This leaflet has been designed to give you important information about your condition/procedure, and to answer some common queries that you may have.
Attending the Hysteroscopy Clinic

You have been referred for a HYSTEROSCOPY. This leaflet will explain why the procedure is necessary and what it involves. If you require any further information please speak to a member of staff when you arrive.

Why have you been invited to attend the Hysteroscopy Clinic?

Committed to the improvements in the care of women with abnormal menstrual bleeding, the Hysteroscopy Clinic specialises in the diagnosis and treatment of menstrual complaints and related symptoms. You may have been referred directly to the Hysteroscopy Clinic by your General Practitioner or Consultant to receive the tests and advice needed for your menstrual problems.

Your GP (General practitioner) will make your booking through the ‘Choose & Book System’ or send your referral letter directly to the Hysteroscopy Clinic. The hospital’s general gynaecology outpatient clinic may also refer you to us for investigations or advice.

On receiving your referral request, we will post your letter of appointment with your visit’s details. Please phone straight away if you cannot keep an appointment so that somebody else is invited to take your clinic slot. The telephone number is in the contacts section.

Benefit of Hysteroscopy examination

The benefit of having a hysteroscopy examination is to identify any abnormalities which may be present. Women with menstrual bleeding problems may suffer considerable anxiety for their health and suffer a disruption of their family and work life. Even women at the menopause and beyond may face anxieties when unexpected bleeding occurs.

Generally, women especially aged 40 years and above, value the reassurance of prompt and thorough investigations with menstrual irregularities. Providing a rapid access to tests, we facilitate an immediate commencement of any appropriate treatment you may need.

Rarely, if you have irregular bleeding or bleeding after the menopause it might indicate that there are pre-cancerous cells (or very rarely cancerous cells) in the lining of the womb. If these cells are present you will need to have further treatment which often includes a hysterectomy. In these circumstances an appointment will be made at the hospital as soon as possible to discuss the biopsy and arrange a date for surgery.

Risks

Complications are very rare. Occasionally the test may cause some infection in the womb - this would make you feel unwell, with pain, bleeding and possibly an unpleasant smelling vaginal discharge. If this happens you need to contact your GP or the gynaecology ward for advice.

Very rarely, the hysteroscopy telescope might injure the wall of the uterus, in which case you would be admitted to the gynaecology ward for observation. It rarely requires further treatment.
Alternatives
Depending on your symptoms and circumstances, there may be alternative treatments or investigations available to you.

A pelvic ultrasound scan can be used to diagnose some conditions. An ultrasound scan uses sound waves to produce an image of the inside of your womb.

An endometrial biopsy is an alternative to a hysteroscopy if your surgeon wants to take a sample of the lining of your womb. A narrow tube is passed through your cervix and into your womb, and then gentle suction is used to remove samples of your womb lining that will be examined under a microscope.

Sometimes you may have this at the same time as a hysteroscopy.

Your doctor will explain the different options to you.

Is there anything I need to know before I attend the Clinic?

Do not attend the clinic if you are bleeding heavily, so please ring your consultant’s secretary and change your appointment if you know you will be menstruating on that day.

You may eat and drink prior to your hysteroscopy - there is no need to fast.

Although not compulsory, it may be helpful to come with one relative or friend for moral support or just in case you feel unwell or light-headed after the hysteroscopy.

Please bring with you the name of any medications that you are currently taking and also have a record of the date of your last period.

You are welcome to bring along a companion if you would like some support or company. If you wish and there is room in the examination room, your companion may stay with you during the examination.

A designated nurse will be with you throughout the examination.

If after the hysteroscopy you need further treatment, you may be asked to return on another day.

Who will be present?

Normally, only the Hysteroscopist and a nurse are present. The Hysteroscopist is a Consultant Gynaecologist or a Doctor who has undergone specialist training in the procedure. Occasionally a Hysteroscopist in training will be present, and may perform your examination under the supervision of an experienced Hysteroscopist.

In addition, a doctor in training, a medical student or a nursing student may be present. Only one of these will be present at any one time. Your help and co-operation in the training of these doctors and nurses of the future would be greatly appreciated.

However, if you do not wish to take part in this training, please inform the clinic nurse.

Ultrasound scan

Sometimes it may be necessary to have an ultrasound scan prior to a hysteroscopy. Ultrasound is a simple and safe method of viewing the internal organs such as the uterus, the ovaries and bladder.

