



THE GYNAECOLOGY GROUP

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PATIENT LEAFLET - OUTPATIENT HYSTEROSCOPY

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WHAT IS AN OUTPATIENT HYSTEROSCOPY?

A hysteroscopy is a procedure to look at the inside of the uterus (womb) using a fine telescope called hysteroscope. A camera attached to the hysteroscope allows the inside of the womb to be seen on a television screen. An outpatient hysteroscopy does not involve a general anaesthetic so you can drive to and from the clinic. Local anaesthetic can be used if required to make the procedure more comfortable. A sample from the lining of the womb can also be taken at the same time.

WHY IS A HYSTEROSCOPY PERFORMED?

It allows certain abnormalities inside the womb to be seen. Not all women with menstrual problems need to undergo the procedure, but it can provide useful information when there is abnormal bleeding between the periods, excessively heavy periods or prior to treatment procedures such as endometrial ablation or fibroid resection.

A hysteroscopy will help to find out if you have a fibroid (an overgrowth of the muscle of the womb) or a polyp (like a skin tag from the lining of the womb) which may be responsible for your period problems. If you have either of these, we will discuss treatment options with you which may involve removal of the polyp or the fibroid under general anaesthetic at a later date. It is however very common to find no abnormality. You can then be reassured that there is nothing seriously wrong. Other treatments can then be considered.

HOW IS THE HYSTEROSCOPY DONE?

At your appointment your consultant will explain the procedure and will ask you to sign a consent form. At this stage, if you would like to ask any questions about the procedure or treatment options (detailed below) please do so. You will then be accompanied to the minor procedures room with a nurse chaperone. You will be asked to change into a hospital gown. A nurse will then assist you onto the examination couch and rest your legs on to stirrups. During the procedure you will be made to feel as comfortable as possible. Very gently a speculum is passed into your vagina to visualise your cervix (neck of the womb). The cervix is cleaned with a cotton wool ball and local anaesthetic gel is put around and just inside the cervix. A very narrow (approx 3-4mm) telescope (hysteroscope) is then carefully passed through the vagina and cervix and into your womb. Sterile water is used to open up the womb so that the lining of the womb can be visualised. The water sometimes spills out through the cervix. The procedure usually takes about 5 to 10 minutes. The overall clinic appointment including consultation is usually about 30 minutes.

WOULD I FEEL ANY PAIN?

Some women experience period type pain as the hysteroscope or fluid enters the womb. It usually settles shortly after the procedure and can be relieved by mild painkillers such as paracetamol. We suggest taking 2 paracetamol tablets two hours before your appointment.

Usually your cervix does not need to be dilated to introduce the hysteroscope. If this is necessary, local anaesthetic can be injected into the cervix using a dental syringe with your permission. This is usually not painful and the local anaesthetic acts very quickly.

WHAT IS AN ENDOMETRIAL BIOPSY AND HOW IS IT DONE?

An endometrial biopsy is a sample taken from the lining of the womb following the hysteroscopy.

A biopsy is taken with a fine plastic tube passed through the cervix into the womb. Some period-like or draggy pain may be experienced during the procedure but usually resolves very quickly once the procedure is completed. The biopsy itself only takes a few seconds.

WHEN WILL I KNOW THE RESULTS OF THE PROCEDURE?

We can discuss with you during and immediately after the procedure what we could see. Any samples taken take approximately 2 weeks to be looked at by the pathology department.

WHAT WILL HAPPEN AFTERWARDS?

You will be able to go home, but you may wish to rest for a while (about 15-30 minutes) before you leave the hospital. You will be able to resume normal activities for the rest of the day. You will not have received any drugs which will affect driving, operating machinery or drinking alcohol. You may have some vaginal bleeding or spotting with watery discharge for the remainder of the day and sometimes for a few more days. It is advisable to wear a sanitary pad after the procedure.

WHAT ARE THE RISKS OF THE PROCEDURE?

An outpatient hysteroscopy is a very safe procedure. There are no major risks but common minor risks are pain, vaginal bleeding and infection. Infection is so unlikely no antibiotics are required.

WHAT IF I AM DUE FOR A PERIOD OR HAVE A PERIOD AT THE TIME OF THE APPOINTMENT?

It is sometimes difficult to perform the test while you are bleeding heavily as the view of the inside of the uterus may not be very clear. If your periods are regular and predictable and it coincides with the appointment, please call our secretary and we will rearrange the appointment. However, if your bleeding is light or spotting or you are at the end of a period we may still be able to do the test. If your bleeding is unpredictable we can prescribe some medication to take to stop a period for the appointment.

WHAT OTHER TREATMENTS CAN YOU DO AT THE SAME APPOINTMENT?

At the time of your appointment we can:

- 1) Remove cervical polyps**
- 2) Commence medical treatment** i.e. non hormonal and hormonal medications
- 3) Place a Mirena coil:**

A Mirena is a small T-shaped plastic device which releases a very small amount of hormone (progesterone) every day. This hormone thins the lining of the womb and makes your periods lighter. The device is also a very good contraceptive. If you agree, it can usually be fitted in less than 5 minutes, straight after the hysteroscopy.

The device can take up to 3 to 4 months to work optimally and may cause irregular, usually light, bleeding in the meantime. However, the majority of patients are satisfied with their periods within about 4-6 months time