



**Brighton and Sussex
University Hospitals**
NHS Trust

Your visit to the Outpatient Hysteroscopy Clinic

Department of Gynaecology

Patient Information

What is an outpatient hysteroscopy?

An outpatient hysteroscopy means that this is done in a clinic whilst you are awake. There are two types of hysteroscopy: a **Diagnostic Hysteroscopy** and a **Treatment Hysteroscopy**. A diagnostic hysteroscopy can help to give a clear diagnosis of problems you are experiencing and help to decide on the right treatment for you. A treatment hysteroscopy can treat you at the same time.

This option gives you a choice between having the procedure in the clinic or being admitted to hospital. You can choose the option that suits you and your circumstances (family / work) best.

What is a diagnostic hysteroscopy?

A hysteroscopy is a procedure during which the inside of the uterus (womb) is examined using a thin narrow type tube called a hysteroscope. This usually takes between 10-25 minutes and you will be able to go home shortly after the procedure. The hysteroscope is carefully passed through the vagina, then cervix (neck of the womb) and enables the doctor or clinical nurse specialist to see into the uterus. The images are viewed on a computer monitor as the hysteroscopy is being done which you can view with the surgeon if you wish.

Why do I need a diagnostic hysteroscopy?

A diagnostic hysteroscopy is currently the most accurate way to examine the inside of your womb in order to diagnose or treat a problem. Sometimes a sample of the tissue lining your womb may also be taken for diagnostic purposes. This is called an **endometrial biopsy**.

You may have been referred for a hysteroscopy because you are experiencing symptoms such as:

- Heavy or irregular bleeding
- Post-menopausal vaginal bleeding
- Unusual vaginal discharge
- Repeated miscarriages
- An ultrasound scan has detected a problem
- Detection of womb cancer.

Common problems that are found during a diagnostic hysteroscopy are fibroids and polyps. These are usually not suspicious and can be removed during an outpatient operative hysteroscopy.

What is an outpatient operative hysteroscopy?

An outpatient operative hysteroscopy may be used to:

- Remove polyps (small lumps of tissue growing on the lining of the uterus)
- Remove Fibroids (non-cancerous growths)
- Locate a 'lost' or stuck contraceptive device/intrauterine system
- Ablate endometrium (this is where electrical energy is used to remove the endometrial lining of the womb with a hand held wand).

A contraceptive device/intrauterine system may also be fitted immediately after having a hysteroscopy.

Please be aware that if extensive treatment is expected, you may require a general anaesthetic in order to have an operative hysteroscopy. Your doctor or clinical nurse specialist will discuss this with you.

How to prepare for this clinic?

There are risks with any operation, but these are small, less than two percent.

Potential complications can include:

- Bleeding
- Infection
- Pain and Perforation of the uterus (making a hole in the womb).

Should perforation occur, you may require an operation to put a telescope through your naval under general anaesthesia (laparoscopy) to see if any other organs have been damaged and whether there is any bleeding from the site of perforation, but this is very unlikely.

These will be discussed with you when you sign your consent form.

What can I expect before the Hysteroscopy?

On the day of your appointment you will see the doctor or clinical nurse specialist before your procedure for assessment whether you are having a diagnostic or treatment hysteroscopy. This is a good time for any concerns or questions you may have to be answered as it is important to us that you are involved in any decisions about your care and treatment.

The doctor or clinical nurse specialist will need to gain your consent before starting the procedure so you will be asked to sign a consent form if this hasn't already been done in a previous appointment.

Please eat, drink and take any regular medications as normal on the day of your procedure unless you have been advised otherwise.

Taking pain relief a short time before the procedure can lessen any discomfort. If you are not allergic or already taking them, you may like to take some paracetamol and ibuprofen about an hour before your procedure. Please follow the instructions on the packet about how much to take. It is important there is no risk of pregnancy when the procedure is carried out. Therefore we will ask your permission to carry out a pregnancy test before we start. This means you will have to give us a urine sample. Your procedure will be cancelled if there is a possibility that you might be pregnant. As a precaution, it is advisable to use barrier contraception (like condoms) from the start of your period before the procedure, and continue using them until after you have had the procedure.

What can I expect during the Hysteroscopy?

After you have spoken to the doctor or clinical nurse specialist, you will be shown into the treatment room. A nurse and a healthcare assistant will be with you during the procedure to ensure your comfort and help the doctor or clinical nurse specialist. Please note that we are a teaching hospital so it is not unusual for trainee doctors or student nurses to be present during your appointment: if this makes you feel uncomfortable then do not hesitate to tell the nurse.

