

## Gynaecology

# Hysteroscopy - Information for patients

A hysteroscopy examines 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 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's 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?**

A hysteroscope is a fiberoptic telescope which is passed into the vagina and uterus. It transmits a light beam and receives images of the womb. It allows photographic images to be taken and surgical procedures to be undertaken.

The telescope is between 3 and 8 mm in diameter, depending on the procedure.

**Please abstain from unprotected intercourse for 5 days before this procedure. If this is not adhered to, 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 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 in 100
- Infection requiring antibiotics – incidence less than 2 in 100
- 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 outpatients when you are awake, especially when the investigation is being carried out for women attending with period problems.

## **How long will the procedure take?**

The procedure should take no more than 20 minutes.

## How long will I be in the hospital?

If this procedure is carried out with a general anaesthetic (when you are asleep), it will be a day case procedure. Therefore, you will only be in the hospital for approximately half a day.

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?

After an anaesthetic or treatment and hysteroscopy, please arrange to be collected from hospital. Arrange 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.
- You may have some menstrual like cramps for 1-2 days.
- Paracetamol should be sufficient to control the discomfort.
- If you've 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

Please seek advice from **Ward 23 - 024 7696 7000**, 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

## What about the results and follow- up?

The consultant will contact you with the results once available, this can take between 4 to 6 weeks. 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.**

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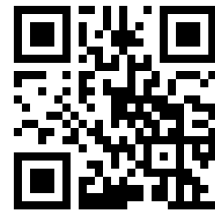
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