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Compassionate People,
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Sherwood Forest Hospitals
NHS Foundation Trust

Outpatient hysteroscopy

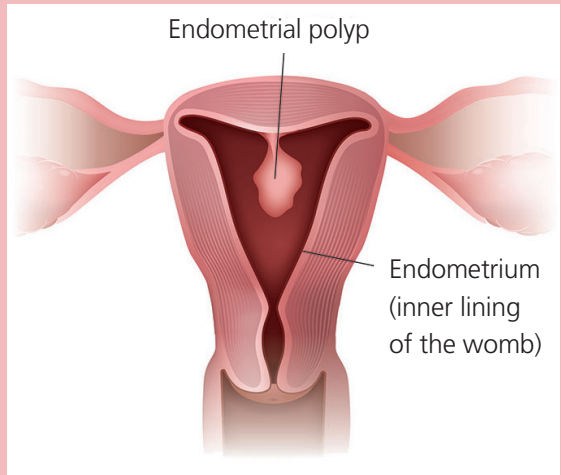
Information for patients



Why have you been referred for an outpatient hysteroscopy (OPH)?

Common reasons why someone is referred for hysteroscopy are shown below:

- Very heavy periods.
- Bleeding in between periods.
- Irregular bleeding while on hormonal replacement treatment.
- Removal of a coil when the threads are not visible at the cervix.
- Fertility concerns.
- Following a miscarriage.
- To investigate something seen inside the uterus on an ultrasound scan, such as an endometrial polyp or fibroid.
- Follow up after abnormal changes with the lining of the womb such as hyperplasia (pre-cancerous thickening).



What is a hysteroscopy?

A hysteroscopy is a minor surgical procedure to look inside your womb. A very fine telescope (hysteroscope) with a small camera at its tip is passed into the vagina and through the neck of the womb (cervix).

At the start of the procedure, the doctor may or may not use a speculum (the instrument used to open the vagina when having a smear) to look at the neck of the womb. The hysteroscope can be put in the vagina without the speculum as this may ease discomfort. A gentle flow of fluid is used to open the cervix and fill the womb cavity so it can be viewed by the doctor.

The pictures are shown on a screen, which allows the doctor to see whether or not it is normal. Sometimes other procedures are recommended, such as taking a biopsy or removing a polyp. Your doctor will explain what is needed in your case. Any samples taken will be sent to the laboratory for analysis. The procedure takes around 10-15 minutes, but can take longer if you are having any additional procedures.

What should you do before your appointment?

You should eat and drink normally. You do not need to fast before your appointment.

It is recommended that you take pain relief (400 mg of ibuprofen or 1 gram of paracetamol or whatever pain relief you find useful for period pain) at least 1 hour before your appointment.

Bring a list of any medications that you are taking with you.

You may wish to have a friend or family member accompanying you.

Do you need to use contraception?

The procedure must not be performed if there is any chance that you are pregnant. To avoid this possibility, it is important to use contraception or avoid sex between your last period and your appointment. You may be offered a urine pregnancy test on arrival at your appointment. If you feel you might be pregnant then please inform the clinic staff. Also notify them of any allergies to medications, latex or anaesthetic.

If you are attending for a coil change please use condoms or abstain from intercourse for at least seven days prior to your appointment. This will prevent risking an unwanted pregnancy if the type of coil is being changed or if the new coil can't be reinserted straight away. You should also use barrier methods or abstain from intercourse for seven days after the coil change to avoid pregnancy.

Please bring a urine sample with you.

What are the alternatives?

We offer the procedure awake in the first instance as this has lower risks to you than being asleep. In some cases we can control your symptoms using medicines, but if polyps are causing your symptoms, you normally need to have them removed.

Fibroids can be removed, shaved away (resected) or sometimes managed with medication. 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.

Do you need a general anaesthetic?

