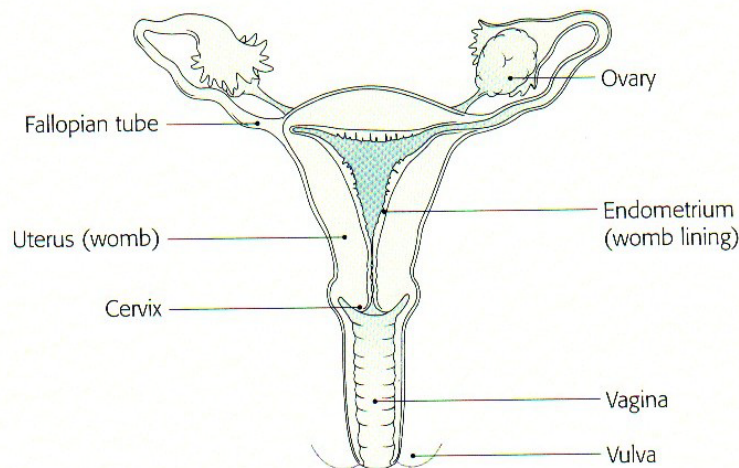


Hysteroscopy – an internal examination of your womb

This information sheet has been given to you to help answer some of the questions you may have about having a hysteroscopy. It explains the benefits, risks and alternatives of the procedure as well as what you can expect when you come to hospital. If you have any questions or concerns, please do not hesitate to speak with your doctor or nurse.

What is a hysteroscopy?

A hysteroscopy is a procedure which uses a fine telescope, called a hysteroscope, to examine the lining and shape of the uterus (womb cavity). It is performed either in the outpatient department or in theatre, normally as a day patient. The doctor or nurse looking after you will help you decide where to have the procedure.



What are the benefits of having a hysteroscopy?

A hysteroscopy can help to find the cause of problems relating to:

- heavy vaginal bleeding
- irregular periods
- bleeding between periods
- bleeding after sexual intercourse
- bleeding after menopause
- persistent discharge
- scar tissue in the womb
- infertility.

In some cases, once a diagnosis has been made, the hysteroscope can also be used in the treatment of the problem. For example, problems that can be treated during a hysteroscopy are:

- fibroids (growths in the uterus which are not cancer)
- polyps (blood-filled growths which are not cancer)
- thickening of the lining of the uterus (the endometrium)
- removal of displaced intrauterine contraceptive devices
- removal of scar tissue.

What are the risks associated with a hysteroscopy?

There are risks associated with any procedure. Your doctor or specialist nurse will explain these risks to you before you sign the consent form. Please ask questions if you are uncertain.

The most common risks or complications from this procedure include:

- infection
- a perforation (hole) in your uterus – this is not common, but if it occurs you may need an operation to repair the uterus
- damage to your cervix – this is not common
- difficulty seeing the cavity of the uterus
- heavy vaginal bleeding.

Are there any alternative treatments?

An ultrasound can also be performed to look at the uterus, but it does not provide as detailed information as the hysteroscopy.

Your doctor will discuss any alternative treatments with you if you are considering this procedure as a treatment option, for example for fibroids.

What do I need to do before the procedure?

Your doctor or nurse will talk to you about where the hysteroscopy will take place. This may be in the outpatient department or the day surgery unit. You should ensure that there is no chance of pregnancy prior to the hysteroscopy. You can do this by making sure you use barrier contraception (condoms or a diaphragm) from the first day of your last period before the hysteroscopy right up until the day of the appointment itself.

If you are having the procedure in the day surgery unit:

- You will be given a leaflet called, **Surgical Admissions Lounges and Day Surgery Units at Guy's and St Thomas' Hospitals**. Please read this leaflet and follow the instructions given in it. If you do not have a copy, please call the day surgery unit on **020 7188 3222**.

If you are having the procedure in the outpatient department:

- You can eat and drink as normal and take your usual medicines.
- We recommend that you take some pain relief 15 minutes before your appointment – this will help to prevent any period-type pain afterwards.

Your doctor or nurse will also explain the procedure to you and ask you:

- when your last period was;
- if you have any allergies; and
- whether you have had any reactions to any drugs or tests in the past.

It is important that you follow the instructions given to you by your doctor or nurse. If you do not, we may have to cancel your procedure. Please do not hesitate to ask questions if there is anything you are unsure about.

The procedure may not be performed if you are having a heavy period, as this can make it difficult to see inside the uterus.

Smoking

If you are having a general anaesthetic it is important that you stop smoking for at least 24 hours before your operation, to reduce the risk of chest problems. Smoking can also delay wound healing because it reduces the amount of oxygen that goes to the tissues.

We have a no-smoking policy in our hospitals. For your safety, we cannot allow you to leave the hospital to smoke whilst you are recovering from the hysteroscopy.

