

Patient information factsheet

Having a hysteroscopy as an outpatient

We have given you this factsheet because you have an appointment for a hysteroscopy. It explains what a hysteroscopy is, why you have been referred for this procedure, and some of the other minor procedures you may have during your appointment. We hope it answers some of the questions you have. If you have any further questions, please speak to a member of the team using the details at the end of the factsheet.

What is a hysteroscopy?

A hysteroscopy is an examination of the lining of the uterus (womb). This is done by passing a thin telescope (called a hysteroscope) through your vagina and cervix (entrance to the womb) and into the uterus. The hysteroscope is fitted with a small camera, so the doctor can see your cervix and uterus.

This procedure is done as an outpatient, and you will not be given a general anaesthetic. This means you:

- don't need to stay in hospital overnight
- can go home soon after the procedure
- can start doing your normal activities sooner
- will recover much more quickly than if you had day-case surgery under general anaesthetic (medication to make you sleep)

Why have I been referred for a hysteroscopy?

You may have been referred for a hysteroscopy for one of the following reasons:

- bleeding after the menopause (postmenopausal bleeding)
- very heavy, irregular periods
- bleeding in between periods
- removal of an intrauterine device (known as a coil) when the threads are not visible at the cervix
- fertility concerns
- after a miscarriage
- to investigate thickening of the uterus lining

Your doctor or nurse will discuss your options to see whether an outpatient hysteroscopy is right for you.

Before an outpatient hysteroscopy

You should eat and drink normally before your appointment. Please bring a list of any medications that you are taking with you to your appointment.

Contraception

We cannot perform the hysteroscopy if there is a chance that you are pregnant. It is important that you use contraception or avoid having sex between your last period and your outpatient hysteroscopy appointment. We may offer you a pregnancy test when you arrive.

Bleeding

It is still important to come for your outpatient hysteroscopy if you are bleeding. This is so you can discuss your symptoms with the doctor or nurse who will be doing the hysteroscopy.

Pain relief

We strongly recommend that you take some pain relief (ibuprofen, paracetamol or whatever pain relief you find helpful) one to two hours before your appointment. This is because a hysteroscopy can give you period-like cramps.

What will happen during the procedure?

During an outpatient hysteroscopy, we will pass the hysteroscope through the cervix and into the uterus. We will not need to make any cuts to do this, but we may need to use a speculum (a device which allows the doctor or nurse a better view of the cervix).

We will use fluid (saline solution) to help see the inner lining of your uterus, so you may feel wet as the fluid trickles back out.

Sometimes it is not possible to pass the hysteroscope inside your uterus. This may be because the cervix is tightly closed or scarred. If this is the case, the doctor or nurse will discuss alternative options with you on the day.

Pain

Everyone's experience of pain is different. Some women feel no or only mild pain during a hysteroscopy, while some find the procedure very painful. If you find this procedure too uncomfortable or painful, please let us know and we will stop.

If needed, we can use a local anaesthetic injection to numb the cervix. You can also have gas and air (called nitrous oxide or Entonox) to help with your pain, if needed. If you're worried, speak to the doctor or nurse before your procedure.

Minor procedures that can be done during an outpatient hysteroscopy

Other minor procedures can be done during an outpatient hysteroscopy. The doctor or nurse will discuss these with you in more detail before the hysteroscopy.

Endometrial biopsy

We can take a tissue sample from the lining of the uterus during an outpatient hysteroscopy. This is called an endometrial biopsy. This can be done:

- through the hysteroscope, or
- by inserting a speculum and passing a thin tube through the cervix

You may experience severe period-like pain during this procedure. Taking the endometrial biopsy sample takes about 10 to 20 seconds, and the pain should begin to ease as the procedure is completed.

Polyp removal

A polyp is a small lump (like a skin tag) that can grow from the lining of the uterus. Polyps can vary in size. Occasionally a polyp can be removed during an outpatient hysteroscopy. However, you may need a separate appointment for this.

If you are happy for us to remove the polyp during your outpatient hysteroscopy, we can do this through the same hysteroscope. This should not cause you any additional discomfort, but it can take a few more minutes for the polyp removal.

However, we may need to use a different hysteroscope with a slightly larger diameter to remove a polyp. This means we may have to open the cervix a little more, so we will offer you a local anaesthetic to numb the cervix.

