

Outpatient Hysteroscopy & Hysteroscopy under General Anaesthetic

**Obstetrics & Gynaecology
Women & Children's Services**

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



Information for patients and visitors

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?

You have been referred 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.

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

Do not attend the clinic if you are bleeding heavily, 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.

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.

Please note we cannot provide child care, therefore we politely request that you do not bring young children with you.

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, a nurse and a Senior Health Care Assistant 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.

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. Similar to having a smear, you will be asked to lie on a

Information for patients and visitors

couch. A gentle internal examination is performed and then the tiny hysteroscope which is the size of a pencil is introduced through the vagina and gently into the neck of the uterus. Sterile water is then flushed into the womb to allow the Doctor a good view of the lining. The hysteroscope 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. One of the nurses will stay by your side and offer you support, even 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.

Biopsy

A tiny piece of the lining of the womb (Endometrium) is removed at the end of the camera test. This is called an **endometrial biopsy**. This tissue will be sent to the labs for testing under a microscope.

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 discuss these with you if they apply to you.

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.

Sometimes during the examination small tags of tissue (**polyps**) may be found inside your uterus which may explain your problems. Sometimes they can be removed at the same time through the hysteroscope.

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

Information for patients and visitors

considerable anxiety for their health and suffer a disruption of their family and work life. 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.

What are the risks involved in having a hysteroscopy?

Occasionally it may not be possible for your Doctor to pass the telescope into your womb to get a clear view of the lining. If this happens 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.

Specific complications of hysteroscopy are uncommon, but it's possible you may develop an infection afterwards. There is the possibility that the surgery may damage your womb and, rarely, your bladder, bowel and blood vessels. If this does happen you may need further surgery to repair any damage caused. 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 may apply to you.

Ultrasound Scan

Often it is 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.

After the abdominal scan, in addition, we often will need to carry out an internal scan by placing a small camera probe into the

Information for patients and visitors

vagina; this gives clearer views of your uterus or ovaries. For the internal scan, we will ask you to empty your bladder.

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.

What happens after Hysteroscopy?

The Nurse or Doctor will talk to you about the examination findings and we will 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 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 outpatient 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.

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.

Although 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).

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

Information for patients and visitors

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 approximately 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.

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.

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 Outpatient 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.

Contact Telephone Numbers

For Diana, Princess of Wales Hospital Grimsby

Gynaecology Nursing Team Ward B1 phone 03033 306999 ext 304424

For Scunthorpe General Hospital

Gynaecology Nursing Team Ward 19 phone 03033 306999 ext 303465

For Goole and District Hospital

Goole Clinic phone 03033 306999

References

RCOG Consent Advice on Diagnostic Hysteroscopy under General Anaesthesia December (2008) - Available: at <http://www.rcog.org.uk/diagnostic-hysteroscopy-under-general-anaesthesia>

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 – 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 – you can contact the Patient Advice and Liaison Service (PALS) on (01724) 290132 or at the PALS office which situated on C Floor.

Alternatively you can email: nlg-tr.PALS@nhs.net

Information for patients and visitors

**Northern Lincolnshire and Goole NHS
Foundation Trust**

**Diana Princess of Wales Hospital
Scartho Road
Grimsby
DN33 2BA
01472 874111**

**Scunthorpe General Hospital
Cliff Gardens
Scunthorpe
DN15 7BH
01724 282282**

**Goole & District Hospital
Woodland Avenue
Goole
DN14 6RX
01405 720720**

www.nlg.nhs.uk

Date of issue: March, 2017

Review Period: March, 2020

**Author: Gynaecology Advanced Nurse
Practitioner, Grimsby**

IFP-639 v1.2

© NLGHT 2017