If you would like to give up smoking, please speak to your nurse or call the Trust stop smoking service on **020 7188 0995**, or call the NHS Smoking Helpline on **0300 123 1044**.

Pregnancy test

We have a policy to perform a pregnancy test for all sexually active women of childbearing age, to make sure that the procedure does not disturb a pregnancy.

It is important that you use a barrier method of contraception, such as a condom or diaphragm, from the start of your period before the procedure to the day of the procedure.

On the day of the procedure we will ask your permission to perform a pregnancy test – you will need to give a urine specimen for this. Your procedure will be cancelled if there is a possibility that you might be pregnant.

Asking for your consent

We want to involve you in decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This states that you agree to have the treatment and you understand what it involves.

If you would like more information about our consent process, please speak to a member of staff caring for you.

What happens during the procedure?

An instrument, called a speculum, is placed within your vagina to help the doctor or nurse see your cervix (the neck of the uterus). A speculum is the same instrument used during a cervical smear. Your cervix may then be opened slightly using a smooth instrument called a dilator.

The hysteroscope (a small, fibre-optic 'telescope', which is attached to a small camera) is passed along your vagina and through your cervix in order to look at the inside of your uterus. Sterile fluid is then run into your uterus to expand it – this helps the doctor or nurse to see the lining of your uterus. After the lining of your uterus has been examined, a tiny sample of the lining may be removed. This is called a biopsy.

If you are being treated for fibroids or polyps, an instrument called a resectoscope will be used to fully or partially remove them. Please ask a member of staff for the leaflet, **Surgery to remove your polyps or fibroids**, if you have not received it already.

The tissue from the biopsy and the removed fibroid or polyp is then sent to the laboratory to be examined.

The procedure takes between 10 and 30 minutes. Your doctor or nurse will explain to you in more detail what the procedure involves. Please ask questions if you are uncertain.

In the outpatient department:

If you are having the hysteroscopy in the outpatient department you will be awake during the procedure. Please do not hesitate to tell the doctor or nurse if you feel any discomfort.

In the day surgery department:

Sometimes a hysteroscopy is performed in the day surgery unit using a general anaesthetic. This is medication that makes sure you are asleep during the procedure. You should have received our leaflet, **Having an anaesthetic**. If you have not, please ask us for one.

A general anaesthetic may be used because:

- treating fibroids/polyps or the removal of the endometrium can be painful
- it has been decided that another procedure which needs a general anaesthetic, such as a laparoscopy (a procedure which examines the inside of your abdomen) will be done at the same time
- you have expressed that you would prefer to be asleep during the procedure (the benefits and risks of this would be discussed with your doctor or nurse).

If you have a general anaesthetic, you will be asleep for the entire procedure. When you wake up, you might feel some mild, abdominal (tummy) period-like pain or cramps. Some discomfort is to be expected after the procedure and we will give you pain relief for this. It is important that you take your pain relief on a regular basis for the first few days. When taken regularly, the medicine is kept at a constant level in your body, so it will control your pain better.

After a few days, you can gradually reduce the medicine until you do not need it any longer. Please contact the day surgery unit or your GP if you find the pain difficult to control.

Any medicine given to you will be explained to you before you leave the hospital, and any questions you have will be answered. If you are uncertain about anything, please contact the day surgery unit or your GP for advice.

It is important that you do not exceed the recommended daily dose of any medicine you are given. Please make sure you read the label.

What happens after the procedure?

In the day surgery unit:

If you are having a hysteroscopy in the day surgery unit, please read the leaflet, **Surgical Admissions Lounges and Day Surgery Units at Guy's and St Thomas' Hospitals** for more information. If you do not have a copy of this leaflet, please ask us for one. You must have a responsible adult to take you home afterwards and stay with you for 24 hours.

In the outpatient department:

You might like to arrange for someone else to come to the appointment with you and accompany you home. You should be able to return to normal activities later that day or the next day.

You might feel some mild, period-like pain or cramps. Some discomfort is to be expected after the procedure and you can take pain relief (such as paracetamol) as instructed. If you find that the pain is hard to control, please contact your GP or the Emergency Pregnancy and Acute Gynaecology Unit (EPAGU) on **020 7188 0864**.

What should I look out for at home?**Vaginal bleeding and discharge**

You might bleed from your vagina for 7 to 10 days following this procedure. This bleeding might be heavier than a normal period and can stop and start – these variations are normal.

Please contact us if you experience heavy bleeding (soaking a pad every one or two hours) or if you pass any clots larger than the size of a ten pence piece. Contact details can be found at the end of this information sheet.

It is normal to have vaginal discharge for up to two weeks after the procedure. Please contact your GP if this discharge becomes offensive smelling, as this might be a sign of an infection.

