



York Teaching Hospital
NHS Foundation Trust

Having an outpatient hysteroscopy

Information for patients, relatives and carers

① For more information, please contact:
Their telephone numbers are on page 13 of this leaflet

Gynaecology & Obstetrics

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Caring with pride

Contents	Page
Why am I having a hysteroscopy?	4
What is a hysteroscopy?	5
What happens before my appointment?	6
What happens during my appointment?	6
Will I have anything removed during my hysteroscopy?	8
What happens after my hysteroscopy?.....	9
Are there any risks involved in having a hysteroscopy?	10
What are the benefits of an outpatient hysteroscopy? ..	12
Are there any alternatives?.....	12
Who can I contact for more information?	13
Tell us what you think of this leaflet	14
Teaching, Training and Research	14
Patient Advice and Liaison Service (PALS).....	14

This leaflet contains information about having an outpatient hysteroscopy. It explains a little about what will happen before, during and after your procedure and tries to answer some of the questions that you may have.

The doctors and nurses are there to help you. They will always make time to listen to you and answer your questions. If you do not fully understand anything about your procedure, please ask.

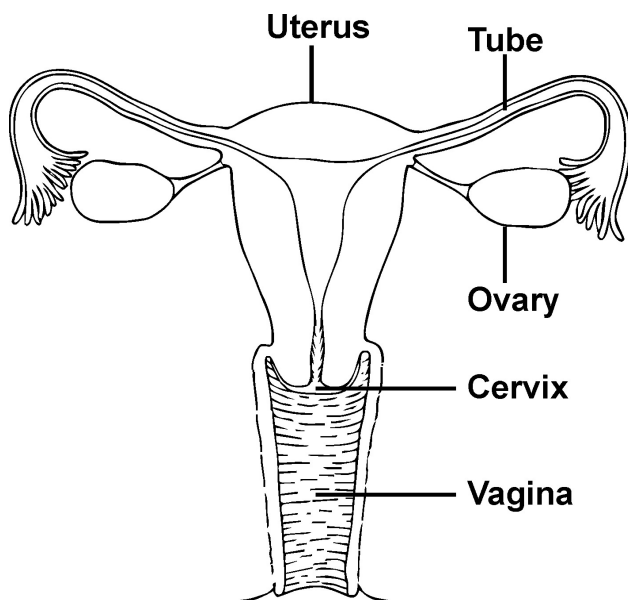
Why am I having a hysteroscopy?

Your doctor should have discussed with you the reasons behind your planned hysteroscopy. This procedure is mainly used to look into the womb to see why your periods or bleeding is causing a problem. We are sometimes able to treat the problem straight away. This will avoid the need for a general anaesthetic.

What is a hysteroscopy?

A hysteroscopy is a procedure that allows a doctor or nurse to look directly into your womb (uterus). A thin telescope called a hysteroscope is passed gently through the cervix (the neck of the womb) and into the womb itself. A small camera is attached to the hysteroscope and the picture is displayed on a TV screen. You will also be able to see the picture if you wish to do so.

Diagram of the Female Reproductive System



The diagram above shows the female reproductive tract. During a hysteroscopy, the thin telescope is passed gently through the cervix and into the womb.

What happens before my appointment?

Please eat and drink as normal before the procedure as this may help to prevent you from feeling faint afterwards. Some people experience a mild discomfort during the procedure. You may wish to take some pain relief one hour before your appointment time.

Paracetamol or ibuprofen is recommended unless you are allergic to either of them. If you have been sent a patient history questionnaire, please fill it in and bring it along with you.

What happens during my appointment?

Please come to the Reception Desk and you will be booked in. You may be given a consent form to read whilst you wait.

The nurse practitioner or doctor will introduce themselves to you and explain what will happen during your appointment. You will be asked about your problem, your general health, current medication and any allergies you may have. At this stage you will be asked to sign your consent form (FYCON121 Out-patient examination, hysteroscopy and endometrial biopsy). Any possible treatments that could be carried out at the same time as the hysteroscopy will be discussed with you.

You will then be shown in to a private cubicle and asked to remove all your clothing below the waist except your shoes and socks. A hospital gown will be provided or you may prefer to bring your own dressing gown.

A nurse will show you through into another room where your hysteroscopy will take place. You will be asked to sit on an examination couch or chair and rest your legs on two leg supports for comfort.

The doctor or nurse practitioner performing your hysteroscopy may perform an internal examination of your pelvis. Sometimes a speculum, which is the same instrument used when you have a smear test, is placed inside your vagina to enable the neck of your womb to be seen. Then the hysteroscope is gently passed into the vagina, through the neck of the womb and into the womb itself. Fluid flows through the hysteroscope during this time to help see the structures clearly and acts as a cleaning agent, you may feel a little wet.

During this time you may get some cramps within the lower part of your tummy, not unlike period pain. These cramps will settle after your hysteroscopy. As the procedure takes place, the nurses and doctors will be talking to you and checking how you feel at all times. If you find the procedure uncomfortable or have any concerns during the process, please inform the doctor or nurse.

