

Outpatient Hysteroscopy (diagnostic / operative)



Information for Patients
Department of Gynaecology

Specialist support

This leaflet can be made available in another language, large print or another format. Please speak to the Ward Manager who can advise you.

Working together To drive excellence in care for our patients and communities

Why are you here?

You have been referred to the outpatient hysteroscopy clinic by your GP or Consultant Gynaecologist. The main reasons for referral to this clinic are heavy periods, irregular periods, fibroids / polyps, bleeding in-between periods, unexpected bleeding on HRT, bleeding after the menopause, location or insertion of IUCD (coil) or as part of your investigations for infertility or recurrent miscarriages.

This procedure cannot be done if you are having a period, so please telephone and change your appointment if you know you will be bleeding on that day.

If you have been referred with bleeding after the menopause please keep your appointment even if you are still bleeding.

Who works in the outpatient hysteroscopy service?

- A Consultant – they, or another member of their team will perform the hysteroscopy.
- A Staff Nurse - she will be helping in the clinic room
- A Health Care Support Worker - she will stay with you throughout the test and make you a drink afterwards.
- Occasionally, there may be junior doctors or medical students present or visitors from other hospitals.

You can bring **one** relative or friend into the examination room to support you if you wish.

Things to prepare you for your appointment:

- a) Ibuprofen 400mg / Paracetamol 1gr taken an hour before the clinic. If you need treatment or endometrial ablation, additional pain relief will be given in the hospital with the use of local anaesthetic.
- b) **Please eat and drink something before you come.**

You do not need to starve as you will not be having a general anaesthetic.

- c) Please arrange for someone to drive or accompany you home after the clinic if you have any treatment
- d) Make sure you read this information leaflet so you know what to expect

What do I need to bring in with me?

Please bring a sanitary towel just in case you experience any bleeding or discharge after the procedure.

What happens in this clinic?

You will be seen by a Consultant Gynaecologist. After filling in a short questionnaire about your symptoms the Consultant Gynaecologist will go through this with you, discuss the procedure and obtain your verbal or written consent. The examination may involve an internal ultrasound scan too. (You may have already had one of these). This will assess the size and shape of your uterus, look at your ovaries and try to assess whether you have any fibroids (benign muscular growths of the uterus) or polyps (fleshy growths of the lining of your uterus or endometrium). You will then be asked to change into a hospital gown.

Diagnostic hysteroscopy

The hysteroscopy procedure is to assess the inside of your uterus. The Consultant will do this by inserting an instrument called a speculum (the same instrument used when having a smear test) so that your cervix (neck of the womb) can be seen. Then a very thin telescope (hysteroscope) is introduced through the cervix under local anaesthetic if required.

Occasionally the opening to the womb (cervix) is very tight and in this case the doctor will need to inject some local anaesthetic in the cervix and then gently stretch it open, so that the procedure can continue.

The telescope is connected to a camera and TV screen, which shows the inside of the womb. You can choose whether or not you wish to look at the screen.

The doctor may take a sample from the lining of the womb, which will be sent for examination under the microscope (histology). The results take about 4-6 weeks to come back and you will receive a letter informing you and your GP of these results. Occasionally, you may be given an appointment to return to the clinic for results.

Operative hysteroscopy (Myosure)

When fibroids or polyps are located in your uterus, they can often impact your period, making it very heavy and even painful. A myomectomy or polypectomy is a procedure to remove your fibroids or polyps, helping you regain control of your life.

To remove a polyp or fibroid we use a thin instrument called Myosure which is passed through the cervix into the womb with the hysteroscope. The cervix usually needs to be dilated (stretched open) by a few millimetres first. We will inject some local anaesthetic in the cervix so this shouldn't be painful and then the procedure can continue.

Following your procedure, the tissue sample obtained is sent to the laboratory for analysing. The results take about 4 - 6 weeks to come back and you will receive a letter informing you and your GP of these results. You may be given an appointment to return to the clinic for results.

Endometrial ablation

Endometrial ablation is treatment to destroy (ablate) the womb lining (endometrium). It is used to treat heavy periods, known as menorrhagia. If medicines don't reduce your menstrual bleeding, then your doctor may suggest endometrial ablation as

an alternative to major surgery, such as a hysterectomy. It works well for most women. Around 80% of women are satisfied with the results after endometrial ablation. A small number of women may have one or two heavy periods after the operation before settling down to a lighter pattern. It takes between 6 - 12 months to be certain of the effects of an endometrial ablation.