Ultrasound especially via the vagina is particularly useful as it may detect abnormalities that are not readily visible by the hysteroscope. It takes about 10 minutes to complete in the menstrual clinic. Vaginal Sonography is well tolerated by patients as it produces less discomfort than an internal vaginal examination.
How is an ultrasound performed?
We will carry out your ultrasound in one of two ways: with an abdominal (lower tummy) scan a clear jelly will be applied over your lower abdomen and the ultrasound camera moved gently and painlessly to examine your uterus. This requires that you have a full bladder and you will feel light pressure from the camera as it passes over your abdomen.

We often carry out this scan internally by placing a small camera probe into the vagina and this gives clearer views of your uterus or ovaries. You may need to remove all your clothes below the waist and put on your gown before the scan.

In some situations we may look for further details by gently instilling some fluid into the uterus during a vaginal ultrasound. This is called Saline infusion scan or SIS. As with hysteroscopy, SIS is designed to detect uterine polyps but it causes less discomfort and is better tolerated.

Is the procedure painful?
During an abdominal scan you will likely feel some pressure in your bladder and a strong urge to empty your bladder because it is full. With a vaginal scan you may feel pressure from the probe as it is introduced internally. Having an internal scan feels awkward but it is not painful.

What are the risks of ultrasound?
Diagnostic ultrasound is a safe procedure. The camera probe may feel warm when the power is turned up or with extended examination periods. This has no harmful effects on you.

If we in-still some fluid during an internal scan, it may slightly increase your risk of a pelvic infection afterwards. We would therefore, use only sterile solutions if this test becomes necessary.

What is a Hysteroscopy test?
Hysteroscopy is a camera test undertaken to view the neck of the womb (cervix) and inside the womb (uterus).

The Hysteroscopist (the person performing the examination) will use a special camera called a Hysteroscope to do this. The examination will be carried out by one of the Consultant Gynaecologists or a Doctor trained in this specialist procedure.

A small telescope which is the size of a pencil is guided gently through the vagina and cervix to view the inside of the uterus.

The examination also allows us to take small biopsy, a tiny piece of the lining of the womb (endometrium) to be examined later under a microscope.

Sometimes small tags of tissue (polyps) found inside your uterus which may explain your problems are removed at the same time through the hysteroscope.

Similar to having a smear, you will be asked to lie on a couch. A gentle internal examination is performed and then the tiny hysteroscope is introduced through the vagina and gently into the neck of the uterus. It is connected to a camera and the doctor can show you live video on a TV screen as the examination progresses.

All the way through the examination the hysteroscopist will explain what is happening. If the facility is available you may also be asked if you wish to see what the hysteroscopist sees via a camera attached to
the hysteroscope but be aware that the picture on the monitor is magnified. There are usually two nurses present in the room. One will be seeing to the hysteroscopists’ needs and the other will be seeing to your needs, including holding your hand if you wish. If you have a companion with you during the examination, he/she will be able to give you extra support.

The examination will last between 15-20 minutes

The hysteroscopy is usually done without any anaesthetic. At some stage during the camera examination you may experience a ‘period like’ discomfort but some women feel nothing at all. The cervix could be numbed using an injection of local anaesthetic at the start but in all cases if you find these procedures painful we will stop immediately.

What happens after Hysteroscopy?

You can sit down afterwards and relax with a cup of tea. The Nurse or Doctor will talk to you about the examination findings and recommend treatment if required.

You should feel well enough to walk or drive home if you wish. You may experience period type cramps in the abdomen or back for 24 hours. Paracetamol tablets should relieve this. It is advisable to have some ready at home before you come.

Expect to have some slight bleeding for a few hours but could be up to five days. This is normal after hysteroscopy. Use a sanitary towel if necessary. It is not advisable to use tampons or have sexual intercourse until the bleeding has stopped, due to the risk of infection.

You may have a bath or shower as normal.

What are the risks involved in having a hysteroscopy?

Complications are very rare. Occasionally the test may make you feel nauseous or light-headed. This is very short-lasting. Rarely infection of the uterus occurs and if you feel unwell later, experience increasing discomfort or bleeding or possibly an unpleasant discharge, contact your GP or the gynaecology ward for advice.

It may not always be possible to carry out a hysteroscopy procedure whilst you are awake. Your Doctor will arrange a suitable time for you to attend as a day case for the procedure to be done under a general anaesthetic.

Complications

This is when problems occur during or after the procedure. Most women aren’t affected. The possible complications of any operation include an unexpected reaction to the anaesthetic, excessive bleeding or developing a blood clot, usually in a vein in the leg (deep vein thrombosis, DVT).

