

# Outpatient Hysteroscopy

An information guide



# Outpatient Hysteroscopy

## What is an outpatient hysteroscopy?

A hysteroscopy is a procedure carried out in the outpatient clinic to look and examine the inside of the uterus (womb) with a thin telescope whilst you are awake.

## When is a hysteroscopy recommended?

Hysteroscopy is recommended for finding out the cause of abnormal bleeding from the womb in the following conditions:

- Heavy periods.
- Irregular periods.
- Bleeding after menopause, referred to as post - menopausal bleeding (PMB).

On occasions it can also be used to check the endometrial cavity in women with recurrent miscarriages and/or subfertility. The purpose is to find the cause of your problem and plan treatment as required.

**Hysteroscopy is best performed when you are not on your period.**

**Please contact the hospital if you are on your period on the day of the procedure. However, if you are bleeding irregularly please attend your scheduled appointment to discuss next steps with your clinical team.**

## What are the benefits of hysteroscopy?

A hysteroscopy will help to find if you have one of the following conditions:

- **Polyps** - a polyp is an overgrowth of the lining of your womb (endometrium) that looks like a small grape on a stalk, sometimes this can be removed in the out-patient clinic.
- **Fibroids** - overgrown muscle of the womb.
- **Tissue diagnosis** - a small biopsy from the lining of the womb is taken and sent to the laboratory for analysis for diagnosis of diseases related to the endometrium.
- **Endometrial cancer** (a malignant growth) - a sample of tissue of the womb lining is taken and sent to the laboratory for analysis.
- **Shape of the womb** - abnormally shaped womb which is sometimes associated with recurrent miscarriage or fertility problems, this is also useful to decide if you are suitable for endometrial ablation.
- **Intrauterine device** - identification and retrieval of (lost) intrauterine contraceptive devices (coils).

## What are the risks?

- The risk of uterine perforation (making a hole in the womb) - rare.
- Damage to the adjoining structures - very rare.
- Infection - uncommon.
- Risk of failure of the procedure is infrequent but it can happen when the cervix is tightly closed or if you find the procedure too uncomfortable.
- Pain - most women are able to tolerate this procedure under local anaesthetic.

## **Before attending clinic**

- You **must** use contraception or **avoid** sex between your last period and your appointment.
- You should eat and drink normally.
- You may feel pain or discomfort during the procedure, it is recommended that you take your usual pain killers for period pain 1 to 2 hours before your appointment.
- Depending on your clinical history and scan result, a hysteroscopy may be carried out, therefore we advise that you take pain killers 1 to 2 hours prior to attending your appointment.

## **On arrival**

You will be welcomed by a member of the staff in the outpatient department. Please take this opportunity to ask questions. The procedure must not be performed if there is any chance that you are pregnant.

## **A PREGNANCY TEST WILL BE PERFORMED IF YOU ARE AGED 17-50.**

You may be required to change into a gown. You will then be taken to the treatment room.

The doctor or a specialist nurse will go through your history briefly and obtain your consent, which means that they will make sure that you completely understand the procedure and are happy for them to proceed.

## **Procedure**

In the treatment room you will lie on a couch. You will be awake throughout the procedure.

A member of staff will remain beside you to make sure you are comfortable. If at any time during the procedure you change your mind the procedure can be stopped at any time.

A small telescope (hysteroscope) is passed through the cervix (the neck of the womb) into the womb. During the procedure (hysteroscopy), fluid is passed through the cervix to allow the lining of the womb to be seen easily.

If the clinicians have any difficulty, you may be offered a local anaesthetic (medication to numb the cervix) to enable the doctor or nurse to dilate (stretch) the cervix.

The inside of the womb is examined, and pictures taken to spot any abnormalities and for record keeping. If required, a sample of tissue will be taken and sent to pathology for examination.

The whole procedure takes approximately 15 to 20 minutes to complete.

If the doctor or nurse has been unable to carry out the procedure, you will be booked to have the hysteroscopy carried out in theatre under General Anaesthetic (you will be asleep).

## **After the procedure**

You will spend a short time in the recovery area, where tea and coffee will be offered. Once staff are reassured that you are comfortable you will be discharged.