Will I have anything removed during my hysteroscopy?

You may have a biopsy of the lining of the womb, taken through the telescope or with a thin straw type instrument. If you have a small polyp this may be removed during your hysteroscopy. If during your hysteroscopy any lost intrauterine devices (IUD) are seen they will be removed at this stage.

The whole procedure is likely to take about 10 minutes. Although women are often worried about this procedure, most do not find it too much trouble and are surprised that it is over so quickly.

What happens after my hysteroscopy?

The doctor or nurse practitioner will explain the findings and any recommended treatment. If samples are obtained or a polyp is removed, we will write to you or contact you by telephone with the results. This can take several weeks.

You will be asked to rest in a nearby waiting area after your procedure and will be encouraged to have a drink. You may eat and drink normally after you go home.

Occasionally some patients experience a dull ache for a few hours after the hysteroscopy, however simple pain relief such as Paracetamol or Ibuprofen will usually help.

Most women have a little vaginal bleeding for a day or so after the hysteroscopy. We advise that you do not use tampons, have intercourse or go swimming until your bleeding has stopped. If your bleeding becomes heavier than a normal period or you have an offensive smell then you should contact your GP for advice.

It is a good idea to arrange for somebody to accompany you home after your appointment. However, you will not have received any drugs which will affect your driving or operating any machinery.

Are there any risks involved in having a hysteroscopy?

It is not uncommon (five in 10) for women to feel some discomfort and a few women have reported feeling faint and sick during their hysteroscopy. If you feel faint or sick during your hysteroscopy we can stop the procedure. Most women usually recover quite quickly after a few minutes rest.

You may experience effects if local anaesthetic is used and in very rare circumstances a serious problem may occur due to the local anaesthetic (less than one in 1000).

In rare instances (less than one in 1000), the telescope can go through the wall of the womb or the neck of the womb is damaged. If this occurred, you would usually stay in hospital overnight for observation and take a short course of antibiotics to protect against infection. In very rare cases when the womb is damaged, a small cut called a laparoscopy or a larger cut called a laparotomy to the abdomen is necessary. Through these cuts the doctors can inspect and repair the damage to any tissues such as bowel, bladder and blood vessels. For these operations, you will need to go to sleep under a general anaesthetic and, if you have a larger cut, you will need to stay in hospital for at least three nights.

Afterwards you will probably (five in 10 cases) have some bleeding.

Mild infections can occur in one in 200 women though there is a small risk (less than one in 1000) of your pelvis and fallopian tubes becoming more seriously infected following the hysteroscopy. This can be treated with antibiotics.

Rarely (less than one in 1000 cases), you may experience nerve or muscular damage due to your position during the hysteroscopy, though this would usually resolve with time.

Sometimes we are not able to carry out the hysteroscopy or treatment because the neck of the womb is too narrow, the polyp is too large or you are suffering from too many side effects from the procedure. If this is the case we may recommend a hysteroscopy as a day case under a general anaesthetic.

What are the benefits of an outpatient hysteroscopy?

This procedure helps your doctor to investigate any gynaecological problems you might have and either perform or recommend a treatment.

Surveys have shown a high level of patient satisfaction with hysteroscopy in outpatients. Having a hysteroscopy as an outpatient avoids the need for a general anaesthetic. Most women are also able to have a diagnosis and treatment if required at the same visit.

Are there any alternatives?

Hysteroscopy is the best way of obtaining information to help your doctors give you the best advice for managing your problems. You may choose to have the procedure under a general anaesthetic if you would prefer.

For further information, please visit:

www.womenshealthlondon.org.uk

www.nhs.uk

Who can I contact for more information?

If you need further information, please contact one of the numbers below:

Gynaecology secretary telephone numbers – York

Miss Dean, Miss Oxby, Miss Ghosh, Mrs Hayden:	01904 721682
Mr Jibodu and Miss Fahel:	01904 725111
Mr Adekanmi and Mr Dwyer:	01904 725549
Mr Evans and Dr E Falconer:	01904 726553
Miss Sanaullah:	01904 725617
Mr Brewer and Mr Broadhead:	01904 725545
Mrs Pandey:	01904 725546
Waiting List Office	01904 725132
Family Planning Clinic Monkgate	01904 725432

Gynaecology secretary telephone numbers - Scarborough

Mrs Ramaswamy and Dr Pandey:	01723 342083
Miss Hayes, Mr Ajayi, Mr Freitas and Mr Patel:	01723 385248
Miss Verma and Mr Ahmidat:	01723 342515
SR Sue Thompson	01723 342083
Waiting List Clerk	01723 342249

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:
Miss C Oxby, Consultant Gynaecologist and
Obstetrician, The York Hospital, Wigginton Road, York,
YO31 8HE or telephone 01904 721682.

Teaching, Training and Research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email pals@york.nhs.uk.

An answer phone is available out of hours.

Providing care together in York, Scarborough, Bridlington,
Malton, Selby and Easingwold communities

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