Hormone-releasing intrauterine devices

During an outpatient hysteroscopy, we can also:

- insert a hormone-releasing intrauterine device (for example, Mirena®)
- remove an intrauterine device (coil) from the uterus when the threads are not visible

After an outpatient hysteroscopy

You will be able to go home by yourself and drive after an outpatient hysteroscopy. However, we may advise you to wait in the hospital for 10 to 15 minutes before you drive home if you have had gas and air or if we have removed a polyp. This is so that we can make sure the effects of the gas and air have worn off and you feel well before you leave the hospital.

Side effects of a hysteroscopy

Discomfort

You may feel some discomfort for the rest of the day. Depending on the minor procedures you had during your outpatient hysteroscopy, you may experience some period-like cramps for 24 hours. You can take over-the-counter pain relief for this, such as paracetamol or ibuprofen.

Nausea (feeling sick), vomiting (being sick) or fainting

During or immediately after the outpatient hysteroscopy, some patients:

- feel sick
- vomit
- faint

Please let us know if you are feeling unwell during or immediately after the procedure.

Bleeding

Bleeding after a hysteroscopy is usually very mild and is lighter than a period. It settles within a few days. We recommended that you use sanitary towels while you are bleeding, not tampons.

If the bleeding does not settle after a few days, or gets worse, contact our **hysteroscopy and colposcopy department** or **Bramshaw ward** using the numbers at the end of the factsheet.

Risks of a hysteroscopy

As with all procedures, a hysteroscopy does have some risks.

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Possible complications include:

- an infection, which may appear as:
 - smelly discharge
 - a temperature above 38°C
 - severe pain in your tummy
- uterine perforation (a hole made in the uterus) – if this is the case, you may need to stay in hospital for a few hours and we may give you antibiotics.

If you experience any of the above complications, please call your GP or contact us using the details at the end of the factsheet.

Alternatives to an outpatient hysteroscopy

The alternative to an outpatient hysteroscopy is having day-case surgery.

Day-case surgery

You may choose to have your hysteroscopy under general anaesthetic (when we give you medication to make you sleep) as a day-case procedure at a later date. This would require you to be admitted to hospital as a day-case patient. You may also need to have a hysteroscopy under general anaesthetic for medical reasons. The doctor or nurse will talk to you about this option at your appointment.

You may want to have a day-case procedure if:

- you have previous experience of severe pain during vaginal examinations
- you have had any previous traumatic experience that might make an outpatient hysteroscopy difficult for you
- you do not want to be awake for the hysteroscopy

The risks and complications are higher for a hysteroscopy carried out under general anaesthesia. Having your hysteroscopy done under general anaesthetic will also cause a delay in you receiving the results.

Not having a hysteroscopy

You can also choose to not have a hysteroscopy. However, this may make it more difficult for us to find the cause of your symptoms and offer you the right treatment.

Results

We will either send you a letter containing your results or invite you to attend a clinic appointment to discuss your results.

Contact us

Please contact us if you have any questions or concerns.

The **gynaecology pathway navigator** can help with any appointment queries or concerns that you may have before your appointment. They can also help with appointment queries after your outpatient hysteroscopy.

Gynaecology pathway navigator

Telephone: **07787 008205** (Monday to Friday, 8.30am to 4.30pm)

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For any concerns you have after the outpatient hysteroscopy, please contact the **hysteroscopy and colposcopy department** or **Bramshaw ward**.

Hysteroscopy and colposcopy department

Telephone: **023 8120 6034** (Monday to Friday, 8.30am to 4pm)

Bramshaw ward

Telephone: **023 8120 6035** (weekday evenings and weekends)

Useful links

National Institute for Health and Care Excellence (NICE)

'Heavy menstrual bleeding: assessment and management'

Website: www.nice.org.uk/guidance/ng88/informationforpublic

NHS UK

Information on hysteroscopy: www.nhs.uk/conditions/hysteroscopy/what-happens

Royal College of Obstetricians and Gynaecologists (RCOG)

A full list of useful organisations is available on the RCOG website.

Website: www.rcog.org.uk/for-the-public/other-sources-of-help

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For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit www.uhs.nhs.uk/additionalsupport