## What to expect whilst recovering at home

You may experience:

- Abdominal cramping similar to period pain and may require regular painkillers. This pain should pass within a few hours and each day you should feel better than previous day.
- Bleeding or spotting can last for up to a week. You may need to wear a sanitary pad, but **DO NOT USE TAMPONS** as it increases the risk of infection.

## When to return to normal activities

Most women feel able to go back to their normal activities the same day. You can return to work as soon as you feel able. You can shower as normal. Physical activity can be resumed when bleeding and discomfort has settled.

To reduce the risk of infection we advise you refrain from:

- Sexual intercourse until your bleeding has stopped (4 to 5days).
- Swimming until your bleeding has stopped.

## When to seek medical advice

You must seek immediate medical advice if you have any of the following:

- Severe pain that isn't relieved by regular painkillers.
- More than usual heavy bleeding – frequently changing sanitary pads.
- Passing large blood clots.
- Offensive smelling vaginal discharge.
- Feeling hot and shivery

## **Contact Numbers:**

### **The Royal Oldham Hospital:**

Gynaecology endoscopy suite - 0161 627 8076

Gynaecology Assessment Unit 0161 627 8855

### **Fairfield General Hospital:**

Gynaecology Outpatients - 0161 778 3862

### **Rochdale Infirmary:**

Gynaecology Outpatients - 01706 906129/ 517100

**North Manchester General Hospital:** Women's investigations unit - 0161 7202757  
Gynaecology Assessment Unit - 0161 720 2211

## **Getting your results**

If a biopsy is taken, the result will be sent to you and your GP.

## **Follow-up**

In most cases a follow-up is not required. You will be advised by letter if a follow up appointment is required.

**If English is not your first language and you need help, please contact the Interpretation and Translation Service**

Jeśli angielski nie jest twoim pierwszym językiem i potrzebujesz pomocy, skontaktuj się z działem tłumaczeń ustnych i pisemnych

اگر انگریزی آپ کی پہلی زبان نہیں ہے اور آپ کو مدد کی ضرورت ہے تو ، براہ کرم ترجمانی اور ترجمہ خدمت سے رابطہ کریں

Dacă engleza nu este prima ta limbă și ai nevoie de ajutor, te rugăm să contactezi Serviciul de interpretare și traducere

ইংরাজী যদি আপনার প্রথম ভাষা না হয় এবং আপনার সাহায্যের প্রয়োজন হয় তবে অনুগ্রহ করে দোভাষী এবং অনুবাদ পরিষেবাটিতে যোগাযোগ করুন

إذا لم تكن الإنجليزية هي لغتك الأولى وتحتاج إلى مساعدة ، فيرجى الاتصال بخدمة الترجمة الشفوية والتحريرية

☎ : 0161 627 8770

@ : interpretation@pat.nhs.uk

To improve our care environment for Patients, Visitors and Staff, **Northern Care Alliance NHS Group** is Smoke Free including buildings, grounds & car parks.

For advice on stopping smoking contact the Specialist Stop Smoking Service on 01706 517 522

**For general enquiries please contact the Patient Advice and Liaison Service (PALS) on 0161 604 5897**

**For enquiries regarding clinic appointments, clinical care and treatment please contact 0161 624 0420 and the Switchboard Operator will put you through to the correct department / service**

The Northern Care Alliance NHS Group (NCA) is one of the largest NHS organisations in the country, employing 17,000 staff and providing a range of hospital and community healthcare services to around 1 million people across Salford, Oldham, Bury, Rochdale and surrounding areas. Our Care Organisations are responsible for providing our services, delivering safe, high quality and reliable care to the local communities they serve.

The NCA brings together Salford Royal NHS Foundation Trust and the hospitals and community services of The Royal Oldham Hospital, Fairfield General Hospital in Bury, and Rochdale Infirmary (currently part of The Pennine Acute Hospitals NHS Trust).



[www.facebook.com/NorthernCareAllianceNHSGroup](http://www.facebook.com/NorthernCareAllianceNHSGroup)



[www.linkedin.com/company/northern-care-alliance-nhs-group](http://www.linkedin.com/company/northern-care-alliance-nhs-group)



Northern Care Alliance NHS Group (NCA) @NCAlliance\_NHS



**Date of publication: September 2014**

**Date of review: November 2021**

**Date of next review: November 2023**

**Ref: PI(WC)868**

© The Northern Care Alliance NHS Group

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

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