



York and Scarborough
Teaching Hospitals
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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Wigginton Road, York, YO31 8HE
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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.

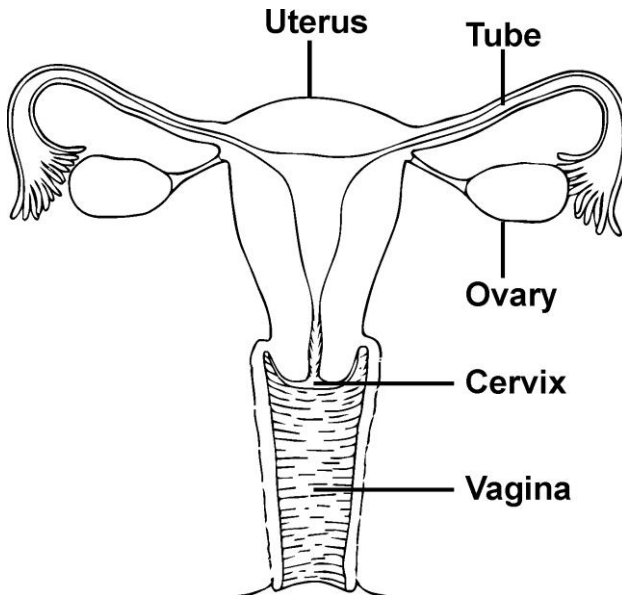
Why am I having a hysteroscopy?

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. Sometimes it is used to simply look into your vagina and at your cervix.

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 discomfort during the procedure which can range from mild to more intense pain. You may wish to take some pain relief at least one hour before your appointment time. Ibuprofen 400mg is recommended unless you are allergic or intolerant. Paracetamol 1g is an alternative. If you have been sent a patient history questionnaire, please fill it in and bring it along with you.

Do I 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.

Can I still have an outpatient hysteroscopy if I'm bleeding?

It is best to keep the appointment. Sometimes it can be difficult to do the test if you are bleeding heavily. If you have any concerns, please ring, and speak to your healthcare professional.

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 into 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. We can stop the procedure very quickly. If needed we can use local anaesthetic but this does sting a little when first introduced.

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. It can take longer if you are having any of the above additional procedures. 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.

Are there alternatives to having outpatient hysteroscopy?

There may be other things to consider when deciding whether OPH is the right choice for you, such as:

- If you faint during your periods because of pain.
- If you have experienced severe pain during a previous vaginal examination.
- If you have experienced 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 awake.

You may choose to have your hysteroscopy with either a general or spinal anaesthetic. This will be done in an operating theatre, usually as a day case procedure. You can discuss this option with your healthcare professional. The risks and complications are lower when hysteroscopy is done as an outpatient procedure rather than under anaesthesia.

For further information, please visit:

www.womenshealthlondon.org.uk

www.nhs.uk

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 but a small number of women feel more intense pain. 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 take a short course of antibiotics to protect against infection and possibly stay in hospital overnight for observation. 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 and there are fewer risks associated with it. Most women are also able to have a diagnosis and treatment if required at the same visit.

Who can I contact for more information?

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

Gynaecology secretary telephone numbers – York

Mr Adekanmi , Miss Oxby, Miss Natarajan and Miss Radhakrishnan:	01904 725582
Miss S Ghosh, Miss Yasin and Dr Falconer:	01904 725549
Mr Evans, Miss Dean and Miss Edwards:	01904 726553
Miss Sanallah, Miss Fahel, Mr Brewer, Mr Broadhead and Mrs Hayden	01904 721682
Mr Dwyer, Miss Tang and Miss Merrick:	01904 725111
Waiting List Office	01904 725132
Family Planning Clinic Monkgate	01904 725432

Gynaecology secretary telephone numbers - Scarborough

Mrs Ramaswamy, Miss Abdu:	01723 342083
Mr Ajayi, Mr Freitas and Mr Patel:	01723 385248
Miss Hayes:	01723 385047
Miss Verma and Miss Jordan:	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.

Leaflets in alternative languages or formats

Please telephone or email if you require this information in a different language or format, for example Braille, large print or audio.

如果你要求本資 不同的 或 式提供 , 電
或發電

Jeżeli niniejsze informacje potrzebne są w innym języku lub formacie, należy zadzwonić lub wysłać wiadomość e-mail

Bu bilgileri değişik bir lisanda ya da formatta istiyorsanız lütfen telefon ediniz ya da e-posta gönderiniz

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