

OG04 Hysteroscopy

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You can get information locally from:

Huddersfield Royal Infirmary

- Main switchboard, who can connect you to the relevant department, on 01484 342 000
- Patient Advice and Liaison Service (PALS) on 01484 342 128

Calderdale Royal Hospital

- Main switchboard, who can connect you to the relevant department, on 01422 357 171
- Patient Advice and Liaison Service (PALS) on 01422 222 417

You can also contact:

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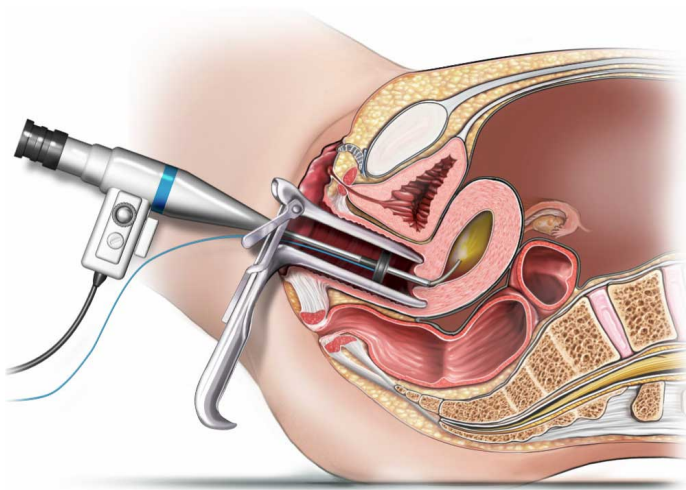
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What is a hysteroscopy?

A hysteroscopy is a procedure to look at the inside of your uterus (womb) using a small telescope (hysteroscope). It is common for your gynaecologist to perform a biopsy (removing small pieces of tissue from the lining of your womb) at the same time.



A hysteroscopy

Your gynaecologist has suggested a hysteroscopy as it is good for finding out the cause of abnormal bleeding from your womb, especially heavy periods and bleeding after menopause. However, it is your decision to go ahead with the procedure or not. This document will give you information about the benefits and risks to help you to make an informed decision.

If you have any questions that this document does not answer, it is important that you ask your gynaecologist or the healthcare team. Once all your questions have been answered and you feel ready to go ahead with the procedure, you will be asked to sign the informed consent form. This is the final step in the decision-making process. However, you can still change your mind at any point.

What are the benefits of a hysteroscopy?

Your symptoms suggest you may have a gynaecological problem but the exact cause has not been found so far. A hysteroscopy will help to find out if you have one of the following conditions.

- Fibroids, where part of the muscle of your womb becomes overgrown.
- Polyps – A polyp is an overgrowth of the lining of your womb that looks like a small grape on a stalk.
- Endometrial cancer – By performing a biopsy of the lining of your womb, endometrial cancer (a malignant growth in the lining of your womb) can be diagnosed.
- An abnormally shaped womb – This sometimes causes abnormal uterine bleeding or miscarriages.

If your gynaecologist finds the cause of your symptoms, they will discuss the appropriate treatment with you.

It is common not to find a problem. You can then be reassured that there is nothing seriously wrong. Other options can then be considered.

Are there any alternatives to a hysteroscopy?

An ultrasound scan and a biopsy using a small tube placed through your cervix (neck of your womb) may find the cause of your symptoms. Sometimes it is not possible to take the biopsy, or to get enough tissue.

Your gynaecologist may recommend a specialised ultrasound (also called sono-hystero-gram). This is where an ultrasound probe is placed in your vagina after your womb is filled with a saline (salt water) solution.

It is important to realise that these alternatives cannot identify all conditions and a hysteroscopy may still be recommended even if your results are normal. Your gynaecologist will be able to discuss the options with you.

What will happen if I decide not to have the operation or the operation is delayed?

Your gynaecologist may recommend a scan and biopsy to find out more information but this may not accurately find the cause of your symptoms. Choosing not to have the procedure may make it more difficult for your gynaecologist to recommend the best treatment for you.

If you experience any of the following symptoms, contact your healthcare team.

- Changes to your monthly bleeding pattern if you have periods.
- Increased abdominal (tummy) swelling.
- Worsening pain that needs more medication than you are currently taking.

What happens before the procedure?

Your gynaecologist may arrange for you to have a pre-admission assessment. They will carry out several tests and checks to find out if you are fit enough for the procedure. If you have any questions about the procedure, you should ask the healthcare team at this visit.

