

# Outpatient hysteroscopy



## Information for patients

Welcome to King's gynaecology service. It has recommended that you have a procedure called a hysteroscopy.

This booklet explains what happens during the procedure and what it is used to treat. It also details the benefits and the risks. It is a guide only and you will also be able to talk to the doctor and nurse before the procedure at your next appointment.

### Confirming your identity

Before you have a treatment or procedure, our staff will ask you your **name** and **date of birth** and check your **ID band**. If you don't have an ID band we will also ask you to confirm your address.

**If we don't ask these questions, then please ask us to check.**

Ensuring your safety is our primary concern.

## Consent

We must by law obtain your written consent to any operation and some other procedures beforehand. Staff will explain the risks, benefits and alternatives before they ask you to sign the consent form. If you are unsure about any aspect of the procedure or treatment proposed, please do not hesitate to speak with a senior member of staff again.

## What is a hysteroscopy?

It involves looking inside your womb (uterus) using a special telescope called a hysteroscope, which has a tiny camera at its tip. This is inserted into your vagina and through the neck of your womb (cervix). It enables your doctor to examine the inside of your womb and view pictures of it on a screen to see whether or not it is normal.

The procedure is an easy, safe and effective way of checking your womb, particularly when we also use ultrasound.

## Why do I need a hysteroscopy?

We use hysteroscopy to:

- diagnose a problem
- treat a problem that we have already diagnosed, usually on a scan.

The most common problems we find during a hysteroscopy are fibroids and small growths called polyps. We can remove most polyps and some fibroids as an outpatient procedure, usually at the same appointment.

Removing a polyp from the inside of your womb is called a hysteroscopic polypectomy (see page 6).



Removing a fibroid from inside your womb is called a hysteroscopic myomectomy (see page 8). We can remove only certain fibroids in this way – ones that are pushing into your womb (submucous) or hanging inside it (intracavity).

## **What are the benefits of having a hysteroscopy?**

It is the most accurate way of examining the inside of your womb. It is useful for finding out what is causing symptoms such as unusual bleeding, fertility problems and other gynaecological conditions.

We can also use it to treat certain conditions.

We usually remove submucous and intracavity fibroids because you are having heavy periods. This can cut the amount of bleeding during periods and works for more than 70% of those who have the procedure.

## **What are the benefits of having the procedure as an outpatient?**

The main benefit is that you do not need a general anaesthetic.

This means you:

- recover much more quickly
- can go home after the procedure
- can start doing your normal activities sooner.

## **What are the alternatives?**

In some cases we can control your symptoms using medicines. But if fibroids or polyps are causing your symptoms, you normally need to have them removed. If you find the procedure too painful, or if you would prefer to, you can choose to have a general anaesthetic instead of being awake



## What are the risks of a hysteroscopy?

The following complications can sometimes happen, either during or after a hysteroscopy:

- **Bleeding** Most women have a small amount of bleeding after this procedure. But if it becomes heavy – you are passing large clots of blood or you need to change your sanitary towel more than twice in an hour over a two-hour period – you need to seek medical advice.
- **Infection** You may need a one-off dose of antibiotics after the procedure to reduce your risk of infection. Your doctor will discuss this with you at the time.
- **Uterine perforation** This is when a hole is made through the wall of your womb during the procedure. Your doctor may need to make a cut in your abdominal cavity (tummy) to repair the damage. The risk of this happening is very small because you are awake during the hysteroscopy.
- **Fluid overload** This is where the fluid we use to help us see inside your womb is absorbed into your blood stream. We check this carefully, and if you are absorbing too much fluid we will stop the procedure. You may need to come back so we can complete the procedure at another appointment.

**In very rare cases bleeding or perforation may mean you need to have your womb removed (hysterectomy). This is very unlikely after an outpatient hysteroscopy.**

## Arranging the date for your hysteroscopy

After you and your doctor have agreed you need an outpatient hysteroscopy, the Gynaecology Admissions Officer will phone you to confirm a date and time for your procedure. This will be followed up by a letter which will also include the contact details to use if you need to rearrange your appointment.



## What happens during the procedure?

You will have this procedure in the ambulatory clinic. The doctor or nurse will first take your signed consent for the procedure.

During your appointment and the procedure an experienced gynaecology nurse will support you at all times.

You will be asked to lie on a procedure couch and to place your legs on two knee supports placed on either side, near the end of the couch.

Before the procedure begins, the assisting nurse will make sure that you are comfortable on the couch and that the doctor is happy with your position. Your dignity will be maintained as far as possible at all times.

Your doctor or nurse specialist will introduce the hysteroscope into your vagina, and then gently place it into the outer opening of your cervix. At this stage, you may feel cramping in the lower part of your tummy similar to period pain.

Sometimes, they will use an instrument called a speculum to open up the walls of your vagina, before inserting the hysteroscope. This is the instrument used during a smear test, and this will be used if local anaesthetic is to be given, or if the cervix needs to be seen. Sometimes, the cervix will need to be gently opened with an instrument called a dilator before it is possible to pass the hysteroscope into the womb. A speculum is also necessary if you are having a coil fitted.

The hysteroscope is then passed into your womb through your cervix, which is filled with fluid to enable the lining of the womb to be clearly seen. You can watch the procedure on the nearby screen if you wish.



Your doctor or nurse specialist may need to take a small sample of the lining of your womb, which will be sent to the laboratory for analysis.

