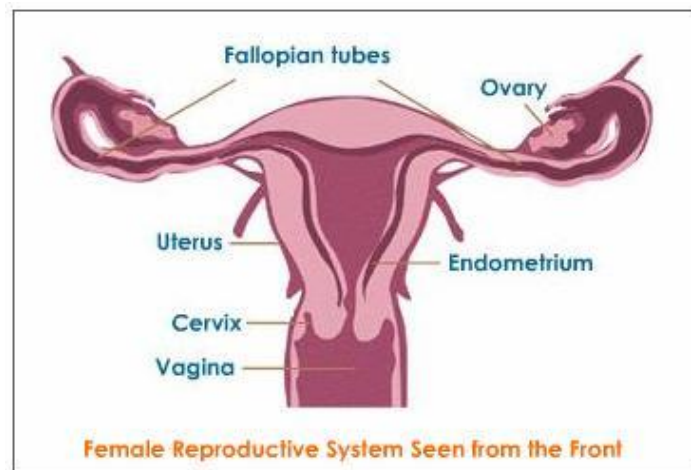


Out-patient Hysteroscopy Service

What is outpatient hysteroscopy?

Outpatient hysteroscopy (OPH) is a procedure which is performed in the outpatient department and involves using a fine telescope, called a hysteroscope, to examine the inside of the womb. The hysteroscope is passed into the vagina, through the cervix and into the womb. The healthcare professional doing the procedure can then see whether there are any problems inside your womb which need further investigation or treatment.



Why have I been referred for outpatient hysteroscopy?

You have been invited for an Outpatient hysteroscopy appointment. This does not mean that you must have the procedure undertaken if you choose not to.

There are many reasons why you may be referred for OPH, you may have been referred for one of the following reasons:

- Very heavy periods
- Irregular periods
- Bleeding between periods
- Bleeding after sexual intercourse

- Bleeding after menopause
- Repeated miscarriage
- Infertility
- To investigate something seen inside the womb on ultrasound scan.

Hysteroscopy can also be performed to treat problems such as:

- Heavy periods
- Removal of polyps or small fibroids
- Removal of displaced intrauterine contraceptive devices/systems (coil)
- Removal of scar tissue or retained pregnancy tissue

What happens during outpatient hysteroscopy?

On Arrival

You will meet the healthcare professional who will ask some questions about your medical history, the procedure will be fully explained to you and you will be asked to sign a consent form should you wish to have the procedure. Please take this opportunity to ask any questions you may have.

There will be two healthcare professionals & a nursing assistant in the room, one of them is there to support you through the procedure. She will ask you to remove your underwear in the changing area and assist you to lie correctly positioned on an examination couch, your legs will be in supports. You will be covered from the waist down with a sheet to preserve your dignity.

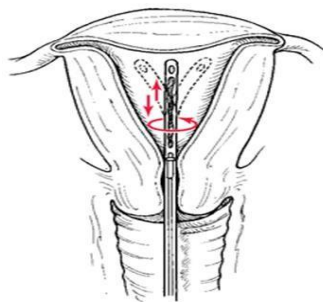
As we are a teaching hospital, it is possible that trainees may also attend the clinics. If you would prefer not to have a trainee present, please inform a member of staff.

The procedure

After cleaning the genital area, sometimes a speculum is passed. The hysteroscope is passed into and along the vagina and through the cervix and into the womb. Sterile fluid is run through the hysteroscope and into the womb to expand it, this helps the doctor or nurse performing the procedure to see the womb lining. You will feel wet as the fluid trickles out. The healthcare professional will see the image of inside your womb on a screen, which you can watch if you chose to. Photographs of inside your womb are usually taken and kept in your medical records. The procedure is usually very quick and lasts between 10-15 minutes.

Endometrial biopsy

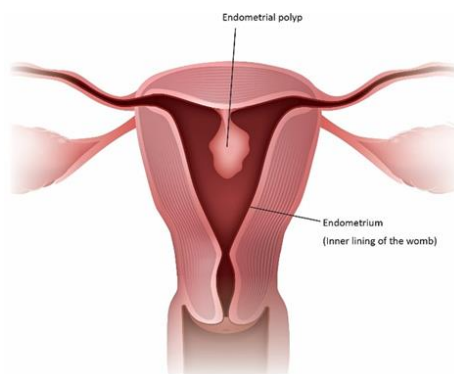
A sample of the womb lining may be taken; this is called an endometrial biopsy. To do this, a speculum will be placed into the vagina to help the doctor/nurse see the cervix, a thin tube will be passed through the cervix and into the womb and will gather some of the tissue from the womb lining. The sample is sent to the laboratory for examination under a microscope. The biopsy can be very painful, but the pain should not last long.



