

OUTPATIENT HYSTEROSCOPY

THE COOMBE WOMEN & INFANTS UNIVERSITY HOSPITAL

Why am I attending this clinic?

Your doctor has referred you to the Hysteroscopy clinic at The Coombe Women and Infants University Hospital because of abnormal vaginal bleeding. Abnormal bleeding can be heavy or irregular bleeding, bleeding in between periods or bleeding after the menopause. Whilst it is usually harmless it is important to exclude other reasons for bleeding as soon as possible.

In order for us to help you as much as we can, please read this information leaflet before you attend the clinic. The Hysteroscopy Suite is located in the Women's Health Unit at the back of the hospital.

What is an Outpatient Hysteroscopy?

Hysteroscopy is traditionally carried out when the patient is asleep but new medical advances allow this to be done whilst you are awake. The procedure involves passing a very fine telescope called a hysteroscope through the neck of the womb (cervix) into the uterine cavity. The scope is connected to a monitor, which allows us to get a good view of the inside of the womb (uterus) and if necessary, take a small sample from the lining.

What will happen on my arrival at clinic?

The hysteroscopy clinic is located in the Women's Health Unit at the back of the hospital. On arrival please take a number from the shelf at reception and take a seat in the waiting room. When ready the secretary will call your number and check you in, after which you will have a short wait in the waiting room. You will then be called by the consultant to the examination suite, where he or she will talk with you about the procedure and take some medical information from you.

What should I expect during the Hysteroscopy examination?

You will then be asked to get ready for the examination. We will provide you with a hospital gown, within each clinic suite there is a changing room and a toilet for your use only during your appointment. Once you are changed we will ask you to comfortably position yourself in our special reclining chair.

It will be necessary to have a small physical examination, please be aware that this can be performed even if you are bleeding. There will be a nurse to chaperone the doctor and support you throughout the examination. You are of course welcome to bring a friend or relative with you if you wish to.

After your examination the consultant may want to do a Transvaginal Ultrasound Scan for you. This uses a small probe, placed in the vagina that allows the consultant to further assess your womb and ovaries. It will feel slightly uncomfortable, similar to the internal examination but should not cause pain. You do not need a full bladder for this scan and the scan itself should take no longer than five minutes.

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Following the scan, a speculum may be inserted into the vagina (just like when having a smear taken) and the cervix will be cleaned with an antiseptic solution. The hysteroscope is then inserted into the womb and connected to the camera that will display the images on the monitor. Photos will be taken as a record and kept in your notes. You may see these images if you wish. We use fluid to visualise the inside of the womb. A sample of the lining of the womb is then taken if required. The actual procedure will only take approximately 5-10 minutes. You may experience slight abdominal pain similar to period pain during the examination. Very occasionally local anaesthetic may be required.

How should I prepare for the Hysteroscopy procedure?

- Showering: You should have a shower or bath on the morning of your procedure.
- Eating and drinking: You should eat and drink as normal before your appointment.
- Clothing: As you will be provided with a gown for the examination, wear clothes that are easy to change in and out of.
- Pregnancy: If you are or think you might be pregnant you should NOT have a hysteroscopy. In premenopausal women we will do a pregnancy test before the procedure.

What type of anaesthetic is this procedure usually done under?

Generally no anaesthetic or sedation is required for this procedure.

Will I be asked to sign a consent form or is verbal consent needed?

Yes, you will be asked by the doctor to sign a consent form following a thorough discussion about the procedure.

How long will the appointment last?

The entire appointment usually takes about 30-40 minutes.

What does it feel like?

It is generally not a painful experience. Some women may feel period like discomfort. The doctor will stop at any time if you are too uncomfortable. We would advise you to take pain relief such as Paracetamol or Ibuprofen 1-2 hours before your appointment. This will help reduce any discomfort or cramping you may experience.

Are there any alternatives to this procedure?

Yes. This procedure may be undertaken as day case under general anaesthetic.

What are the risks involved in this procedure?

There is risk involved in every surgical procedure. Your doctor will explain these risks. You should ask as many questions as you like before making your decision to have this procedure.

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Particular risk	Risk	Classification
Damage to womb	1 in 100 women	Common
Inability to pass the hysteroscope into the womb	4 in every 100 women	Uncommon
Fainting episode (vasovagal)	4 in every 100 women	Uncommon
Infection to the Womb	1 in every 500 women	Rare
Damage to bladder , bowel or ureter/Haemorrhage	Less than 2 in every 1000 women	Rare

What should I expect following this procedure?

- Pain: Everybody's ability to cope with pain is different. It is important if you feel any discomfort that you inform the nurse looking after you so that your pain can be reviewed as quickly as possible.
- Recovery: You may resume all normal activities after this procedure. You are advised to rest for the remainder of the day.
- Bleeding: You may have light bleeding from the vagina for 2-3 days. If your bleeding increases contact your doctor. We would advise you to avoid the use of tampons for 1 week after the procedure.
- Sex: We would advise you to avoid sex for 1-2 weeks after the procedure or until you feel comfortable.

What happens to the tissue samples?

Any tissue that is removed from your body is routinely sent to the laboratory for examination. The results will be discussed with you at your post-operative visit. If you are not due back for a post-operative visit, you will be informed of the results if there are any abnormal findings. All tissue removed will be disposed of in accordance with ethical, legal and professional standards.

Contacts

In the event of needing to contact the hospital after your procedure please contact 01 408 5471 or 01 408 5200 after hours.

Who can I contact if I have any more questions?

Your GP can answer any further questions you have before your procedure.

For further information:

www.womens-health-concern.org

References

<https://www.rcog.org.uk/globalassets/documents/guidelines/gtg59hysteroscopy.pdf>

<http://www.gegateshead.nhs.uk/sites/default/files/users/user53/IL175v5%20Hysteroscopy.pdf>

<http://www.royalberkshire.nhs.uk/patient-information-leaflets/Hysteroscopy%20outpatient.hm>

This information sheet is not intended to replace verbal communication with medical, midwifery or nursing staff.

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