

Further reading

NHS information on hysteroscopy:

www.nhs.uk/conditions/hysteroscopy/-what-happens

National Institute for Health and Care Excellence (NICE) guideline NG88, *Heavy Menstrual Bleeding: Assessment and Management*:

www.nice.org.uk/guidance/ng88/-informationforpublic

Hysteroscopy

Post Operative Information

This leaflet can be made available
in alternative languages / formats on request.

如有需要，本传单可提供其他语言/版式
此單張的其他語言/格式版本可按要求提供

Na żądanie ta ulotka może zostać udostępniona
w innych językach/formatach.

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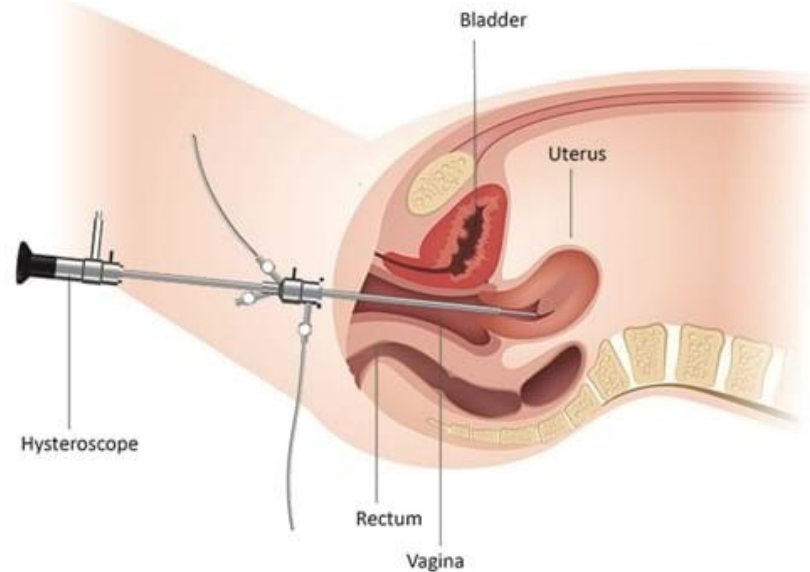
What is a Hysteroscopy

Hysteroscopy is a procedure carried out to look at the inside of the womb.

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.

The hysteroscope is passed into your womb through your vagina and cervix (entrance to the womb), which means no cuts need to be made in your skin.



Contact Numbers

Your nursing team today were:

Your Surgeon/Consultant is:

Sanderson Suite contact number:

01744 646098/01744 646089

Ward 3E (Whiston) Gynaecology Ward:

Tel: 0151 4301522

If you require urgent medical advice that is not an emergency please call **111**. This service can be accessed online also.

Post op information

You can shower as normal.

Normal physical activity and sex can be resumed when any bleeding and discomfort has settled.

Most women feel able to go back to their normal activities within a day or so.

However, if you have had a general anaesthetic then we advise you not to return to work/drive for 24 hours after.

Follow up

If you require an outpatients follow up, this will be sent via letter through the post or may be a telephone consultation.

Alternatively, any results may be communication to via your GP.

If you do not receive a follow up please contact Whiston Hospital Switchboard Tel: 0151 426 1600 and ask to speak to your consultant's secretary.

Reasons for the procedure

There are a number of reasons the procedure may be done:

- Heavy or irregular bleeding that has not got better with tablets from your doctor.
- Bleeding in 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.

Pregnancy

It is also possible to continue to carry out further treatments for example – insertion of Mirena coil, removal of polyps and take samples (a biopsy) of the lining of the womb during this procedure.

Polypectomy (Removal of polyps)

Polyps are small fragile growths that can occur in many places, and it may be possible to remove these during the operation.

Reasons for the procedure

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 (further leaflet available for this).

Dilation and curettage

A dilation and curettage (D&C) is the scraping of the lining of the uterus (the endometrium).

Performing a D&C helps make a diagnosis and deciding which treatment is best.

The cervix (neck of the womb) is dilated or stretched enough to allow the surgeon to pass a small curette (scraping instrument into the womb).

Biopsies

If 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 either via a follow up appointment or via your GP.

Post Operative information

Pain relief

You may have some pain similar to period cramps after the operation.

Please take your usual pain relief to help resolve this.

Simple analgesia such as paracetamol will help.

Please also read the instructions.

On occasion, women may experience severe pain.

If this happens please seek urgent medical advice.

Bleeding

You may have vaginal bleeding postoperatively, similar to the tail end of a period, this can last 4-5 days.

It is recommended that you use sanitary towels, not tampons.

If the bleeding does not settle and gets worse, contact Ward 3E on 0151 430 1522 or nearest Emergency Department.

Signs of infection

Infection is uncommon (1 in 400 women).

It may appear as a smelly discharge, fever or severe pain in the tummy.

If you develop any of these symptoms, contact your GP, or attend your urgent treatment centre/walk in centre immediately.