

Gynaecology

Hysteroscopy – Information for patients

A Hysteroscopy is the examination of the inside of the womb (uterus) using a telescope or endoscope.

Why may a hysteroscopy be necessary?

There are several possible reasons to carry out this procedure:

- Investigation of abnormal or irregular vaginal bleeding;
- As part of investigations of infertility;
- As part of investigations of recurrent miscarriage if an abnormality of the womb is suspected;
- The investigation of vaginal bleeding after the menopause.

Is there an alternative to hysteroscopy?

High resolution ultrasound, using a vaginal probe, enables excellent images to be obtained of the womb and its lining. This is a routine part of gynaecological examination. Sometimes this is combined with a biopsy of the womb lining carried out without an anaesthetic. Although ultrasound is a very useful technique it is sometimes not possible to have a clear view or the ultrasound scan may show something abnormal. In these cases a hysteroscopy is recommended

What is a hysteroscope?

It is a fiberoptic telescope which is passed into the vagina and uterus. It transmits a light beam and receives images of the womb. The telescope is between 3 and 8 mm in diameter, depending on the procedure. It allows photographic images to be taken and surgical procedures to be undertaken.



Patient Information

Please abstain from un-protected intercourse for 5 days prior to this procedure; if this is not adhered to unfortunately the procedure will not go ahead.

Are there risks with this procedure?

Hysteroscopy is usually a simple procedure without significant risks. However there are risks with any surgical procedure. If the hysteroscopy involves a surgical procedure such as removal of a fibroid, the risks are increased. The risks and complications are:

- Perforation of the wall of the womb which could necessitate a laparoscopy and repair – incidence approximately less than 2%;
- Infection requiring antibiotics – incidence less than 2%;
- Bleeding requiring blood transfusion – rare unless a fibroid is being removed;
- Anaesthetic risks – these are very uncommon.

Is an anaesthetic necessary?

Hysteroscopy is now commonly performed in out patients, when you are awake, especially when the investigation is being carried out for woman attending with period problems. When the procedure is carried out together with a laparoscopy it always requires an anaesthetic.

How long does the procedure take and how long will I be in hospital?

The procedure should take no more than about 20 minutes. If this procedure is carried out with a general anaesthetic (when you are asleep) it will be as a day case procedure, and therefore you will only be in hospital for approximately half a day.

If you have attended as an outpatient, usually you will only be in clinic the same length of time you would when attending any clinic appointment. However, if having a treatment in outpatients at the same time you will need to be in hospital a couple of hours.

Patient Information

Procedures you may have with a hysteroscopy include:

- Novasure;
- Removal of a polyp;
- Biopsy (Dilatation and Curettage).

You will be given specific information regarding this.

What can I expect after the procedure?

Following an anaesthetic or a treatment and hysteroscopy please arrange to be collected from hospital and for a responsible adult to be with you for 24 hours after the procedure.

- You may have light, menstrual type bleeding for a few days.
- There may some menstrual like cramps for 1-2 days.
- Paracetamol should be sufficient to control the discomfort.
- If you have had an anaesthetic you should not drive or work for 24 hours.
- You should take it easy for the rest of the day.

When you get home

If you have:

- Excessive vaginal bleeding;
- Abdominal cramps that are not controlled with painkillers;
- High temperature (fever) of 38 degrees or above;
- Severe nausea or vomiting;
- Very fast heart rate;
- Poor urine output.

Please seek advice from **Ward 23: Tel. 024 7696 7000.**

Patient Information

What about the results and follow up?

The results will normally be given to you before you leave hospital. Follow-up is not always necessary and depends on the reason for carrying out the procedure.

If you require any further information please contact 024 7696 7000.

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 7000 and we will do our best to meet your needs.

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Document History

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