

# Information for patients and carers

## Having a hysteroscopy examination

A decorative graphic at the bottom of the page consisting of three overlapping, wavy bands of blue color, transitioning from a lighter blue at the top to a darker blue at the bottom.

Your gynaecologist has arranged for you to have an outpatient hysteroscopy. Please read this leaflet carefully as it contains important information and instructions.

## Why have I been referred for an outpatient hysteroscopy (OPH)?

You may have been referred for OPH for one of the following reasons.

- Bleeding after the menopause
- Very heavy periods
- Bleeding between periods
- Irregular bleeding while on hormonal treatment
- Removal of a coil when the threads are not visible at the cervix
- Insertion of a coil
- Fertility concerns
- Following miscarriage
- To investigate something seen inside the uterus on an ultrasound scan, such as an endometrial polyp or fibroid

The purpose of your appointment is to find the cause of your problem and plan or undertake treatment if needed. If you are not sure that you want to proceed with the hysteroscopy, please still attend for your appointment and alternative management option benefits and risks can be discussed with the healthcare professional.

## What is a hysteroscopy?

Hysteroscopy is a technique that allows the inside of the womb to be examined using a thin telescope called a hysteroscope. The hysteroscope is passed very gently through the cervix (the neck of the womb) before being connected to a TV screen on which a clear view of the inside of the womb will be displayed. Any abnormality of the womb, such as polyps and fibroids, can be seen and a biopsy (a sample of tissue) taken if necessary. During this examination it may be possible to remove small polyps/small fibroids. Lost coils can also be retrieved.

Insertion of a hormone releasing intrauterine device can also be fitted. The whole procedure takes approximately 10-15 minutes; it can take longer if you are having any additional procedures. You may choose to have the hysteroscopy under general anaesthetic; this will be done in an operating theatre, usually as a day case procedure.

## Possible risks with hysteroscopy

- Pain
- Feeling sick
- Feeling faint
- Bleeding
- Infection

Very rarely, the instruments inserted into the womb may make a small hole in the cervix or wall of the womb, possibly also damaging nearby tissues (this happens in less than 1 in 1000 diagnostic hysteroscopy procedures). If this happens you may need to stay in hospital overnight for observation and sometimes a further operation may be needed (risk less than 1 in 1000).

## What should I do before my appointment?

You should eat and drink normally. You do not need to fast before your appointment. Bring a list of any medications that you are taking with you. You may wish to have a friend or family member accompanying you.

## Can I still have a hysteroscopy if I am bleeding?

It is best to keep the appointment. Sometimes it can be difficult to do the test if you are bleeding heavily. If you have any concerns, please ring and speak to your healthcare professional.

# Preparing for a hysteroscopy

## Contraception

Before the procedure, you should continue to use your usual contraception.

- If you are not currently using any contraception, please ensure that you use a barrier method (condoms) from now and until after the procedure. If you fail to do this it may be necessary to cancel your appointment until after your next period.
- If you are using a coil, this may need to be removed before the procedure. To ensure we do not compromise your contraception, please use a barrier method for 7 days before the hysteroscopy.

If you have any queries, please telephone: **01257 247123**.

## Pain Relief

30-60 minutes before your hysteroscopy, we recommend that you take 2 paracetamol or ibuprofen tablets, or whatever you normally take for a headache.

## Consent Form

Please ensure that you bring your consent form with you if you have already completed one when you attend for the hysteroscopy procedure. You will meet your healthcare professional who will discuss the procedure and ask for your consent. Please take this opportunity to ask any questions you may have. If you do decide to opt for general anaesthetic following the discussion, a consent form will be completed and you will be added to the waiting list and contacted with a date depending on the urgency of your problem.

## What should I expect?

You will be asked to remove your clothing from the waist down. You will need to lie on an examination couch covered by a sheet with your feet resting on side supports near the end of the couch. A nurse will be at your side throughout the procedure. There will be approximately three healthcare professionals in the room with you to support the health care professional doing the procedure and you.

The hysteroscope is gently placed into the vagina with sterile water coming through the end of the camera which might feel cold. The cervix is located using the hysteroscope which is then gently passed into the opening of the cervix and at this stage a slight cramping feeling may be felt within the lower part of the tummy, not unlike period pain. The hysteroscope is passed through the cervix into the womb and the sterile water helps to give a clear view of the inside of your uterus. You will feel wet as the fluid trickles back out. You may wish to watch the examination on the nearby television screen. The doctor/nurse will explain their findings to you.

If necessary, a local anaesthetic may be given which would require a speculum examination (like a smear test). Entonox (gas and air) is also available if needed.

If it is too painful, it is important to let your healthcare professional know as the procedure can be stopped at any time.

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A biopsy may be required which may be done using a very small grasper which is passed through the hysteroscope or using a small plastic tube which is passed through the cervix and uses suction to take a sample of cells from the lining of the uterus. This can cause some period cramping pain but just for a very short time.

## After the procedure

You will be able to rest and have a hot drink before returning home. It is advisable to arrange for someone to drive you home. Once you have rested at home for the remainder of the day you should feel able to return to work the next day.

Some women experience discomfort, similar to period pain, but this is generally mild in nature and settles after a few hours. If needed, mild pain relief tablets like paracetamol can be taken. Infection is uncommon (1 in 400 women). It may appear as a smelly discharge, fever or severe pain in the tummy. If you develop any of these symptoms, contact your healthcare professional urgently.

Vaginal bleeding is usually light, but if this persists or you notice a discharge, you may need a course of antibiotics. Please see your GP if you are concerned about this. The risk of infection is 1 in 200 procedures.

You can shower or bath as you would normally. You may resume intercourse when you feel comfortable.

## Contact details

Hysteroscopy team: **01257 247123**.

Gynaecology Assessment Unit: **01772 524415**.

## References

National Institute for Health and Care Excellence (NICE) guideline NG88 Heavy Menstrual bleeding.

[www.nice.org.uk/guidance/ng88/informationforpublic](http://www.nice.org.uk/guidance/ng88/informationforpublic)

[www.nhs.uk/conditions/hysteroscopy/what-happens](http://www.nhs.uk/conditions/hysteroscopy/what-happens)

[www.rcog.org.uk/for-the-public/other-sources-of-help/](http://www.rcog.org.uk/for-the-public/other-sources-of-help/)

## Sources of further information

[www.lancsteachinghospitals.nhs.uk](http://www.lancsteachinghospitals.nhs.uk)

[www.nhs.uk](http://www.nhs.uk)

[www.accessable.co.uk](http://www.accessable.co.uk)

[www.patient.co.uk](http://www.patient.co.uk)

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If you want to stop smoking, you can also contact Smokefree Lancashire on Freephone **08081962638**

**Please ask a member of staff if you would like help in understanding this information.**

**This information can be made available in large print, audio, Braille and in other languages.**

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