

Hysteroscopy

Patient information leaflet

A hysteroscopy is an examination of the inside of the womb (uterus) using a telescope called a hysteroscope. The instrument is quite long but is very thin (3-5mm) to pass through the neck of the womb (cervix). This leaflet aims to answer any questions you may have about the procedure. If you have any further questions or concerns, please do not hesitate to ask a member of staff.

What is a hysteroscopy for?

Hysteroscopy is useful for finding out what is causing symptoms such as unusual bleeding or fertility problems and is a method of looking inside the womb. During the procedure the doctor may take a biopsy (small sample of tissue) for examination in the laboratory.

A hysteroscopy can also be used to treat certain conditions. Using narrow instruments passed through the hysteroscope, it is possible to remove polyps or fibroids (small lumps of tissue that can grow from the womb lining), as well as intra-uterine contraceptive devices (IUCDs) that are otherwise difficult to remove. .

The procedure

- Hysteroscopy is most often performed as a day case, with no overnight stay.
- If done under general anaesthetic you must not eat or drink for six hours before surgery. If you are planned for a local anaesthetic procedure you can eat and drink as normal.
- Local anaesthetic procedures are usually done in the Women's health unit and **you should expect to be there for up to half a day**. Please take your usual medications. **You should also consider taking simple pain killers an hour or two before the procedure such as paracetamol or ibuprofen.**
- The actual procedure usually takes around 15-20 minutes. It is often done under a local anaesthetic, with an injection into the cervix (neck of the womb). Once the anaesthetic has taken effect, the hysteroscope is gently passed through the cervix and into the womb. The scope is then attached to a camera, allowing the doctor to see a clear image on a video screen. During the procedure there is a continuous flow of fluid through the instrument to wash the cavity of the womb and maintain a clear view. After the examination, the hysteroscope is removed quickly and easily.
- The procedure can be uncomfortable but can be stopped at any stage. This procedure can be done under general anaesthetic.

What to expect afterwards

As the anaesthetic wears off, there may be some abdominal pain and pain relief may be required.

Following a local anaesthetic, people usually feel ready to go home after a short rest.

Before you leave the hospital, the doctor may explain the findings of the hysteroscopy, or will make a further appointment to do this. If a biopsy has been done, it may be 3-4 weeks before the results are available.

Once home, further pain relief may be taken if needed, as advised by the hospital. It's important to take it easy for the rest of the day. Some women feel ready to resume normal activities and work the day after the procedure; others may need to take a day or two off.

Most women experience no problems following a hysteroscopy. The hospital or a GP should be contacted immediately if any of the following symptoms develop, as they may indicate an infection or other complication:

- Persistent heavy bleeding,
- Pain that persists for more than 48 hours,
- Swollen abdomen or general abdominal pain
- High temperature/fever

Some women find that the first period following the procedure is heavier or more prolonged than usual.

To help avoid the risk of infection, tampons should not be used for at least one week after a hysteroscopy. Sexual intercourse should be avoided until bleeding stops.

Deciding to have a hysteroscopy

Hysteroscopy is a commonly performed and generally safe procedure. In order to give informed consent, anyone deciding whether to have this procedure needs to be aware of the possible side effects and the risk of complications.

Side effects

Side effects are unwanted but usually mild and temporary effects of a successful procedure. For example, side effects include feeling sick as a result of any general anaesthetic, although medicines are available to relieve this. For hysteroscopy, side effects may include:

- Abdominal pain, similar to period pain,
- Vaginal bleeding for several days – although, occasionally, bleeding and discharge continue for up to a month.

Complications

Complications are unexpected problems that can occur during or after the procedure. Most women are not affected. The main possible complications of any invasive procedure are bleeding during or soon after the procedure, infection, and an unexpected reaction to the anaesthetic.

Other complications are uncommon. In a few cases, the hysteroscopy may not be successfully completed and need to be repeated. It is also possible for the womb to be damaged or perforated during the procedure. This can lead to bleeding and infection, which may require treatment with medicines, surgery or, in an extreme case, a hysterectomy (removal of the womb).

The chance of complications depends on the exact type of procedure that is being performed and other factors such as the woman's general health. The doctor will be able to explain how the risks apply to each woman.

Contact details

Ward 40 Day Unit, RVI (General anaesthetic) Tel: 0191 2825640 (24 hours)
Women's Health Unit (Local anaesthetic) Tel: 0191 2820140
(Monday to Friday 9.00am -5.00pm)

Please note: If you need advice before or after the procedure we do not have staff dedicated to taking calls. At times clinical or ward staff may be busy and unable to answer the telephone; you may need to call back later if at all possible.

The Patient Advice and Liaison Service (PALS) can offer on-the-spot advice and information about the NHS. You can contact them on freephone 0800 032 02 02 or e-mail northoftynepals@nhct.nhs.uk

Produced by Mr M Roberts, Consultant Gynaecologist: September 2007
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