Specific complications of hysteroscopy are uncommon, but it’s possible you may develop an infection afterwards. The surgery may damage your womb and, rarely, your bladder, bowel and blood vessels. You may need further surgery to repair any damage caused. Occasionally, it may not be possible for your surgeon to pass the telescope into your womb to get a clear view of the lining. If this happens, your surgeon will discuss alternative options with you.

Most women have no problems after having a hysteroscopy. However, if you develop any of the following symptoms, contact your doctor:
• long-lasting heavy bleeding
• vaginal discharge that is dark or smells unpleasant
• severe pain or pain that lasts for more than 48 hours
• a high temperature

The exact risks are specific to you and will differ for every woman, so we haven't included statistics here. Ask your surgeon to explain how these risks apply to you.

Hysteroscopy under general Anaesthetic

The procedure is exactly the same as above but having a general anaesthetic means you will be asleep throughout the hysteroscopy.

Please bring a dressing gown and any medication that you are taking with you when you attend.

When you have woken up after the anaesthetic the doctor or nurse will let you know what was seen during the hysteroscopy and whether any further treatment is required.

Biopsy results will not be available for approx 3 weeks. We will tell you how to obtain these results before you leave. Any follow-up appointment will be sent to you through the post.

Biopsy

A biopsy is a procedure that we use to take a small sample for examination under a microscope. In our case we take a sample of the lining of the uterus and this is called an endometrial biopsy.

Changes that take place in the lining are not always apparent by direct viewing such as by hysteroscopy. Examining the sample under the microscope (histology test) helps us determine whether the lining of the uterus is growing excessively or contains possible cancer cells. A normal histology result ultimately gives us the reassurance we need when other tests like ultrasound and hysteroscopy yield abnormal or uncertain results.

We often take a biopsy to determine the cause of uterine bleeding in women who have gone through the menopause. There are several more reasons why we may require a biopsy. We will tell you what other reasons apply in your case.

Most women experience a brief cramping during the collection of the sample. A local anaesthetic injection may be used but most women prefer not to because the test is quick and only lasts a few seconds.

No special preparation is required. We may not be able to take a biopsy if you are bleeding heavily on the day or if we suspect you may have an infection of the uterus.

Endometrial biopsy usually causes some vaginal bleeding which is over very quickly especially if you are due to start a period if you are still menstruating. A simple pain killer taken after a biopsy quickly relieves any discomfort you may still have after the test.

Biopsy Risks

There is a slight risk of a pelvic infection afterwards.

We flush the cervix with an antiseptic before taking your sample and this makes an infection afterwards a very rare occurrence. Consult your GP immediately if you...
experience any chills, feel feverish or develop a discharge soon after your visit.

Arriving at the Hysteroscopy Clinic

If you are attending at Diana Princess of Wales Hospital, you will need to go to the reception area on ward B1, Department of Women’s Health, where you will then be shown into our waiting area.

If attending at Scunthorpe General Hospital, when you arrive at the Gynaecology Out patient Suite you will need to go to the reception area. A nurse will call you through to the clinic.

If you are attending at Goole & District Hospital, you should ask at the main reception desk in the hospital for directions to the Midwifery Centre, from here you will be directed to the clinic.

When it is your turn you will be shown into the hysteroscopy room and the Hysteroscopist or nurse will ask you some questions regarding your periods, any abnormal bleeding, use of contraception any serious illnesses you may have had.

You will be shown into a changing room by a nurse and asked to remove your underwear below the waist. It will be more convenient for you if you wear a skirt as you will be able to keep this on.

What treatment will I need?

If your biopsy result or the hysteroscopy examination has shown that your condition needs treatment, you will be offered treatment. It may be appropriate for some ladies to have this treatment at the initial out patient appointment in the Clinic. This is what is called a “See & Treat” clinic.

The advantage of operating a “See & Treat” system is that it reduces the number of times you need to visit the clinic and therefore helps you to get back to your normal way of life quicker.

Please take into account that all ladies may not be suitable for this type of procedure and your hysteroscopist will be able to discuss any reasons with you at your appointment.

Some women may choose or may be advised to have a General anaesthetic so that they will be asleep during the procedure. In this case you will be admitted as a Day Case patient and will be sent an appointment for the procedure through the post at a later date.

Contact telephone numbers

Appointments
Grimsby appointments 01472 874111 ext 1195
Scunthorpe appointments 01724 290150
Goole appointments 01724 290170
For Diana, Princess of Wales Hospital Grimsby
Hysteroscopy Secretary 01472 874111 ext 1195
Gynaecology Nursing Team Ward B1 01472 875303
For Scunthorpe General Hospital
Hysteroscopy Secretary 01724 282282 ext 2666
Gynaecology Nursing Team Ward 19 01724 387753
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.

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.

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.