

# Outpatient Hysteroscopy

## (Looking at the inside of the womb)

**If you need this leaflet in a different language or accessible format please speak to a member of staff who can arrange it for you.**

اگر به این بروشور به زبان دیگر یا در قالب دسترس پذیر نیاز دارید، لطفاً با یکی از کارکنان صحبت کنید تا آن را برای شما تهیه کند.

Jeśli niniejsza ulotka ma być dostępna w innym języku lub formacie, proszę skontaktować się z członkiem personelu, który ją dla Państwa przygotowuje.

Dacă aveți nevoie de această broșură într-o altă limbă sau într-un format accesibil, vă rog să discutați cu un membru al personalului să se ocupe de acest lucru pentru dumneavoastră

如果您需要本传单的其他语言版本或无障碍格式，请联系工作人员为您安排。

إذا احتجت إلى هذه النشرة بلغة أخرى، أو بتنسيق يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

## About your appointment

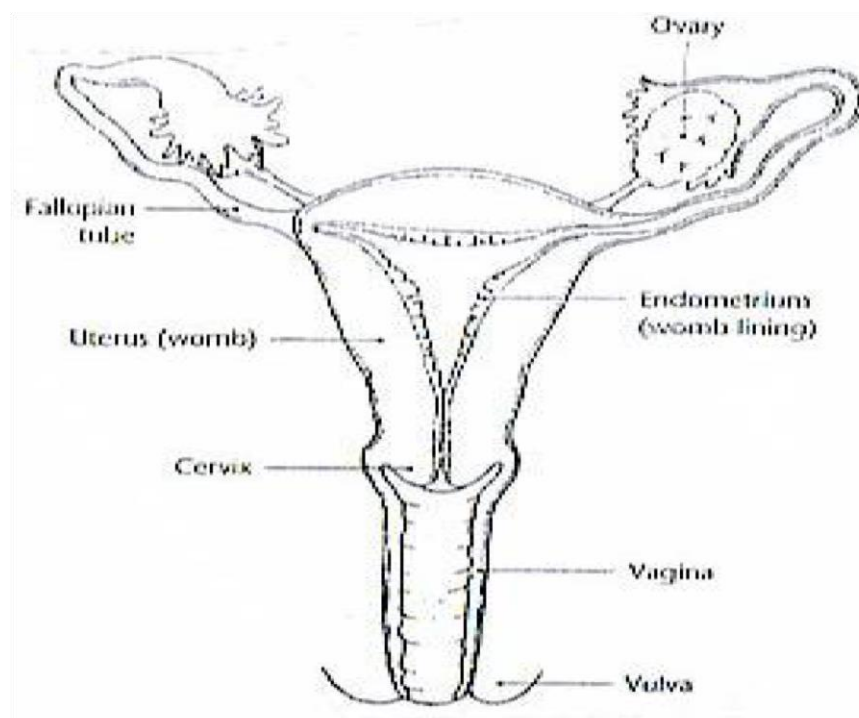
You have been referred to the Hysteroscopy Clinic to:

- Investigate your symptoms
- Provide a diagnosis
- Begin treatment

## The nature of the procedure

Hysteroscopy is a procedure carried out to look at the inside of the womb (uterus) and can be performed either as a day case or outpatient procedure. A hysteroscope is a thin, telescope-like instrument which is attached to a light and camera.

The hysteroscope is passed through the cervix into your womb which means no cuts are made to your skin. The images are sent to a TV screen to provide a view of your womb lining.



## Reasons for hysteroscopy include:

- Heavy or irregular bleeding
- Bleeding between periods
- Bleeding after your menopause.
- Irregular bleeding whilst you are taking Hormone Replacement Therapy (HRT)
- If you are thinking about having an operation to make your periods less heavy (endometrial ablation) To treat conditions such as fibroids or polyps (non-cancerous growths in the womb)
- It may be performed if you are having fertility issues/recurrent miscarriages
- Retrieval of a lost birth control coil.

## Who works in the Outpatient Hysteroscopy Service?

- A consultant or specialist nurse will carry out the hysteroscopy
- Two staff nurse or healthcare assistants will assist with the procedure and provide you with support
- Occasionally, there may be junior doctors present or visitors from other hospitals. If you would prefer them not to be there, please tell a member of the team as soon as possible.

## Before your hysteroscopy

- You can eat and drink normally on the day of your hysteroscopy.
- Consider taking pain relief such as paracetamol or ibuprofen 1-2 hours before the appointment to reduce any pain or discomfort.
- It is a good idea to wear loose, comfortable clothes as you will be asked to undress from the waist down and change into a hospital gown.
- Please bring a sanitary towel of your choice just in case you experience any bleeding or discharge after the procedure.
- You will have a consultation with the doctor or nurse specialist where they will ask you for some personal details to help decide on any further management that may be required. Advise the doctor/nurse if there is any chance you may be pregnant as a hysteroscopy cannot be carried out if you are pregnant.