If you have had a general anaesthetic:

You might feel dizzy and tired when you go home after the procedure. Please rest for the remainder of the day and the following day to help you recover from the general anaesthetic.

The anaesthetic will take 24 to 48 hours to wear off, however, you do not need to stay in bed. Gently moving around your home will help your blood circulation and help to prevent blood clots.

A responsible adult must take you home and be with you for 24 hours after the procedure.

When can I return to work?

This will depend on whether you had a general anaesthetic. Please ask your doctor or nurse before you go home.

Every patient reacts differently to the anaesthetic and there is no definite rule as to when you can return to work. It is advisable to have some rest to help you heal and to let the anaesthetic wear off properly. Please do not return to work until you feel ready to do so.

Fit note

If you are receiving treatment either as an inpatient (staying in hospital overnight) or as an outpatient where you attended a clinic and it is assessed that you will not be able to work for more than seven days in a row (self-certification), you are entitled to request a fit note from a hospital doctor.

Your employer will be able to provide information on self-certification or you can visit the HMRC website.

Obtaining a fit note whilst in hospital means you do not have to make an appointment with your GP on discharge where it is only to obtain a fit note, so it is more convenient for you. If you feel that you will require a fit note, inform the clinician looking after you before you are discharged or leave the clinic. The hospital doctor will be able to provide you with this.

When can I have sexual intercourse?

Please do not have sexual intercourse for at least seven days after the procedure to help prevent an infection in the uterus or vagina.

When can I use tampons again?

Please do not use tampons during your next period. This will help to prevent an infection. After your next period, you can start to use tampons again for future periods.

When can I have a bath or shower?

You can have a shower the day of the procedure and a bath the next day. If you have had a general anaesthetic you might feel dizzy so please have an adult around to help you, if needed, and keep the bathroom door unlocked.

Can I eat and drink as normal?

You can eat and drink as normal, but please avoid alcohol for two days if you have had an anaesthetic. You should not drink alcohol while taking certain medicines – please read the label or information sheet that comes with the medicine.

Are there any follow-up appointments?

You might need a follow-up appointment in the outpatient clinic. The gynaecology department in the McNair Centre at Guy's Hospital will post this to you.

When will I get the results?

Before you go home, we will talk to you about the results of the procedure and whether further treatment is needed. If you need to phone the hospital for your results, we will give you the necessary contact details before you leave.

Information about your procedure will be sent by post to your GP. A photocopy of this letter will be given to you with your discharge information. If you need to contact the hospital or see your GP within the next few days please have this information available.

Please contact the Day Surgery Unit on **020 7188 3222** (Monday to Friday, 8.30am to 6.30pm) or the Emergency Gynaecology Unit on **020 7188 0864** (Monday to Friday, 8.30 to 7pm and Saturday and Sunday, 9.30am to 3.15pm) if you need advice or have:

- heavy vaginal bleeding
- severe lower abdominal pain
- a high temperature (38°C/100.4F or above)
- an offensive (bad) smelling vaginal discharge.

If you think it is an emergency, please go straight to your nearest A&E department.

If you have a general query, please contact **020 7188 3023** on a Wednesday between 2pm and 4pm or email on **gynaecologyresults@gstt.nhs.uk**.

What should I do if I have a problem or concern?

If you have any concerns, please:

- contact or visit your GP
- call the gynaecology ward for advice on **020 7188 2703** or **020 7188 2697**
- call NHS 111 and speak to a specially trained nurse
- go to your nearest A&E department or call 999 in the event of an emergency.

Contact us

If you have any questions or concerns about having a hysteroscopy in the **day surgery unit**, please feel free to call the team on **020 7188 3222** (Monday to Friday, 9am to 5pm). If you have a question about having a hysteroscopy in the outpatient department, please leave a message on **020 7188 3023**.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.guysandstthomas.nhs.uk/leaflets

Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

t: 020 7188 8748 9am to 5pm, Monday to Friday

Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

t: 020 7188 8801 (PALS) e: pals@gstt.nhs.uk

t: 020 7188 3514 (complaints) e: complaints2@gstt.nhs.uk

Language and accessible support services

If you need an interpreter or information about your care in a different language or format, please get in touch:

t: 020 7188 8815 e: languagesupport@gstt.nhs.uk

NHS 111

Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.

t: 111

NHS Choices

Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

w: www.nhs.uk

Get involved and have your say: become a member of the Trust

Members of Guy's and St Thomas' NHS Foundation Trust contribute to the organisation on a voluntary basis. We count on them for feedback, local knowledge and support. Membership is free and it is up to you how much you get involved. To find out more, and to become a member:

t: 0800 731 0319 e: members@gstt.nhs.uk w: www.guysandstthomas.nhs.uk/membership

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