



Hysteroscopy

Day Procedure

SIVUH - Information for you

Ambulatory Hysteroscopy

This information is for you if you have been offered a hysteroscopy. It may also be helpful if you are a partner, relative or friend of someone who has been offered this procedure.

What is a Hysteroscopy?

Hysteroscopy is a procedure that involves examining the inside of your uterus (womb). This is done by passing a thin telescope-like device, called a hysteroscope, that is fitted with a small camera, through the neck of your womb (cervix). The doctor doing the procedure can then see whether there are any problems inside your uterus that may need further investigation or treatment.

It may be possible for a minor procedure to be done at the same visit.

What happens on the day of my procedure?

You should eat and drink normally. You do not need to fast before your procedure. You may wish to have a friend or family member accompanying you.

You will be admitted to a day ward by a doctor, who will ask about your medical history. Bring a list of any medications that you are taking with you. The doctor will prescribe you painkillers to be taken before the procedure.

The procedure will happen in the operating theatre and a nurse will be at your side throughout the procedure to talk to you and support you. The actual procedure will take approx. 15 minutes.

A small camera (hysteroscope), thinner than a pencil, is gently guided into the womb through the neck of the womb (cervix). It may be necessary to dilate the

neck of the womb (cervix) before the camera is passed, in order to do this, a local anaesthetic will be given to the neck of the womb to make it easier. The camera allows the doctor to check the inside of the womb (endometrial cavity) for any abnormalities including a polyp (a fleshy growth that is usually non-cancerous/benign) or a small fibroid. If there is a polyp or a small fibroid it may be possible to proceed and remove this at the same time if you feel comfortable with it.

The final step is to take a small sample of tissue (biopsy) from the lining of the womb (endometrium) with a small straw-like suction device. The biopsy can be painful, but the pain should not last long. Photographs of the findings inside your uterus are often taken and kept in your healthcare notes.

The procedure must not be performed if there is any chance that you are pregnant. To avoid this possibility, it is important to use contraception or avoid sex between your last period and your appointment. You may be offered a urine pregnancy test on arrival at your appointment.

Can I still have a hysteroscopy if I'm bleeding?

It is best to keep the appointment. Sometimes it can be difficult to do the test if you are bleeding heavily. If you have any concerns, please ring and speak to your healthcare professional.

Can I have a general anaesthetic?

You may choose to have your hysteroscopy with a general anaesthetic **if you are medically fit; however this needs to be planned in advance of your procedure day.** You can discuss this option with your healthcare professional at your outpatient appointment. The risks and complications are lower when hysteroscopy is done as an ambulatory procedure rather than under anaesthesia.



Hysteroscopy

Day Procedure

SIVUH - Information for you

What are the possible risks with hysteroscopy?

- Pain during or after Hysteroscopy is usually mild and similar to period pain. Simple pain relief medications can help.
- Feeling or being sick or fainting can affect a small number of women. However, these symptoms usually settle quickly.
- Bleeding is usually very mild and is lighter than a period, settling within a few days. It is recommended that you use sanitary towels, not tampons. If the bleeding does not settle and gets worse, contact the gynaecology clinic or nearest emergency department.
- Infection is uncommon (1 in 400 women). It may appear as a smelly discharge, fever or severe pain in your lower abdomen. If you develop any of these symptoms, contact your healthcare professional urgently.
- Failed/unsuccessful hysteroscopy occurs if it is not possible to pass the hysteroscope inside your uterus. Usually this happens when the cervix is tightly 'closed' or scarred. If this happens, your doctor will discuss alternative options with you.
- Damage to the wall of the uterus (uterine perforation) where a small hole is accidentally made in the wall of the uterus – occurs rarely. This could also cause damage to nearby tissues. This happens in fewer than 1 in 1000 diagnostic hysteroscopy procedures, but is slightly more common if someone has a polyp or fibroid removed at the same time. 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.

How will I feel afterwards?

Following your Hysteroscopy in the operating theatre you will return to the ward. Healthcare professionals will approve your readiness for leaving the ward. You may get some period-like pain for 1–2 days. You may also have some spotting or fresh (bright red) bleeding that may last up to 1 week. These symptoms usually settle very quickly. Most women feel able to go back to their normal activities on the same day. You can shower as normal. Normal physical activity and sex can be resumed when any bleeding and discomfort has settled. If needed, you can take pain relief such as 400 mg of ibuprofen every 8 hours or 1 gram of paracetamol every 4 hours, or your usual period pain tablets. If your pain is not controlled with the above medication, you should contact your healthcare professional or nearest emergency department.

What happens next?

You will be offered a follow up appointment (telephone clinic or outpatient's clinic) to discuss the results, usually within 6-8 weeks after the procedure.

About intimate examinations

The nature of gynaecology investigations means that intimate examinations are often necessary. We understand that for some people, particularly those who may have anxiety or who have experienced trauma, physical or sexual abuse, such examinations can be very difficult. If you feel uncomfortable, anxious or distressed at any time before, during, or after an examination, please let your doctor or nurse know. Your healthcare professionals are there to help and they can offer alternative options and support for you. Remember that you can always ask them to stop at any time and that you are entitled to ask for a chaperone to be present. You can also bring a friend or relative if you wish.