- Do not wear any nail polish, false nails or make up
- Do not wear contact lenses
- Do not wear any jewellery, except for a wedding ring.
- Do not bring any valuables with you into hospital. University Hospitals of Leicester NHS Trust cannot accept responsibility for loss or damage to personal belongings
- Do have a bath or shower before you come into hospital
- Do wear comfortable clothing and footwear to go home in
- Do expect to wait on the unit before your surgery.

What do I need to bring with me on the day of the operation?

- **Your appointment letter.** The time you are given to arrive is not the time of your operation. The surgeon needs to see you before the start of the list, so you may be waiting for your operation for two to four hours
- **Any drugs, medicines or inhalers you are using.** Please take your necessary medication before attending; the pre-assessment nurse will advise you when you should take your medication. Please consult your GP or clinic about stopping warfarin, clopidogrel, and aspirin before surgery
- A contact number for your lift home
- A dressing gown and slippers, if you have them
- Sanitary towels
- Something to do while you are waiting such as a book, magazine etc.

What will happen while I am on the day surgery unit?

You should come to day surgery ward and report to reception. Your details will be checked and you will be directed on to the ward or to the waiting room where a nurse will collect you.

The nurse will talk to you about your operation and ask you a few questions.

You will meet one of the surgical team who will ask you to sign a consent form, if you have not already done so. If there is anything you are concerned about or don't understand, please ask your surgeon.

You will also be visited by the anaesthetist, this is the doctor who will look after you while you are asleep.

The nurse will tell you when to change into your theatre gown and will then take you to theatre.

What happens after the operation?

You will return to the day ward and staff will make sure you are comfortable, and provide you with refreshments. If you have any discomfort or sickness please let the staff know so that they can help you.

You will recover on the ward until your nurse is happy that you are well enough to go home. You will need to eat and drink before you can go home. You may get a phone call at home in the next day or two to check how your recovery is going. Very occasionally patients need to stay overnight if the nurse or doctor feels this is necessary. If you need to stay they will explain why.

Bleeding

Bleeding from the vagina is common and may last up to a week. Do not use tampons; please only use sanitary towels.

What happens after the operation? (continued)

Periods

Expect your next period when it is due.

Pain

You may experience some pelvic discomfort, a bit like a period pain. This should settle in a day or two. The doctor may prescribe some painkillers for you to take home or you can use simple painkillers such as paracetamol (unless it affects any other medication you are already taking).

Driving

You must not drive for at least 24 hours after a general anaesthetic. You will not be covered by your car insurance. Do not drive until you can keep control of your car in an emergency. You should contact your insurance company if you are not sure.

Work

Depending on your job, it is usual to return to work two or three days after your procedure.

Sex

You may return to your usual activities once you have stopped bleeding, however you must use condoms for two weeks to prevent infection.

Physical activity

Do not do too much too soon. It is usual to feel some aches and pains for a few days, perhaps up to two weeks.

Holidays

Flying too soon after an operation can increase the chance of problems, and you may not be covered by your insurance. Please discuss this with your insurance company.

If you would like this information in another language or format, please contact the service equality manager on 0116 250 2959

إذا كنت ترغب في الحصول على هذه المعلومات في شكل أو لغة أخرى، يرجى الاتصال مع مدير الخدمة للمساواة في 0116 250 2959.

আপনি যদি এই লিফলেটের অনুবাদ - লিখিত বা অডিও টেপ'এ চান, তাহলে অনুগ্রহ করে সার্ভিস ইকুয়ালিটি ম্যানেজার ডেভ বেকার'এর সাথে 0116 250 2959 নাম্বারে যোগাযোগ করুন।

如果您想用另一种语言或格式来显示本资讯，请致电 0116 250 2959 联系“服务平等化经理” (Service Equality Manager)。

જો તમને આ પત્રકકાનું લેખિત અથવા ટેઈપ ઉપર ભાષાંતર જોઈતું હોય તો મહેરબાની કરી સર્વિસ ઈકુવાલિટી મેનેજરનો 0116 250 2959 ઉપર સંપર્ક કરો.

यदि आप को इस लीफलेट का लिखती या टेप पर अनुवाद चाहिए तो कृपया डेव बेकर, सर्विस इक्वालिटी मैनेजर से 0116 250 2959 पर सम्पर्क कीजिए।

Jeżeli chcieliby Państwo otrzymać niniejsze informacje w tłumaczeniu na inny język lub w innym formacie, prosimy skontaktować się z Menedżerem ds. równości w dostępie do usług (Service Equality Manager) pod numerem telefonu 0116 250 2959.

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਸ ਲੀਫਲੇਟ ਦਾ ਲਿਖਤੀ ਜਾਂ ਟੇਪ ਕੀਤਾ ਅਨੁਵਾਦ ਚਾਹੀਦਾ ਹੋਵੇ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਡੇਵ ਬੇਕਰ, ਸਰਵਿਸ ਇਕੁਆਲਿਟੀ ਮੈਨੇਜਰ ਨਾਲ 0116 250 2959 'ਤੇ ਸੰਪਰਕ ਕਰੋ।

Ak by ste chceli dostať túto informáciu v inom jazyku, alebo formáte, kontaktujte prosím manažéra rovnosti služieb na tel. číslo 0116 250 2959.

Haddaad rabto warqadan oo turjuman oo ku duuban cajalad ama qoraal ah fadlan la xirii, Maamulaha Adeegga Sinaanta 0116 250 2959.