Sometimes you may require hysteroscopy as a day case procedure under a general anaesthetic (while you are asleep). If this is recommended for you, your doctor will explain the reasons for this. Common reasons for needing an anaesthetic include:

- You need a longer procedure.
- You have requested to be asleep for your procedure.
- Your particular treatment cannot be performed as an outpatient, for example the removal of a large fibroid.

Will outpatient hysteroscopy hurt?

For most women, OPH is quick and safe, and is carried out with little pain or discomfort. We offer you pain relief on arrival into the department if you have forgotten to take some at home prior to attending.

Everyone's experience of pain is different and some women will find the procedure very painful. If it is too painful for you, let your doctor or nurse consultant know, as the procedure can be stopped at any time if you wish. We can then offer you further pain relief during the procedure.

Your doctor or nurse consultant may offer a local anaesthetic injection into your cervix. This will require using a speculum to see your cervix and your doctor or nurse consultant will discuss this with you.

We offer nitrous oxide (Entonox or 'gas and air') to help with your pain. In this situation, you may be advised to wait a bit longer in the hospital for recovery before you can drive.

If you feel anxious about the procedure, you should talk to your doctor or nurse consultant before your appointment.

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 risks of a hysteroscopy?

All procedures and operations have risks, which can happen either during the procedure or after it:

- **Pain during or after OPH:** This is usually mild and similar to period pain. Simple pain relief medications can help. On occasion, women may experience severe pain.
- **Heavy bleeding:** This can happen to one in every 100 women. Most women will have bleeding following the hysteroscopy, but if this is heavy and you are passing blood clots then you need to seek advice.
- **Feeling or being sick or fainting:** This can affect a small number of women. However, these symptoms usually settle quickly. Let your healthcare professional know if you are feeling unwell during or straight after the procedure.
- **Infection:** One in every 400 women will have an infection after hysteroscopy. We do not recommend antibiotics at the time of the procedure.
- **Uterine perforation (making a hole in the womb):** One in every 1000 women will have a puncture hole made in the womb by the telescope. This is more likely to happen if you have a general anaesthetic. In most cases, no further treatment is required, but you would be admitted to the ward for observation. A further operation to look inside your tummy and repair damage to other organs (such as bowel) following perforation is rare.
- **Not being able to get into the womb or complete the procedure as planned:** If this happens we will offer you the procedure under general anaesthetic.

However, if you feel unwell, have foul-smelling vaginal discharge, a fever, or pain in the lower part of your tummy, you could have an infection and you need to seek advice.

On arrival

You will meet your doctor or nurse consultant who will discuss the procedure and ask for your consent. Please take this opportunity to ask any questions you may have.

There will be two or three nurses and a support worker in the room and one of them will support you throughout the procedure. They will help you to get positioned in a special chair and will keep you as covered as possible. They will also provide moral support during the procedure.

During the procedure

To prepare, you will need to remove your underwear. You will be guided to a couch, which can be adjusted if you need to sit more upright. Your legs and knees are supported on either side, and your comfort is ensured before the procedure begins.

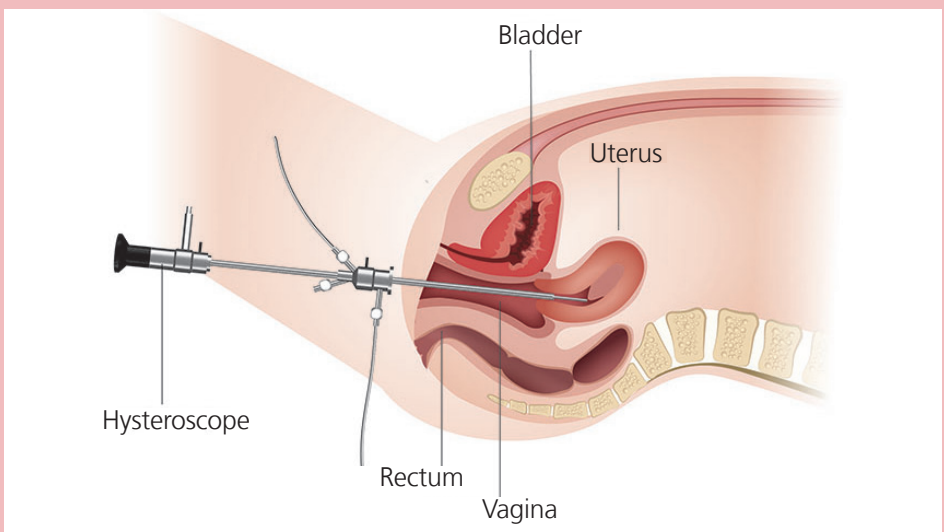
Usually the hysteroscope is inserted directly into the vagina using a flow of clear fluid.

