Diagnostic Hysteroscopy
Under General Anaesthetic

Obstetrics & Gynaecology
Women & Children’s Group

This leaflet has been designed to give you important information about your condition / procedure, and to answer some common queries that you may have.
Introduction
The purpose of this leaflet is to provide you with information about a Diagnostic Hysteroscopy.

Diagnostic Hysteroscopy under General Anaesthetic
You have been referred for a diagnostic hysteroscopy under general anaesthetic. This procedure is offered to patients with period related problems in order to obtain a diagnosis.

The proposed procedure
Hysteroscopy involves the insertion of a fine telescope through the vagina into the neck of the womb (cervix) and then into the cavity of the womb (uterus) to identify a cause for the heavy or irregular periods. Either gas or salty water is used to open up the womb. A sample or biopsy from the lining of the womb is usually taken at the same time and sent for examination.

Other procedures, such as removal of a polyp, insertion of a hormone-releasing coil (Mirena) to treat heavy periods, removal of small fibroids and division of scar tissue due to infection, can also be performed at the same time.

It is likely that pictures of the inside of the womb will be taken for the purpose of records, teaching, audit etc. If you have any objection please indicate at the time of consenting.

You are allowed to go home once you have fully recovered from the anaesthetic either the same day or the following day.

Intended Benefits
A hysteroscopy is being performed in order to obtain a diagnosis for your period problems. This will rule out abnormality of the lining of the womb resulting from hormone irregularity, infection and cancer. As it is not intended for treatment you should not expect your symptoms to change.

However, following the removal of a polyp or if the Mirena coil has been inserted during the procedure, you may notice an improvement in your periods.

Serious or frequently occurring risks following the procedure
Women who have had previous surgery on their womb such as Caesarean section, removal of fibroids from the womb or cone biopsy of the neck of the womb, have a higher risk of complications.

Serious risks:
- The serious risks include damage to the wall of the womb or perforation of uterus which happens in only 0.76% of patients
- Pelvic infection
- Inability to see inside the cavity of the womb due to failure to dilate the cervix

Frequently occurring risks; following the procedure include:
- Vaginal bleeding and discharge
- Pain that is usually felt low down in the pelvis or in the shoulder especially if gas is used for opening the womb

These symptoms are mild in nature and will settle soon.
Any extra procedures which may become necessary during the operation

Laparoscopy and / or Laparotomy:

Usually following perforation of the uterus no further action is needed. If the perforation is diagnosed early enough the hysteroscopy has to be stopped to prevent further damage. Sometimes the diagnosis of perforation is delayed or there is severe bleeding. In such a case in order to assess the damage to the wall of womb and other structures such as bowel it may be necessary to insert a fine telescope into the tummy (abdominal cavity) via an incision in your belly button. This procedure is called laparoscopy. In extreme cases we may need to open up the tummy through an incision (Laparotomy).

Blood transfusion: is usually quite rare after a hysteroscopy and will only be given if absolutely necessary.

What the procedure is likely to involve, the benefits and risks of any available alternative treatments including no treatment

It is common practice to take a small biopsy from the lining of the womb at the time of hysteroscopy. The sample is sent to the laboratory for examination under a microscope to look for any abnormalities or hormonal changes that can guide further treatment.

Usually a pelvic ultrasound scan is arranged to investigate heavy periods. The scan is a safe and painless procedure, which can usually detect fibroids, polyps or other changes in the structure of the uterus.

If you feel your periods do not interfere too much with normal life you may wish not to undergo any investigation after review of the intended benefits outlined above. You may be reassured by your examination and ultrasound scan findings that there is no serious cause for your heavy periods.

In such a case a blood test may be advised to check anaemia which if found can be corrected with iron tablets. You can also take some drugs only when you are bleeding such as Tranexamic acid and Mefenamic acid to help decrease the blood loss.

Information Leaflet

You will be provided with information leaflet about the procedure of consenting. It would be greatly helpful if you read it before signing the consent form.

Anaesthesia

You will be given general anaesthetic for this procedure. It can also be performed with a spinal block in which case you are awake but numb from the waist downwards with an injection given in your back.

You will have the opportunity to discuss this in greater detail with an anaesthetist before your surgery.

Procedures which should not be carried out without further discussion

If you object to any procedure being undertaken please inform the surgeon. Benign moles, skin tags etc noted at the time of surgery will not be removed without your prior consent.
You are expected to have used reliable contraception so that a pregnancy is avoided. A note will be made of your last menstrual period and a pregnancy test carried out if appropriate.

Photographs of the lining of the womb may be taken for records, teaching purposes or audit. Please inform the surgeon if you are in disagreement.

After discussing the above points the surgeon will sign and date the form and, if in agreement, you have to signify your general consent by signing the form.

If you have any concerns or questions please do not hesitate to speak to one of the nursing or medical staff.

Confidentiality

Information on NHS patients is collected in a variety of ways and for a variety of reasons (e.g. providing care and treatment, managing and planning the NHS, training and educating staff, research etc.).

Everyone working for the NHS has a legal duty to keep information about you confidential. Information will only ever be shared with people who have a genuine need for it (e.g. your GP or other professionals from whom you have been receiving care) or if the law requires it, for example, to notify a birth.

Please be assured however that anyone who receives information from us is also under a legal duty to keep it confidential.

Concerns and Queries

If you have any concerns / queries about any of the services offered by the Trust, in the first instance, please speak to the person providing your care.

For Diana, Princess of Wales Hospital
Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01472) 875403 or at the PALS office which is situated near the main entrance.

For Scunthorpe General Hospital
Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01724) 290132 or at the PALS office which situated on C Floor.

For Goole and District Hospital
Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01724) 290172.

Zero Tolerance - Violent, Threatening and Abusive Behaviour

The Trust and its staff are committed to providing high quality care to patients within the department. However, we wish to advise all patients / visitors that the following inappropriate behaviour will not be tolerated:

- Swearing
- Threatening / abusive behaviour
- Verbal / physical abuse

The Trust reserves the right to withdraw from treating patients whom are threatening / abusive / violent and ensuring the removal of those persons from the premises.

All acts of criminal violence and aggression will be notified to the Police immediately.
Risk Management Strategy

The Trust welcomes comments and suggestions from patients and visitors that could help to reduce risk.

Perhaps you have experienced something whilst in hospital, whilst attending as an outpatient or as a visitor and you felt at risk.

Please tell a member of staff on the ward or in the department you are attending / visiting.

Moving & Handling

The Trust operates a Minimal Lifting Policy, which in essence means patients are only ever lifted by nursing staff in an emergency situation.

Patients are always encouraged to help themselves as much as possible when mobilising, and if unable to do so, equipment may be used to assist in their safe transfer.

If you have any questions regarding moving and handling of patients within the Trust, you may speak to any member of the nursing staff, the designated keyworker within the department or the Trust Moving & Handling Coordinator.

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