Polyps & small fibroids

Polyps inside the womb are formed as a result of overgrowth of the womb lining, these are usually non-cancerous (benign). Polyps ideally should be removed as they can grow and cause abnormal bleeding, occasionally they may contain abnormal cells. Fibroids are knots in the muscle of the uterus and are benign.

If a small fibroid or a polyp is seen inside the womb it can sometimes be removed at the same time by using additional instruments or using a slightly wider telescope. You may be offered a local anaesthetic. You must tell the healthcare professional if the procedure is becoming too painful.



What are the risks of having an outpatient hysteroscopy?

Outpatient Hysteroscopy is very safe but there are risks associated with any procedure. These will be explained to you before you sign the consent form, you will have an opportunity to ask questions and discuss any worries you may have.

The most common risks or complications are:

- Pain during or after the procedure, pain is usually mild and like period pain, on occasions women may experience severe pain.
- Bleeding is usually lighter than a period and settles within a week. It is recommended that you use sanitary towels and avoid tampons.
- Infection is uncommon (1 in 400 women). Infection may present as a smelly discharge, fever or severe tummy pain.
- Causing an injury to the womb (hole) & injury to the bowel or bladder. This is rare and happens in fewer than 1 in 1000 diagnostic hysteroscopy procedures. It is slightly more common if a fibroid or polyp is removed. Usually nothing more needs to be done, but you will have to stay in hospital overnight.
- Sometimes the neck of the womb is too tight to allow the hysteroscope to pass through; occasionally local anaesthetic is used around the cervix to allow it to be stretched.
- Feeling or being sick or fainting can affect a small number of women. Usually these symptoms settle quickly. You must let the healthcare professional know if you are feeling unwell during or after the procedure.

Is outpatient hysteroscopy painful?

Everyone's experience of pain is different, most women do not find the procedure too uncomfortable, but there are some women who find the procedure very painful. Please be reassured that the procedure will be stopped if you find it too painful. We will monitor your pain throughout the procedure.

Your healthcare professional may offer local anaesthetic into your cervix, we also offer Entonox (gas and air) to help with pain. A checklist will be completed to ensure it is safe for you to have. If Entonox is used, you will be advised to wait a bit longer in the hospital before you can drive.

If you have any objection to having the procedure done as an outpatient, please let us know so we can organise a general anaesthetic. This will be done in an operating theatre, usually a day case procedure.

IT IS IMPORTANT THAT YOU READ THIS INFORMATION TO AVOID DELAYING YOUR PROCEDURE

Please arrive 15 minutes before your appointment time.

What do I need to do before I have the procedure?

Pregnancy Test

We have a strict policy to perform a pregnancy test for all women of childbearing age to make sure the hysteroscopy does not disturb a pregnancy. **Even if you think you cannot be pregnant, you must follow these instructions.**

You **MUST** bring in a first morning urine sample to your appointment so a pregnancy test can be performed. Please pass urine into a clean pot when you wake up on the morning of your procedure, this is to ensure the urine is concentrated enough to have an accurate test result. If you pass urine after drinking lots of fluid, the urine may be too dilute to perform a pregnancy test and your appointment will have to be rescheduled. Occasionally we may have to perform a blood pregnancy test.

Please ensure that you do not have any unprotected sexual intercourse from the first day of your menstrual period before the hysteroscopy, right up to the day of the appointment itself. If there is a risk that you could possibly be pregnant, your appointment will be cancelled on the day.

If your appointment includes having an ultrasound scan, please ensure you have produced a urine sample before emptying your bladder. Please ask the reception desk for a urine sample pot if you have not already produced a sample.

Eating & Drinking

It is important that you have something to eat & drink before your appointment. If you are fasting for religious reasons, it is recommended that you **do not fast** before this procedure; you can make up your fasting days at a later date. Fasting may cause you to become dehydrated and feel unwell especially if you are elderly or unwell. Your appointment may be cancelled on the day if you have fasted.

Pain Relief

It is recommended that you take pain relief half an hour before your appointment time (400mg Ibuprofen or 1gram of paracetamol). This will help to reduce pain following the procedure. Some women prefer to take both Ibuprofen and paracetamol.

