

Outpatient Hysteroscopy (Looking at the inside of the womb)

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Na żądanie ta ulotka może zostać udostępniona
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About your appointment

You have been referred to the Hysteroscopy Clinic to:

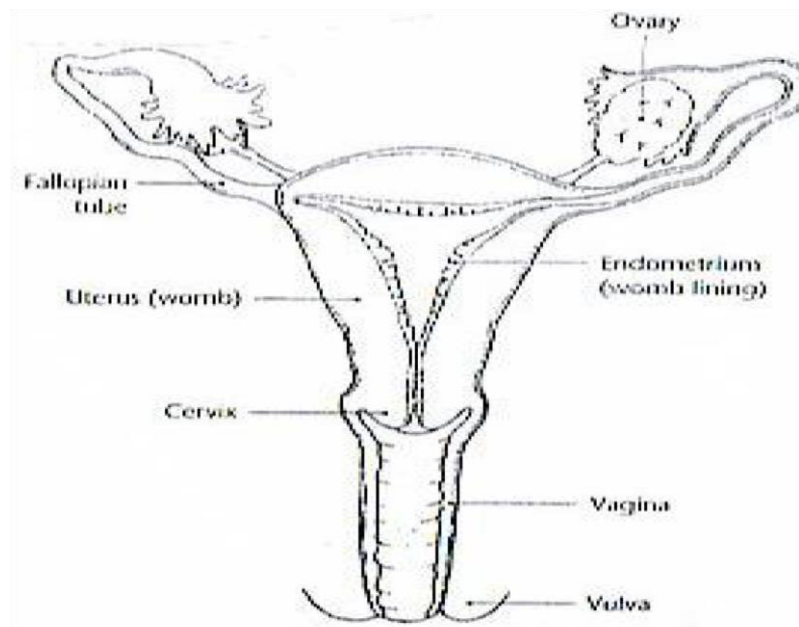
- Find the cause of your problem
- Provide a diagnosis
- Begin treatment

...without the need for a general anaesthetic. This means you can return to your normal daily life more quickly.

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 source and TV screen.

This provides a view to examine your womb lining. Similar to a smear test, the doctor or nurse will use an instrument called a speculum which is put into your vagina to enable him or her to see the neck of the womb (cervix). The telescope is then inserted through the cervix into your womb.



Reasons for hysteroscopy include:

- Heavy or irregular bleeding that has not got better with tablets from your doctor.
- 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 or microwave ablation).
- It may be performed if you are having unexplained miscarriages
- Retrieval of a lost birth control coil

Who works in the Outpatient Hysteroscopy Service?

- A Consultant or an Associate Specialist. They or another member of their team will carry out the hysteroscopy.
- A Staff Nurse or a Health Care Assistant will assist with the procedure
- 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

- On your arrival, you should attend the Hysteroscopy Clinic.
- You may be asked to go to the Ultrasound Scan Department for an ultrasound scan of the pelvis if this has not already been performed in advance.
- You can eat and drink normally on the day of your Hysteroscopy.
- Please bring a sanitary towel of your choice just in case you experience any bleeding or discharge after the procedure.
- The doctor or nurse specialist will ask you for some personal details to help decide on any further management that may be required.

How long will it take?

It may take **up to one hour** and possibly more to complete the whole process. After a full explanation about your visit you might be offered the following:

- An ultrasound scan
- The hysteroscopy with or without endometrial biopsy if the lining of your womb is thickened
- Results and any advice
- 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 and after the hysteroscopy?

The hysteroscopy itself takes **about 10 minutes**. You may feel some period type pain, but a lot of women feel nothing at all. You will feel wet due to the water being passed through the telescope. The doctor will explain the findings once again and whether or not you need any medication or another appointment. You can resume normal daily activities by the next morning. Some bleeding may be experienced, though this should be minimal.

Benefits of the procedure

This procedure will enable the surgeon to view the lining of the womb without the need for a more lengthy operation requiring a cut to the abdomen.

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.

However, on very rare occasions perforation of the womb (making a hole in the wall of the womb) may occur. This may be noted at the time of the procedure but may not require further action. However, depending on the extent of the perforation, a small stitch or a more involved operation may be required. This will be done whilst you are under anaesthetic and will result in a longer stay in hospital so that you can be observed closely. It is extremely rare that you would need to be brought in for an anaesthetic for any stitch or other operation.

Infection is a possible complication, however it is rare. If this should happen you may develop a foul smelling discharge, abdominal discomfort and a temperature.

If you have any of these symptoms, seek advice from your GP.

It is important to note that there is a small possibility that the surgery cannot be completed. This depends on findings at the time of surgery.

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. If the procedure is uncomfortable for you or if the opening to your womb is very tight, the doctor may need to inject a local anaesthetic to numb your cervix.

What happens following hysteroscopy?

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. You will be advised of the results as soon as they are available. If the doctor thinks you require medication he/she will prescribe this for you before you leave.

If it is necessary to carry out any further surgery or investigations the doctor will advise you of this before discharging you. On discharge you are advised to rest for **2-3 days**. You may have some bleeding, though this should be minimal. Pain is usually mild and simple pain killing tablets such as Paracetamol or Ibuprofen are effective in most cases.

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 Specialist if this is suitable for you. If necessary, a clinic appointment will be arranged for you to speak to a doctor.

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 investigation the tissue will be disposed of in accordance with health and safety. With your permission this may be useful for research or teaching purposes.

When the procedure is completed

You should **not** drive yourself home.
It is important to arrange for someone to collect you.

The alternatives to the procedure

This depends on the reasons for having the investigation. Other possible investigations may be an ultrasound scan or surgery to view the pelvis. The doctor will be happy to discuss any alternative investigation or treatment if they are applicable to you.

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 lumps in the muscle wall of the womb.

What treatment options are available to me?

Polypectomy (Removal of polyps)

Polyps are small fragile growths 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 will recommend an operation using a general anaesthetic to remove it.

Polyps can be found:

- On the surface of the cervix/womb (cervical polyp)
- On the lining of the womb (endometrial polyp)

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 for heavy periods

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 removed after 5 years, but your doctor can insert a new one during the same visit 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. Most women do not find the fitting procedure very uncomfortable – usually less than expected.

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 ward 3E

0151 430 1522

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

0151 430 1522



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