

Outpatient hysteroscopy



Information for patients

This booklet explains outpatient hysteroscopy and what happens before, during and after the procedure. It also includes the risks and the benefits of the procedure and any alternatives. It is a guide only and you will also be able to talk to the doctor and nurse before your hysteroscopy, at your next appointment. If you have any questions or concerns, please do not hesitate to speak to any member of the team caring for you.

When you come for your procedure, please book in at the clinic at either King's College Hospital, Denmark Hill, or at Orpington Hospital, 10 minutes before your appointment. Your appointment letter will tell you which hospital to come to.

What is a hysteroscopy?

It involves taking a look at the inside of your womb (uterus). We do this by gently passing a thin tube like device with a camera called a hysteroscope, into your vagina, through the cervix (neck of your womb) and into your womb itself. It sends images to a screen, so the healthcare professional doing the procedure can see whether there are any problems inside your womb that may need more investigation or treatment. Sometimes you may also have an operative procedure such as removing a fibroid or polyp at the same time.

As this is an outpatient procedure, you will not have a general anaesthetic and you will be awake during the hysteroscopy.

Why do I need to have an OPH?

You may need to have it for one of the following reasons:

- To check your womb cavity and the lining of your womb (endometrium) if we have not been able to get a clear view of it using an ultrasound scan.
- To take a sample (biopsy) of your endometrial tissue. We do this, for example, if you have bleeding after the menopause when an ultrasound scan has shown that the lining of your womb is thicker than usual and we cannot do a biopsy in clinic.
- To remove an endometrial polyp, a finger-like growth attached to the lining of your womb.
- To check or treat suspected scar tissue in your womb.
- To remove a fibroid that is within the lining of the womb and safe to do in the outpatient setting.
- To remove a coil.
- To remove placental tissue after pregnancy loss.



What happens during OPH?

On the day of your procedure

- You can eat and drink normally.
- We recommend that you take pain relief (**400mg of ibuprofen and 1g of paracetamol**) at least one hour before your appointment, unless you have been advised not to.
- If you are taking blood-thinning medications (anticoagulants) such as warfarin, you should have an appointment to check your INR before your hysteroscopy. If you have not been told what to do about these medications, please let us know before your appointment.

When you arrive

After you have checked in, you will meet the healthcare professional who will be doing the procedure. They will discuss your medical history and what happens during the procedure, including your pain relief options. They will answer any questions you may have and then ask for your consent. They may also ask you to do a urine pregnancy test. They will then take you to the procedure room and ask you to go behind a curtain and undress below the waist and cover yourself with a modesty sheet

During the procedure

There are usually two healthcare professionals and a nursing assistant in the procedure room. One of them is there to support you during the OPH.

You will be helped to lie in the correct position on an examination couch, with your legs in supports. As we are a teaching hospital, resident doctors or nursing and medical students may also attend the clinics. Please tell your doctor or nurse if you do not want students to be involved in your care.



Your genital area will be gently cleaned and the hysteroscope will be passed into your vagina, through your cervix and into your womb. Sometimes a speculum is used as well, like when you have a smear test.

You may have a local anaesthetic injected into your cervix. Sterile fluid is run through the tube and into your womb. You will feel wet as the fluid trickles out.

Images of the inside your womb are viewed on a screen. These are usually recorded and kept in your medical records.

Endometrial biopsy

A small sample (biopsy) of the lining of your womb may be taken and sent to the laboratory for examination under a microscope. The biopsy can occasionally cause discomfort, but the pain and/or discomfort should not last long.

Polyps and small fibroids

Polyps are caused by an overgrowth of the lining of your womb and are usually non-cancerous (benign). Fibroids are knots in the muscle of your womb and are benign.

We can sometimes remove small fibroids or polyps during this procedure. But if we need to use a wider hysteroscope and need more time, you may have to come back for another appointment.

To remove a polyp or fibroid, a device is passed through the hysteroscope which shaves the growth into tiny pieces which are then sucked out through the device and removed. This causes little discomfort but you will be offered a local anaesthetic. You will have no cuts in your skin or visible scarring.

Coil removal/insertion

After your womb has been checked, you can have a coil removed or put in, as planned.

What are the risks?

OPH is very safe but there are risks and possible complications with all procedures.

Common risks or complications

- You are likely to feel period-like pain and cramping during or after the procedure. This is usually bearable if you take painkillers beforehand. If required, we can also give local injections to the cervix. You can ask us to stop straight away if at any point the pain is too much or the procedure uncomfortable. Sometimes you can have severe or significant pain. If this happens, we can stop the procedure. If you have concerns about pain, you may wish to consider having the hysteroscopy under a general anaesthetic, when you will be asleep.
- You usually have bleeding that is lighter than a period and normally settles within a few days. Use pads or period pants during this time, not tampons or moon cups. If the bleeding does not settle or gets very heavy, please contact your GP or go to your nearest Emergency Department (ED/A&E).
- A small number of women feel sick, are sick or faint. But these symptoms usually settle quickly.

