

# Helping you to prepare for your hysteroscopy

Gynaecology Outpatient Clinic, Jessop Wing



**Information for patients**

Gynaecology



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## A quick guide to your hysteroscopy appointment

If you plan to take ibuprofen or paracetamol before your procedure, take the recommended dose an hour before your appointment time.



If you've been prescribed a sedative, such as diazepam for anxiety, take this an hour before your appointment time. Please inform the hysteroscopist and nurses that you have taken it as you will need extra monitoring during the procedure. **If you take a sedative before your appointment, you must not drive to or from your appointment.**

Please eat normally on the day of your appointment (so that you are less likely to feel faint). As you may feel dizzy or shaky after the procedure, please arrange to have the day free to rest at home if necessary.

We want you to feel comfortable during your hysteroscopy, so if at any stage of the procedure you feel the pain or discomfort is too much, please tell us and we will stop immediately. (See 'Will it hurt?' on page 5).

### **Please bring the following with you to your appointment:**

- A list of any medications that you are taking
- The date of your last menstrual period, or when you went through the menopause.
- A friend or family member who can stay with you during the procedure (if that would be helpful) and who can take you home afterwards.

## **What is a hysteroscopy?**

Hysteroscopy is the examination of the inside of the uterus (womb). This is done by using a hysteroscope, a narrow telescope-like device, thinner than a pencil, which is fitted with a small camera. The hysteroscopist (doctor or specialist nurse) can see if there are any problems inside your uterus that may need further investigation or treatment.

Sometimes, treatment can be done during your initial hysteroscopy by using miniature surgical tools inserted through the hysteroscope. This means that you would not need to come back for treatment at another appointment. However, this will not always be possible.

## **Why do I need a hysteroscopy?**

A hysteroscopy is performed to see inside the uterus. It may help find a cause for unusual or unexpected bleeding from the uterus, which includes:

- Very heavy periods
- Bleeding between periods
- Irregular bleeding whilst taking hormonal treatment
- Any bleeding after the menopause
- Difficulty becoming pregnant
- Problems after a miscarriage

Also, a hysteroscopy may be needed if your contraceptive coil threads are hidden and you want it removed.

## Where will I have the hysteroscopy done?

Hysteroscopy is usually done in the gynaecology outpatient clinic while you are awake. However, if you prefer you are able to have it done as an inpatient day case procedure with a general anaesthetic (when you are asleep), or a spinal anaesthetic, or possibly by controlled intravenous sedation (an injection to make you sleepy). **If you don't want an outpatient procedure you can discuss this with the hysteroscopist when you attend.**

## Will it hurt?

For 9 out of 10 women hysteroscopy in the outpatient clinic is quick and safe and carried out without any, or with very little pain or discomfort. However, everyone is different and women's experiences vary widely. Many women find it is helpful to take painkillers, such as paracetamol and ibuprofen or mefenamic acid, at least one hour before their appointment to reduce any period-type pain after the procedure.

We may need to place a speculum in your vagina to see the cervix (neck of your womb); this part is similar to your cervical screening test. To reduce any pain or discomfort we can place numbing gel into the vagina beforehand. We are also able to inject local anaesthetic into your cervix if it is sensitive.

The gynaecology outpatient clinic offers Entonox (Gas and Air) that may make the procedure easier for you as it reduces anxiety and it also acts as pain relief. The gas works for only a short time and you remain fully conscious, but you may feel a little 'drunk' for a few minutes.

About 1 in 10 women experience more severe pain. **If you find the procedure too painful please tell us and we will stop immediately.** You may prefer to have this procedure as an inpatient day case procedure.

The following list may help you decide in advance whether you think you would be able to tolerate a hysteroscopy in the gynaecology outpatient clinic. It may be difficult to tolerate if you:

- Have found a previous hysteroscopy very painful
- Find cervical smears very difficult or painful
- Faint due to period pain
- Dislike the idea of having an injection into the cervix
- Have had severe pain during a previous vaginal examination
- Do not wish to have such an examination when awake

If you are concerned or feel anxious about the procedure, your GP may prescribe a mild sedative, such as a small dose of diazepam, to take before your appointment. You must not drive to and from the hospital if you have a sedative.