## How long will it take?

It may take **up to half an hour** to complete the whole process but may only last 5-10 minutes. After a full explanation about your visit, you might be offered the following:

- The hysteroscopy with or without a biopsy
- Results of investigations
- Recommendations for treatment such as removal of polyps or small fibroids, fitting of Mirena Intrauterine system (IUS – see bottom of page 3)

## What will happen during the hysteroscopy?

The hysteroscopy itself takes **about 10 minutes**. You may feel some period type pain which most women feel is manageable – **if you find it too uncomfortable you can ask for the procedure to be paused or discontinued**. You will feel wet due to water being passed through the telescope. The doctor/nurse will explain the findings and any treatment plan.

## Benefits of the procedure

This procedure will enable the doctor/nurse to view the lining of the womb directly and assess if this looks normal.

It is also possible to remove polyps and take samples of the lining of the womb during the procedure.

## The risks of the procedure

A hysteroscopy is a very safe procedure which is performed very frequently, but like any procedure there is a small risk of complications. Some of the main risks are:

- Accidental damage to the womb (making a hole in the wall of the womb) – this is very rare but may require treatment with antibiotics or a further procedure to repair the womb
- Infection of the womb – this can cause a smelly discharge, abdominal discomfort and a temperature but can usually be treated with a short course of antibiotics. **If you have any of these symptoms, seek advice from your GP.**
- Feeling faint – the procedure will be stopped if this happens, to allow you to recover.

A hysteroscopy is only carried out if the benefits are thought to outweigh the risks.

## Discomforts of the procedure: do I need an anaesthetic?

Although this procedure is carried out as an outpatient procedure and does not usually require an anaesthetic, not all patients are suitable for this. We suggest that you **take a standard dose of a painkiller such as Paracetamol or Ibuprofen about one hour before** your appointment to reduce the discomfort. Local anaesthetic gels and Entonox (gas and air) are available in the clinic if you need them.

## What are the most common findings?

- In many cases we find no serious cause for the bleeding
- Polyps - these are simple skin tags inside your womb
- Fibroids - these are thickened area of muscle in the wall of the womb.

## What treatment options are available to me?

### Polypectomy (Removal of polyps)

Polyps are small skin tags that can occur in many places, and it may be possible to remove these in the clinic. If polyps are found to be the cause of your bleeding, you will be advised to have them removed. The procedure of removing polyps is called polypectomy and this can often be performed in the clinic, preventing the need for further surgery. Sometimes, if the polyp is too large, the doctor/nurse will recommend an operation using a general anaesthetic to remove it.

Polyps can be left alone, although it is usually advisable to remove them as there is a very small chance they can become malignant (cancerous).

### Mirena IUS

The Mirena IUS (Intra Uterine System) is a hormone releasing system placed in your uterus and contains a hormone called levonorgestrel. It is a safe, well tolerated and effective treatment for heavy periods. It also provides reliable contraception if required. During the first **3 to 6** months of use, your monthly period may become irregular and you may have frequent spotting or light bleeding. After your body adjusts, the number of bleeding days is likely to decrease and you might even find that your periods stop altogether.

**You must have the Mirena replaced after 5 years; your doctor can insert a new one if you choose to continue using Mirena.**

Once the Mirena is in place, you will not be able to feel it in your womb. It is a good idea to take some pain killers a couple of hours before the fitting to help reduce any pain and discomfort. A good choice is Ibuprofen 400 mg which can be bought over the counter at your chemist or local supermarket.

### **What happens following hysteroscopy?**

You can resume normal daily activities by the next morning. Some bleeding may be experienced, though this should be minimal. Pain is usually mild and simple pain killing tablets such as Paracetamol or Ibuprofen are effective in most cases.

Sometimes small samples or biopsies are taken; you will be told if this is the case. These will be sent to the laboratory for examination, and you will be advised of the results as soon as they are available.

If it is necessary to carry out any further procedure or investigations the doctor/nurse will advise you of this before you leave the clinic.

### **When the procedure is completed**

You should **not** drive yourself home.

It is important to arrange for someone to collect you.

### **How do I get the results?**

If small samples or biopsies are taken, you and your GP will be advised of the results by letter as soon as they are available. You may be offered a **telephone clinic appointment** to speak to a Nurse if this is suitable for you. If necessary, a clinic appointment will be arranged.

## Retained tissue

Any tissue taken at the time of your operation will be sent for examination to the laboratory and your consultant will be informed of the result. Following completion of the investigation the tissue will be disposed of in accordance with health and safety.

## Consequences of not having the procedure

We will not be able to determine the cause of your abnormal bleeding and we may not be able to offer treatment to prevent your symptoms continuing or worsening.

## Important notices

**If you are unable to attend for your appointment, please telephone in advance so that your appointment can be given to someone else**

**0151 430 1234**

**If you are bleeding heavily on the day of your appointment for your procedure or need any other advice, please telephone**

**01744 646 6354**

**If you have any urgent problems outside of clinic hours, please contact ward 3E**

**0151 430 1522**



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