Other complications

- Infection is rare (1 in 400 risk). Symptoms include a smelly vaginal discharge, fever or severe tummy pain.
- Failed/unsuccessful OPH. This can happen if we are not able to pass the hysteroscope into your womb because your cervix is tightly closed or scarred. If this happens your healthcare professional will discuss other options with you.



- Making a hole in your womb or and damaging your bowel or bladder. This happens in less than 1 in 1,000 procedures. It may mean that you have to stay in hospital overnight. Usually, nothing more needs to be done, but you may need an operation to repair the hole. These risks are lower for OPH than hysteroscopy under a general anaesthetic.

What are the benefits?

The main benefit of having a hysteroscopy as an outpatient is that you do not need to have a general anaesthetic. This means you:

- may get an appointment more quickly
- will recover more quickly and will be able to go home after the procedure
- will be able to start doing your normal activities sooner.

You can also have some treatments straight away, such as coil removal/insertion or polyp or small fibroid removal.

Are there any alternatives?

There may be other things to consider when deciding whether having an OPH is the right choice for you. These include:

- if you have had severe pain during a previous vaginal examination
- if you have had difficult or painful cervical smears
- if you have had any previous traumatic experience that might make the procedure difficult for you
- if you do not wish to have this examination when you are awake.

If you do not want to have the hysteroscopy as an outpatient, please let us know so we can organise for you to have it in an operating theatre under a general anaesthetic. You will usually have this as a day patient, so you will not need to stay in hospital overnight. You may have a slightly longer waiting time, depending on how urgently you need the procedure.



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.

How can I prepare for the procedure?

Contraception

You must not have the procedure if there is any chance that you are pregnant. To avoid this possibility, you must use contraception or avoid sex from the first day of your period before the hysteroscopy, right up to the day of the appointment. We may offer you a urine pregnancy test when you arrive for your appointment.

Bleeding

Ideally the hysteroscopy procedure needs to be done when you are not bleeding. If the bleeding is not heavy, the hysteroscopy can usually still be done.

Friend support

You can have a friend or family member with you during OPH.

How long will the procedure take?

The procedure itself usually takes no more than 15 minutes, but you may be in the clinic for up to an hour or more, depending on whether you have also had treatment and whether you need a longer recovery time. Occasionally the clinic can run late because some procedures take longer than others.



Where will I have the procedure?

We will give you an appointment for one of these two locations:

- **King's College Hospital (Denmark Hill):** Please arrive and book in **10 minutes** before your appointment. Come to the third floor of the **Golden Jubilee Wing, Suite 8, Area B reception and waiting area**.
- **Princess Royal University Hospital (Orpington Hospital):** Please arrive and book in **10 minutes** before your appointment at the **Colposcopy Unit, Orpington Hospital**.

What happens after the procedure?

You should be able to go home soon afterwards. You may need a short time to recover if you are in pain. If you need to, keep taking regular painkillers at home for the next 24 hours.

You may bleed for up to a week after the procedure. To prevent infection, please avoid tampons or sexual intercourse until the bleeding has stopped.

Will I have a follow-up appointment?

You may not need any follow-up appointments if no problems are found.

If you have had a biopsy, you will be contacted through the MyChart app with the results as soon as they become available. Your healthcare professional will discuss any further treatment with you.

When can I return to work?

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



When should I seek medical advice after the procedure?

- If you have a vaginal discharge that smells offensive.
- If you develop a fever.
- If you have worsening abdominal pain
- If the bleeding becomes very heavy or you pass large clots.

Please contact your GP or go to your nearest Emergency Department (ED/A&E).

Who can I contact with queries and concerns?

If you have any questions about your procedure, please contact the clinic treating you:

King's College Hospital, Denmark Hill, tel: **020 3299 0456** or **01689 865103**, Monday to Friday, 9am – 5pm

Out of hours, tel: **020 3299 5936**

Princess Royal University Hospital (Orpington Hospital), tel: **01689 864904** or **01689 864464**, Monday to Friday, 9am – 5pm

MyChart

Our MyChart app and website lets you securely access parts of your health record with us, giving you more control over your care. Visit www.kch.nhs.uk/mychart to find out more.

Sharing your information

King's College Hospital NHS Foundation Trust has partnered with Guy's and St Thomas' NHS Foundation Trust through the 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' hospitals. King's College Hospital and Guy's and St Thomas' NHS



Foundation Trusts share an electronic patient record system, which means information about your health record can be accessed safely and securely by health and care staff at both Trusts. For more information visit **www.kch.nhs.uk**.

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. They can also pass on praise or thanks to our teams.

Tel: **020 3299 4618**

Email: **kings.pals@nhs.net**

If you would like the information in this leaflet in a different language or format, please contact our Interpreting and Accessible Communication Support on 020 3299 4618 or email kings.access@nhs.net



Notes