- You will be asked to remove the bottom half of your clothing behind a curtain cubicle and to cover yourself with a paper sheet. You will be required to lie down on an examination couch for the procedure.
- The doctor or clinical nurse specialist will insert a speculum into the vagina (similar to a smear test). This will enable him or her to access your cervix.
- A local anaesthetic may then be injected into the cervix and the opening gently stretched. This is to allow the hysteroscope to pass through the cervix and into your womb.

- A sterile saline fluid is also introduced via the hysteroscope into the womb to distend the cavity (enlarge the space) to make it easier for the doctor or clinical nurse specialist to see. You may feel some of that fluid coming out of your vagina during the procedure, this is normal.
- The hysteroscope has a camera attached and images of the inside of your womb are sent to a screen by the side of the bed, which can be viewed by the doctor or clinical nurse specialist and yourself. Pictures will be taken at the time of the procedure as a record for your medical notes.
- The procedure is not generally painful but occasionally you may experience 'period like' pains. It is important to note that you will be involved at all times during the procedure and if at any point you would like the doctor or clinical nurse specialist to stop or have any concerns or questions please say or ask.

What can I expect during a diagnostic hysteroscopy?

With a diagnostic hysteroscopy a local anaesthetic is not always needed but will be discussed with you at the time of your appointment. If you are having an endometrial biopsy taken it is usually done after the hysteroscope is removed. A small tube is passed through the cervix and a sample of endometrial tissue is taken. This will then be sent for further examination. The results of this can take anything from 2-4 weeks depending on urgency.

If a polyp is seen at the time of your diagnostic hysteroscopy it is sometimes possible to remove it at the same time to save you coming back to clinic. For this to be done you will require the local anaesthetic. This also depends on how well you are coping with the diagnostic procedure.

What can I expect during an operative hysteroscopy?

An outpatient operative hysteroscopy will require you to come in earlier than your appointment time to take some pain relief. This will be explained in your appointment letter. We do however ask you not to drive home after this appointment due to the type of painkiller we give. Local anaesthetic is also given for all operative hysteroscopies.

- **Removal of contraceptive device/intrauterine system**

If you are having a lost or stuck contraceptive device removed this will be done after it has been located by hysteroscope. If you are having one fitted then this will be done at the end of the procedure.

- **Endometrial ablation/novasure**

If you are having endometrial ablation a hysteroscopy will be performed first. (Please also refer to the Novasure leaflet if you haven't already been given one).

- **Myosure hysteroscopy**

If you are having a polyp or fibroid removed then please also see the Trust's Myosure hysteroscopy leaflet if you haven't had one already. The diagnostic hysteroscopy will be performed first if you haven't already had this done at a previous appointment.

What can I expect after a hysteroscopy?

Whether you have had a **diagnostic** or **treatment hysteroscopy** the advice is the same.

- After the procedure you will be able to dress and then shown to a small recovery area with a reclining chair where you will be offered a drink.
- If you have had a local anaesthetic, we advise you rest for about 30 minutes or until you feel well enough to go home.
- The doctor or clinical nurse specialist and nurse will give you advice following the procedure about going home. Results and any follow up appointments will also be discussed with you before you leave.

● Pain

You may experience some period-like pain following the procedure which is usually mild and similar to that of a period. You can continue to take over the counter pain killers for this (such as paracetamol and ibuprofen). If you find the pain is hard to control then please contact your GP or local emergency department.

● Vaginal Bleeding

The bleeding is usually mild and should settle within a couple of days. Due to the risk of infection we advise you to wear sanitary towels and not tampons until the bleeding stops. It is also advisable to avoid sex and swimming for about a week or until the bleeding stops. If you experience prolonged or heavy vaginal bleeding with clots and if you feel dizzy or faint please see your GP or local emergency department.

● Infection

Should you experience an offensive (bad) smelling vaginal discharge with or without a temperature please see your GP as this may be a sign of infection.

Who can I contact with any concerns?

If you have any concerns or are worried, please do not hesitate to contact our gynaecology wards:

Princess Royal Hospital:

Horsted Keynes -
Gynaecology Ward

01444 441881 Ext. 5686/5685

Royal Sussex County Hospital:

Level 11 - Gynaecology Ward

01273 523191

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Disclaimer

The information in this leaflet is for guidance purposes only and is in no way intended to replace professional clinical advice by a qualified practitioner.

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