Your gynaecologist may ask you to have a pregnancy test. Sometimes the test does not show an early-stage pregnancy so let your gynaecologist know if you could be pregnant.

Sometimes it may not be possible to perform the hysteroscopy if you are menstruating (vaginal bleeding). Let the healthcare team know if you are likely to be bleeding at the time of the procedure.

What does the procedure involve?

The healthcare team will carry out a number of checks to make sure you have the procedure you came in for. You can help by confirming to your gynaecologist and the healthcare team your name and the procedure you are having.

The procedure can be performed under a local or general anaesthetic, or without any anaesthetic, and usually takes less than 10 minutes. Your gynaecologist may examine your vagina. They will pass the hysteroscope through your vagina, through your cervix and into your womb.

Your gynaecologist will inflate your womb using gas (carbon dioxide) or a salt water fluid (saline), so they can have a clear view. They can use instruments to perform a biopsy or remove polyps and small fibroids. If your gynaecologist does this, the procedure will take a little longer.

What should I do about my medication?

Make sure your healthcare team knows about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this procedure. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

Some complications can be serious and can even cause death (risk: less than 8 in 100,000).

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

The possible complications of a hysteroscopy are listed below.

Hysteroscopy complications

- Pain is usually similar to mild period pain and easily controlled with simple painkillers such as paracetamol. Some women experience severe pain during the procedure. If you find the pain too much, tell your gynaecologist and they will stop. The procedure can be done at a later date with a general anaesthetic.
- Feeling or being sick. Most women have only mild symptoms and feel better within 1 to 2 days without needing any medication.
- Bleeding, which is usually little (similar to a period), settling within a week. It is important to use sanitary pads, not tampons.
- Infection, which may cause an unpleasant-smelling vaginal discharge or continued bleeding. Infection is easily treated with antibiotics (risk: less than 1 in 100).
- Allergic reaction to the equipment, materials or medication. The healthcare team is trained to detect and treat any reactions that might happen. Let your gynaecologist know if you

have any allergies or if you have reacted to any medication or tests in the past.

- Blood clot in your leg (deep-vein thrombosis – DVT). This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the procedure and may give you injections, medication, or special stockings to wear. Let the healthcare team know straight away if you think you might have a DVT.
- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs. Let the healthcare team know straight away if you become short of breath, feel pain in your chest or upper back, or if you cough up blood. If you are at home, call an ambulance or go immediately to your nearest Emergency department.
- A small hole in your womb or cervix made by one of the instruments, with possible damage to a nearby structure (risk: less than 8 in 1,000). You may need to stay overnight for close observation in case you develop complications. You may need another operation (risk: less than 1 in 1,000).
- Failed procedure, if it is not possible to place the hysteroscope into your womb.

You should ask your doctor if there is anything you do not understand.

Covid-19

A recent Covid-19 infection increases your risk of lung complications or death if you have a procedure under general anaesthetic. This risk reduces the longer it is since the infection. After 7 weeks the risk is no higher than someone who has not had Covid-19. However, if you still have symptoms the risk remains high. The risk also depends on your age, overall health and the type of surgery you are having.

How soon will I recover?

After the procedure you will be transferred to the recovery area and then to the ward.

The healthcare team will tell you what was found during the hysteroscopy and discuss with you any treatment or follow-up you need.

You should be able to go home the same day. However, your doctor may recommend that you stay a little longer.

If you had sedation or a general anaesthetic and you do go home the same day:

- a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours;
- you should be near a telephone in case of an emergency;
- do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination; and
- do not sign legal documents or drink alcohol for at least 24 hours.

To reduce the risk of a blood clot, make sure you carefully follow the instructions of the healthcare team if you have been given medication or need to wear special stockings.

You should be able to return to normal activities the next day. You may get some cramps and mild bleeding similar to a period. Rest for 1 to 2 days and take mild painkillers if you need them.

Let your doctor know if you develop any of the following problems.

- A high temperature.
- Heavy bleeding or an unpleasant-smelling discharge from your vagina.
- Your pain does not settle or increases and is not relieved by your medication.
- Pain in your lower leg.
- Breathing difficulties.

Do not drive until you can control your vehicle, including in an emergency, and always check your insurance policy and with the healthcare team.

Lifestyle changes

If you smoke, stopping smoking will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

Summary

A hysteroscopy is usually a safe and effective way of finding out if there is a problem with your womb and, for some women, treating your symptoms. However, complications can happen. You need to know about them to help you to make an informed decision about the procedure. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements

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Illustrator

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