Ultrasound Scan

If you require an ultrasound scan before your hysteroscopy appointment, you will need to attend the scan department after booking in at the Gynaecology reception desk. A letter about the scan & scan appointment time will be sent to you directly from the scan department. Please arrive on time. Most women will undergo a vaginal scan as this enables a better view of the female reproductive organs. A probe is gently placed in the vagina, this is similar to having an internal examination and is usually not painful. If you have an objection to having a vaginal scan, do not empty your bladder and please let the sonographer know so an abdominal scan can be done instead.

Blood thinning medications

If you take Warfarin, you should have received instructions regarding when to attend for a blood test to check your INR before your outpatient hysteroscopy appointment.

If you have not had any instructions about your blood thinning medications, please contact us. Telephone numbers are listed at the back of the leaflet.

Please bring a list of your current medications to your appointment.

Important information

Heavy Bleeding

Ideally the hysteroscopy procedure needs to be done when you are not bleeding, if you are due to have your period or are bleeding heavily on the day, please call us to re-arrange the appointment. If the bleeding is not heavy, the hysteroscopy can usually still be done.

If you are bleeding heavily most of the time, your GP may be able to prescribe you some medications to stop the bleeding prior to your appointment; this should prevent any delays in being seen

Male Doctors

Your appointment might be with a male doctor, a female chaperone is always present when you are being examined. If you have a strong objection to seeing a male doctor please contact the clinic coordinator to rearrange the appointment (See page 8 of leaflet for contact numbers). It might not be possible to arrange a female doctor/nurse. Your appointment may be significantly delayed if you choose to change your appointment.

Arriving late

If you arrive late for your appointment, we may not be able to perform the planned tests. Your appointment may be re-scheduled.

Failure to Attend

It is important that you attend your appointment. If you do not attend without letting the hospital know at least 24 hours before, you may be discharged from the service; your GP will be informed. Not attending your appointment is very costly to the NHS.

Cancelling your appointment

Please make every effort to attend the appointment that you have been given, rescheduling your appointment may create an unnecessary delay in your care and treatment.

If you do need to cancel your appointment, please ensure you contact us as soon as possible so that we can attempt to minimise any delay.

Do you need an Interpreter?

If you cannot speak good English a trained professional telephone interpreter will be used to translate during your consultation. Family members or friends are not allowed to interpret for you.

After Care

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. You can continue to take regular pain relief at home if you need to for the next 24 hours.

When I can have sexual intercourse?

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

Bleeding

You should expect to have some bleeding for about a week or so after the procedure, this may be heavier than normal and can stop and start, this is normal.

When can I use tampons again?

Please do not use tampons during any bleeding after the hysteroscopy or during your next period, this will help prevent an infection. You can use tampons again for future periods.

When will I get the results?

The doctor/nurse will discuss the findings with you at the time. If a sample (biopsy) was taken, expect to receive a copy of the results letter in approximately 3-8 weeks depending on the urgency of the referral. If we need to talk to you about the result, you will be sent an appointment for either a face to face consultation or a telephone consultation with the doctor/nurse who saw you in clinic. Please bring someone with you to the appointment for results.

What if I have problems when I get home?

We do advise that you have a shower rather than a bath for a few days afterwards and avoid public swimming pools. If you do experience vaginal bleeding after your hysteroscopy it is advisable to avoid sexual intercourse as this may increase the chances of infection.

Please contact us if you experience very heavy bleeding (soaking a pad every 1-2 hours) or if you pass blood clots larger than a 50 pence piece for more than 2 days.

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

If you have any other signs of infection such as severe pelvic pain or a fever, please see your GP or contact us immediately.

When can I return to work?

If you feel well enough after the procedure you can go to work, most women return to work the following day.

Finally.....

If you have any questions or concerns about the procedure, please contact us:

✉ **Saint Mary's Hospital, Women's Outpatients Dept. Oxford Road, M13 9WL**

☎ **Hysteroscopy Service appointment enquiries:**
Tel: 0161 276 6314
(Monday-Friday, 09.00 - 17.00)

☎ **Nurse Information line:**
Tel: 0161 276 6104 (Monday to Friday 09:00 – 16:00)
Please leave a clear message with your name, date of birth, hospital number and contact telephone.

☎ **Emergency Gynaecology Unit:**
Wythenshawe Hospital
Tel: 0161 291 2561

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.