## **What will happen during the hysteroscopy?**

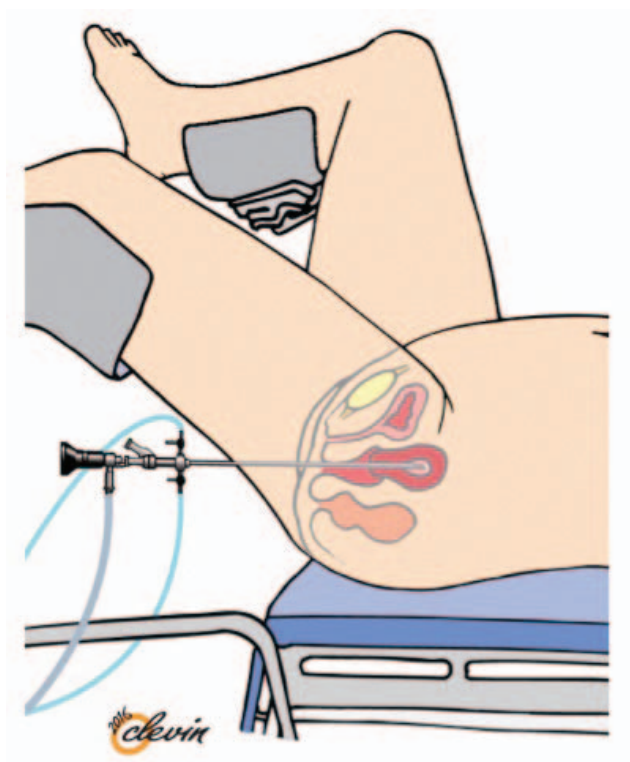
You will be seen by the hysteroscopist. They will ask you about your symptoms, including the dates of any recent vaginal bleeding. They will also explain the procedure and answer your questions. You will be asked to undress from the waist down. A nurse will stay with you to support you, and will help you onto the examination couch.

The hysteroscopist may pass the hysteroscope directly into your vagina and then into your cervix. However, if you have a narrow cervix, they may insert a speculum into your vagina first, and use some small rods (called dilators) to help widen the cervix. If they need to do this, they will give you a local anaesthetic injection so that you cannot feel it.

Saline (a safe fluid of salt water) is used to separate the walls of the uterus so that the hysteroscopist can see inside the uterus clearly. You will feel wet as the fluid trickles out of the vagina. It is often necessary to take a biopsy (small sample of tissue) of the endometrium.

This will either be done through the hysteroscope or after inserting the speculum and passing a thin tube through the cervix. The biopsy may help explain why you are experiencing problems. Unfortunately, this can be painful, like severe period pain, but the pain should not last long.

For around 1 in 10 women it is not possible to complete the outpatient hysteroscopy. This might be because it isn't possible to open your cervix, or you find the procedure too painful, or it makes you feel sick or faint. In this case we will arrange for you to have an inpatient day case hysteroscopy as soon as possible. We will discuss the options with you.

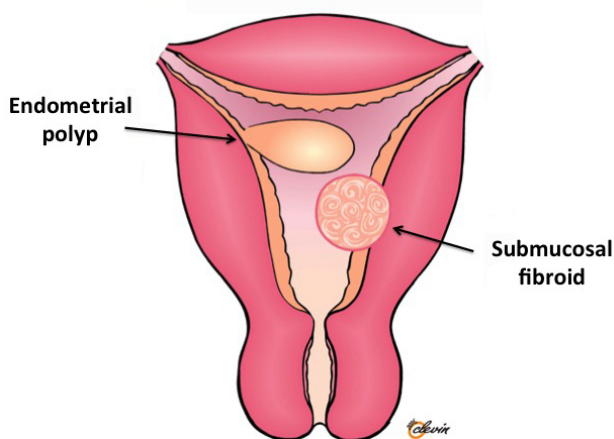


**The examination**

## What are we looking for?

We want to examine the lining of the uterus (endometrium) and see whether it looks healthy and if there are any swellings or extra tissue present, including:

**Endometrial polyps** are swellings of the endometrium. If we find polyps, we may ask if you would like us to remove them during your procedure. Otherwise, you may need another hysteroscopy, or you can ask for this to be done as an inpatient day case procedure. Polyps are removed by passing a small device down the hysteroscope that removes the extra tissue.