If you need to have a polyp or fibroid removed, the doctor will then proceed to remove it. This will be done using one of the following methods:

- **Removal of polyp** Your doctor will gently remove the polyp under direct vision using some forceps
- **Morcellation of fibroids or polyps** This is a newer technique which involves cutting the fibroid or polyp into very small pieces which are sucked out at the same time. This procedure is done via the hysteroscope.

You may feel some mild period-like cramps during this part of the procedure.

## When will I find out the results?

Your doctor will explain any findings to you after the procedure, at the same appointment. However, if you have had a sample of tissue removed, this may be sent to histology to be looked at under a microscope. In this case you would receive the results either by post or at a follow up appointment. This should be clarified with you before you leave the clinic.

## How long does the procedure take?

It takes about 15 – 20 minutes, but you should plan to be in the clinic for about one hour.

## What happens after the hysteroscopy?

Your doctor will explain their findings as well as any treatment you



have had. They will also discuss with you whether you need any more care. A nurse will check that you are fit to leave the clinic. We have rest facilities available, although you do not usually need to use them.

You may have some vaginal bleeding or a vaginal discharge tinged with blood for up to a month. If you have any period-like pain, you can usually relieve this by taking simple painkillers such as paracetamol or ibuprofen.

We advise you to arrange private transport for your journey home rather than using public transport.

**If a friend or relative cannot attend the appointment with you, we advise you to tell your next of kin that you are coming to King's.**

### **How do I prepare for the procedure?**

Take a simple painkiller such as paracetamol or ibuprofen (avoid any drugs that you know you are allergic to) one hour before your appointment, to minimise any pain or discomfort that you may have after the procedure.

Eat and drink normally before the procedure – you do not need to starve (fast).

You may want to bring a friend or relative to support you. Your doctor may ask them to leave the room during your hysteroscopy, depending on the treatment you are having.

If you are premenopausal and have sexual intercourse in the month before your procedure, you must use an effective form of



contraception from the time of your previous period until you have the hysteroscopy. We will ask you for a urine sample so we can do a pregnancy test before the procedure. **If there is a chance that you could be pregnant then you must tell the nurse or doctor and the procedure will need to be rescheduled.**

## What do I need to bring with me?

- Water to drink.
- Sanitary towels for after the procedure because you will have some vaginal bleeding and discharge.

## Returning to your normal activities

Most women can return to their regular activities after just a few hours. You will probably have some light vaginal bleeding for up to two weeks.

As there is a small risk of you developing an infection after your hysteroscopy, we recommend that you:

- use sanitary towels rather than tampons until the bleeding has stopped
- do not have sexual intercourse for one week after your procedure, or until the bleeding has stopped
- do not go swimming while you are still bleeding.

## What happens next?

You may need to have more hysteroscopic surgery under general anaesthetic. The most common are:

- **Hysteroscopic myomectomy**

You may need to have this surgery under a general anaesthetic at a different appointment if your doctor does not think it is appropriate to do it at the same time as your hysteroscopy. It involves removing





a fibroid from inside your womb (submucous or intracavity – see page 2). A telescopic instrument called a hysteroscopic resectoscope is used to shave away or cut off the fibroid.

- **Transcervical resection of the endometrium (TCRE) or endometrial ablation.**

These procedures remove the lining of your womb (endometrium). You may be offered one of these as an alternative to having your womb removed (hysterectomy) if you have heavy bleeding. You usually have little or no menstrual bleeding after a successful TCRE.

## **Who do I contact with queries and concerns?**

If you have any queries or concerns about your procedure, please call the Gynae-Ambulatory Unit and ask for the nurse in charge:

Tel **020 3299 0456**, 9am – 5pm, Monday to Friday

Outside these hours, please call Women's Surgical Unit and ask for the nurse in charge:

Tel **020 3299 5936**

Please contact us if you have any of the following:

- vaginal discharge that smells offensive
- bleeding that means you have to change your sanitary pad more than twice in an hour over a two-hour period
- abdominal (tummy) pain or discomfort and/or a raised temperature.

**If you are not able to contact either of the above numbers in an emergency, please go to your GP practice or your local Emergency Department (ED).**



## Sharing your information

We have teamed up with Guy's and St Thomas' Hospitals in a partnership known as King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy's or St Thomas'. To make sure everyone you meet always has the most up-to-date information about your health, we may share information about you between the hospitals.

## Care provided by students

We provide clinical training where our students get practical experience by treating patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.

## PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you. The PALS office is located on the ground floor of the Hambleden Wing, near the main entrance on Bessemer Road - staff will be happy to direct you.

Tel: **020 3299 3601**

Email: **[kch-tr.PALS@nhs.net](mailto:kch-tr.PALS@nhs.net)**

You can also contact us by using our online form at  
**[www.kch.nhs.uk/contact/pals](http://www.kch.nhs.uk/contact/pals)**



## Where can I get more information?

### **Women's Health Concern**

[www.womens-health-concern.org](http://www.womens-health-concern.org)

### **The Hysterectomy Association**

[www.hysterectomy-association.org.uk](http://www.hysterectomy-association.org.uk)

### **Family Planning Association (FPA)**

Helpline: 0845 122 8690

[www.fpa.org.uk](http://www.fpa.org.uk)

### **Netdoctor**

[www.netdoctor.co.uk](http://www.netdoctor.co.uk)

### **Patient.co.uk**

[www.patient.co.uk](http://www.patient.co.uk)

**If you would like the information in this leaflet in a different language or format, please contact PALS on 020 3299 1844.**