Sometimes a speculum is inserted first to open the walls of the vagina, and this may be to give an injection of local anaesthetic.

As the hysteroscope (telescope) is passed through the cervix, you may experience some cramping pain. In some women this can feel like a severe period pain, but others experience no discomfort at all. This can be helped by taking some painkiller medication before your appointment.

Once inside the womb, the camera is moved gently to examine all areas and pictures are taken. You may watch if you wish. Next, the doctor will undertake any procedures that are necessary, such as removal of a polyp.

If you require a biopsy, then following the camera test, a speculum will be passed into the vagina to allow the doctor to see your cervix. A thin narrow tube will be passed through the cervix in the same way as the camera, and gentle suction is used to take a small sample of the lining of the womb.



What happens after?

The doctor or nurse consultant will explain your procedure, along with any tests that you have had taken.

They will advise you on any results that you will expect to receive. You will usually have a letter sent to your home address two to four weeks following your procedure with your results.

Alternatively, the doctor or nurse consultant may ask for you to return for an appointment to discuss your results if further treatment is required.

You may get some period-like pain for 1–2 days. You may also have some spotting or fresh (bright red) bleeding that may last up to 2 weeks. These symptoms usually settle very quickly. Most women feel able to go back to their normal activities on the same day. You can shower as normal. We would advise that you avoid baths, swimming, using tampons and sexual intercourse for two weeks after the procedure to avoid risks of infection.

If needed, you can take pain relief such as 400 mg of ibuprofen every 8 hours or 1 gram of paracetamol every 4 hours, or your usual period pain tablets.

If your pain is not controlled with the above medication, you should contact the clinic staff, the gynaecology ward or your GP depending on the time of day.

Care provided by trainees

Sherwood Forest Hospitals provides clinical training. This is where our medical students and junior doctors in training get practical experience by observing and treating patients.

Please tell your doctor or nurse if you do not want students/junior doctors/student nurses to be involved in your care. Your treatment will not be affected by your decision.

Hospital contact details

You can get further information locally from:

- **The Outpatient Hysteroscopy Clinic**

King's Mill Hospital
Telephone: 01623 622515,
extension 4149 or 3250
Monday – Friday, 9am-5pm

- **Ward 14 (Gynaecology)**

King's Mill Hospital
Telephone: 01623 622515,
extension 4151 or 4150
Available 24 hours

- **Minster Ward**

Newark Hospital
Telephone: 01623622515,
extension 5850

Other useful contacts

NHS 111 service

Call and speak to a highly trained adviser, supported by healthcare professionals.

Further sources of information

NHS Choices: www.nhs.uk/conditions
Our website: www.sfh-tr.nhs.uk

Patient Experience Team (PET)

PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service.

King's Mill Hospital: 01623 672222

Newark Hospital: 01636 685692

Email: sfh-tr.PET@nhs.net

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email sfh-tr.PET@nhs.net.

This document is intended for information purposes only and should not replace advice that your relevant health professional

would give you. External websites may be referred to in specific cases. Any external websites are provided for your information and convenience. We cannot accept responsibility for the information found on them. If you require a full list of references (if relevant) for this leaflet, please email sfh-tr.patientinformation@nhs.net or telephone 01623 622515, extension 6927.

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