**A diagram showing a polyp and a fibroid**

**Fibroids** are firm muscle swellings that may stick out from the myometrium. They can make periods heavier or interfere with pregnancy by causing a miscarriage. Small fibroids can be removed just like polyps, and we may ask if you would like us to remove them during your procedure. Otherwise, you may need another hysteroscopy, or you can ask for this to be done as an inpatient day case procedure. Large fibroids take longer to remove, which is better done as an inpatient procedure.



## How long does it take?

The visit may take up to an hour. This includes time spent talking to the hysteroscopist, having the hysteroscopy and resting afterwards. The actual hysteroscopy should take no longer than 10 minutes. If we find polyps or small fibroids you may decide to have them removed at the same appointment, this takes about another 10 to 20 minutes.

## Do I still need to attend if I'm having a period?

We will try to arrange your appointment for when you are not having a period, as it is difficult to do the test if you are bleeding heavily. If this occurs on the day of the appointment please call and speak to a nurse. We will want you to attend if you have experienced any bleeding after the menopause, or if you have some bleeding most days, even if you are bleeding at the time.

## Do I need to use contraception?

We will not do the test if you might be pregnant. A urine pregnancy test may be done when you attend. If you are under 55 years of age please do not have sexual intercourse without using contraception from the first day of your last period to the time of your appointment. **This applies even if you are attending for fertility investigations.**

## What will happen after the hysteroscopy?

You can rest in the outpatient clinic's recovery area for as long as you need (usually about 20 minutes). It is a good idea to bring someone to drive or take you home. If you have driven yourself and had Entonox you will need to be prepared to stay for a little longer.

You may experience period-type pain, which can last for one or two days. We can offer heat pads to place over your underwear and further pain relief depending on what you have taken prior to your procedure.

## **How soon should I start feeling better?**

Any period-type pain should get better within a couple of days. You may lose a small amount of blood (like a light period) for several days, possibly longer.

## **Do I need to avoid anything following the hysteroscopy?**

It is important that you only use sanitary towels (not tampons) initially following the procedure.

You can have a shower or bath as usual.

You may have sex again when you feel comfortable.

## **When and how will I get my results?**

Your hysteroscopist will be able to tell you what was found following the procedure. If you need any treatment they will also discuss this with you. If we have taken a biopsy or removed a polyp it will be sent for examination. We will write to you with the result as soon as possible, but please note that this may take up to three weeks.

## **What are the risks of having a hysteroscopy?**

Hysteroscopy is a safe, routine procedure, but there are some risks. These are generally lower for an outpatient than an inpatient hysteroscopy. The risks include:

- Severe pain, feeling or being sick or fainting can affect up to 1 in 10 women. However, these feelings usually go away quickly.
- Heavy vaginal bleeding can affect up to 1 in 400 women.
- Infection can affect up to 1 in 400 women. It may appear as a smelly discharge, a high temperature or severe abdominal pain.

- Very rarely, a small hole is made in the wall of the uterus. This could damage nearby tissue. This happens in less than 1 in 1000 procedures, but is slightly more common if someone has a polyp or fibroid removed. It may mean that you have to stay in hospital overnight. Usually, nothing more needs to be done, but you may need a further operation to repair the hole.

## **Is there anything to look out for when I go home?**

You should contact the gynaecology outpatient clinic (within 48 hours of your procedure) or your GP if any of the following apply to you:

- You have heavy vaginal bleeding with clots (unless a normal period)
- Your pain is not relieved by simple painkillers
- You have a smelly vaginal discharge
- You feel feverish or unwell

## **Who can I contact if I have any questions?**

If you have any concerns or need any further information then please do not hesitate to contact:

- Gynaecology Outpatient Clinic: **0114 226 8441**
- Gynaecology Ward G2 (outside office hours): **0114 226 8367**

## **Who can I contact if I have any concerns or complaints?**

If you have any concerns or complaints you can ask to speak to the clinic manager who may be able to help straight away or you can contact our Patient Services Team by:

Telephone: **0114 271 2400**

Online: **[www.sth.nhs.uk/patients/patient-experience](http://www.sth.nhs.uk/patients/patient-experience)**

We take your concerns seriously and will reply to you directly.



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