

Information for Patients

Out-patient Hysteroscopy

One stop service

What is Hysteroscopy?

Hysteroscopy is a technique used to look inside the uterus (womb). The procedure involves using a hysteroscope, which is a thin, telescope-like device that is placed into the uterus through the vagina and cervix (the opening of the uterus).

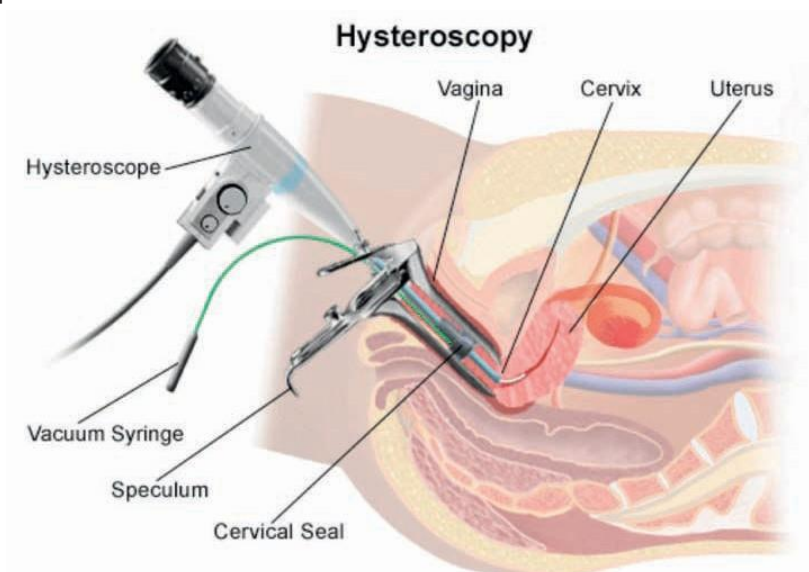
The hysteroscope transmits the image of your uterus onto a screen. This allows the doctor/hysteroscopist to see the inside of the uterus during the procedure. It may help a doctor or hysteroscopist to diagnose or treat a uterine problem.

Why is it done?

One of the most common uses for hysteroscopy is to find the cause of abnormal uterine bleeding. Abnormal bleeding can mean that a woman's periods are heavier or longer than usual or occur less or more frequently than normal. Bleeding between periods is also abnormal.

In some cases, abnormal bleeding may be caused by benign (not cancer) growths in the uterus, such as fibroids or polyps.

Hysteroscopy allows your doctor/hysteroscopist to look for fibroids or polyps. If fibroids or polyps are found, a special instrument can be passed through the hysteroscope to remove them. If no growths are found, a tissue sample can be obtained for biopsy.



Doctors also use hysteroscopy in the following situations:

- To investigate the cause of post-menopausal bleeding (PMB).
- Remove adhesions that may occur because of infection or from a past surgery.
- Diagnose the cause of repeated miscarriage when a woman has more than two miscarriages in a row.
- Locate an intrauterine device (IUD) or insert an IUD.

You should not have hysteroscopy if you are pregnant, have a vaginal or urinary tract infection, or if you have known cancer of the uterus. Your doctor will discuss your options with you and explain why hysteroscopy may be needed.

Important Note

You are not required to starve for this procedure as no anaesthetic is used. It is important that you have breakfast or lunch before you attend for the appointment. Please take simple pain relief approximately 30 minutes prior to your appointment time (for example Paracetamol or Ibuprofen, dependent on allergies).

Record the name of the pain relief and when it was taken below and inform the nurse when you arrive at clinic.

Time and name of pain relief taken: _____

What to expect

Out-patient Hysteroscopy is performed in the specialist one-stop service at Saint Mary's Hospital. The appointment should be scheduled when you are not having your period. It may be necessary to use special dilators to dilate (open) your cervix before the hysteroscopy to make the procedure easier.

There will be two members of nursing staff in the room during the hysteroscopy, one nurse will be with you at the head of the bed and will talk to you throughout the procedure. The second nurse will be assisting the doctor/hysteroscopist.

As Saint Mary's is a teaching hospital, it is possible that trainees may also attend the clinics. If you would prefer not to have a trainee present, please inform a member of staff.

It may be necessary to use a speculum, which is first inserted into the vagina. The hysteroscope is then inserted and gently moved through the cervix into your uterus. Fluid, such as saline (salt water) will be passed through the hysteroscope into your uterus to expand it; the fluid helps your doctor see the lining more clearly. The amount of fluid used is carefully checked throughout the procedure. Your doctor can see the lining of your uterus and the openings of the fallopian tubes by looking through the hysteroscope. If a biopsy or other procedure is performed, your doctor

will use small tools through the hysteroscope, such as small scissors. The procedure and findings will be explained to you once the procedure has been completed.

Your recovery

You should be able to go home after the procedure. Some patients leave immediately, others may need a short time to recover if they experience pain. We would advise you to have some pain relief at home such as Paracetamol and Ibuprofen.

It is normal to have some mild cramping or a little bloody discharge like a period for a few days after the procedure. If you have a fever, chills, or heavy bleeding, contact your GP straight away.

For most women, normal activities can be resumed the day after the procedure. You may be given instructions about when you can resume sex or use tampons.

Risks

Hysteroscopy is a very safe procedure. However, there is a small risk of problems. The uterus or cervix can be punctured by the hysteroscope, bleeding may occur, infection can sometimes occur following the procedure and failure of the procedure is always possible. In very rare cases, hysteroscopy can cause life-threatening problems. If a problem occurs during the procedure, it will be treated as soon as it is recognised.

Make sure you talk with your doctor if you have any questions about the risks of hysteroscopy. They will be able to explain how hysteroscopy is being used to find or treat your condition and what risks you may face.

You will be asked to sign a consent form prior to the procedure.

Finally...

If you have any questions or concerns about the procedure, please contact the Hysteroscopy Service via the Women's Out-patients Department:

0161 276 6260

0161 901 0028

(Monday-Friday, 9.00 am - 5.00 pm)

We are always looking for ways to improve the service provided to patients. If you have any suggestions on how the service could be improved please give your suggestions to a member of the nursing team.