This treatment is not usually recommended if the bleeding is due to growths in your womb (fibroids). It is also not suitable for women who may want to have children in the future, because it reduces fertility and makes pregnancy dangerous for you. You must continue using contraception after this operation.

What you feel during the procedure?

The hysteroscopy procedure takes about 5 - 15 minutes. At some stage you may feel discomfort like period pain. You may also feel slightly wet due to water being passed through the hysteroscope. A lot of women feel nothing at all.

If you need treatment or endometrial ablation, your doctor / nurse will give you some oral painkillers and / or a mild sedative which minimizes cramping pain during the treatment.

What will happen after?

After the hysteroscopy you will return to the changing area and get changed into your own clothes. The doctor will explain the findings once again and whether or not you need any medication or another appointment. You can sit down and relax for ten minutes and have a drink. You should feel well enough to walk, travel by bus, train, or to drive home.

After treatment or endometrial ablation, we recommend you have someone to drive you home. If you feel moderate cramping period-like pains, the nurse may give you additional painkillers to make you more comfortable. We advise you to take regular ibuprofen and / or paracetamol for the next 24 hours.

Things to expect after the clinic

- a) You may have some vaginal bleeding if you have a hysteroscopy done. This should be minimal and settle after a few days. To assist in reducing the risk of infection following this procedure, we advise that for one week you avoid:

Sexual intercourse

Swimming

Using tampons

- b) You may have some period-type pain after the hysteroscopy. Take Paracetamol / Ibuprofen as required
- c) A letter with your biopsy results will be sent to you about 4 – 6 weeks after your appointment
- d) You may get some spotting for up to 6 months if you've had a Mirena coil inserted

Benefits / advantages of outpatient hysteroscopy

- a) No side effects from general anaesthetic
- b) Ability to consult with the Doctor / Nurse Specialist during and after the procedure
- c) Ability to be discharged home soon after the procedure with a treatment plan in place

What other patients have thought

When asked, 97% said they would be happy to have their hysteroscopy done this way again.

The following are comments from women who have used the service:

- "Quick, efficient, painless, on the spot diagnosis."
- "The explanation of what was going to happen and getting the results straight away really put me at ease. "
- "I knew what was happening step by step, which was very reassuring."
- "Reassurance that there was no serious problem to worry about."

Are there any complications?

Complications are very rare. However, you may experience some bleeding.

Occasionally the test may cause an infection in the womb. This would make you feel unwell possibly with pain, bleeding and an unpleasant smelling vaginal discharge. If this happens, you need to see your GP.

In case of an endometrial ablation, there are risks including a small risk of heat burn of internal organs, electrical burn, perforation or rupture of uterine wall, or leakage of heated fluid into the cervix or vagina.

Very rarely the instrument might accidentally go through the wall of the womb. In this case you would need to stay in hospital overnight for observation and take antibiotics. Some women may have a reaction to the local anaesthetic.

Things that will require you to contact your GP

/ Hysteroscopy Clinic

- a) Excessive bleeding
- b) Abnormal offensive discharge
- c) If you feel feverish or unwell in any way

Contact Numbers

- Your own GP
- Gynaecology Outpatient / Hysteroscopy Department:
Tel: **(023) 9228 6000** ext **4220** or ask the switchboard to bleep **0096** (Nurse Specialist) if any concern within 6 weeks
- The Gynaecology Ward (out of hours):
Tel: **(023) 9228 3291** and ask to speak to the nurse in charge

Consent - What does this mean?

Before any doctor, nurse or therapist examines or treats you they **must** have your **consent** or permission. Consent ranges from allowing a doctor to take your blood pressure (rolling up your sleeve and presenting your arm is implied consent) to signing a form saying you agree to the treatment or operation.

It is important **before** giving permission that you understand what you are agreeing to. **If you do not understand – ask.** More detailed information is available on request.

Data Protection Legislation – Privacy Notice

Further information on how we look after your personal information can be found on the Trust Information Governance webpage at **www.porthosp.nhs.uk** - or alternatively, please speak to a member of staff.

How to comment on your treatment

We aim to provide the best possible service and if you have a question or a concern about your treatment then the Patient Advice and Liaison Service (PALS) are always happy to try to help you get answers you need. You can contact PALS on **0800 917 6039** or e-mail: **PHT.pals@porthosp.nhs.uk** who will contact the department concerned on your behalf.

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