

**Patient
Information**

Hysteroscopy

Introduction

Hysteroscopy is a procedure to look at the inside of the uterus (womb) using a small telescope (hysteroscope). This leaflet will answer some of the questions you may have and help to reduce some of your concerns about attending for this procedure.

Why do you need a hysteroscopy?

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

- Fibroids – an overgrowth of the muscle of the womb.
- Polyps – a small skin tag that looks like a small grape on a stalk.
- Endometrial cancer – by performing a biopsy of the lining of the womb, endometrial cancer (a malignant growth in the lining of the womb) can be diagnosed.
- Abnormal shaped womb – sometimes this is associated with infertility, miscarriage and abnormal uterine bleeding. It is very common to find no abnormality. You can then be reassured that there is nothing seriously wrong. Other treatments or investigations can then be considered.

What does the procedure involve?

Hysteroscopy is performed under a general or local anaesthetic.

Sometimes the procedure is performed in the outpatient clinic without any anaesthetic (see the information later in this leaflet). Your consultant will advise which is suitable for you.

A hysteroscopy usually takes about 10 minutes. A speculum (instrument) is inserted into the vagina and the cervix (neck of the womb) is cleaned. The surgeon will then pass the hysteroscope (telescope) along the vagina, through the cervix and into the womb. The womb is distended (expanded) with a water solution, so the surgeon has a clear view.

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The surgeon can also perform additional procedures such as a biopsy, or remove polyps and fibroids during this procedure. You will be advised if any additional procedures are needed.

Will I feel any pain?

Some women feel period type pain when the fluid and telescope are inserted in to the womb. This pain usually settles shortly after the procedure and can be relieved by taking mild pain relief such as paracetamol. We therefore advice you to take 2 paracetamol tablets/capsules, 1 hour before your appointment. Please ask your GP for advice if you are unable to take paracetamol.

Usually, your cervix does not need to be dilated before inserting the hysteroscope. If dilation is necessary, we will ask for your permission to inject a local anaesthetic into the cervix using a syringe. This is not usually painful. You also have the option of using Entonox[®] (gas and air) that you can inhale during the treatment which will give you further pain relief.

For most women, having an outpatient hysteroscopy is quick and safe, and is carried out with little pain or discomfort. However, 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 healthcare professional know, as the procedure can be stopped at any time and then arranged for a later date using general anaesthetic (while you are asleep).

Are there alternatives to having outpatient hysteroscopy?

You may choose to have your hysteroscopy with either a general or spinal anaesthetic (epidural). 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.

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You may choose not to have a hysteroscopy, although this may make it more difficult for your healthcare professional to find the cause of your symptoms and to offer the right treatment. They may then recommend a scan and a biopsy to find out more information and/or may ask you to come back if your symptoms continue.

How soon will I recover after a hysteroscopy?

Most women go home on the same day as the procedure. Your surgeon will discuss the results of your hysteroscopy and what treatment, if any, is needed before you are discharged.

Returning to normal activities

Most women are able to return to their normal activities the day after the procedure. Do not return to work or drive until you are confident to do so.

For the first 1 to 2 days following the procedure you may experience mild period like cramps and bleeding. If this happens, take pain relief such as paracetamol as needed.

If you develop any problems such as a raised temperature, pain, excessive bleeding or a discharge from your vagina, you should contact your GP as you may have developed an infection. Your GP will prescribe a course of antibiotics. Infection is rare but is easily treated with antibiotics.

Outpatient hysteroscopy

If your consultant has advised you to have an outpatient procedure, the hysteroscopy will be performed in the procedure room in the Lansdown Clinic at Cheltenham General Hospital or in the procedure room in the Gynaecological Outpatients Department at Gloucestershire Royal Hospital. The doctor will introduce themselves and take you into the room where the procedure will be performed. The procedure will be explained to you and the doctor will answer any questions you may have. You will then be asked to sign a consent form to agree to have the hysteroscopy.

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You will be shown into a cubicle and asked to undress for the examination. If you are wearing a skirt, this does not need to be removed.

You will then be seated on an examination couch. The procedure is the same as described earlier in this leaflet. A camera is attached to the telescope so that a view of the uterus can be seen. You can watch on the monitor if you wish.

The procedure takes about 5 minutes and once the telescope is removed, a biopsy may be taken. The time spent in the department should be no longer than 30 minutes.

Some women experience period type pain as the telescope enters the womb or when the biopsy is taken. If the cervix (neck of the womb) needs to be dilated (widened), local anaesthetic will be inserted to numb the area. You may, on rare occasions, be given Entonox[®] (gas and air) to inhale. This will help to reduce any discomfort. It may also help if you take some mild pain relief, such as paracetamol, 1 hour before your appointment.

After the procedure, the doctor will explain the findings to you and advise you on further treatment if needed. The results of the biopsy may take up to 6 weeks and will be sent to you and your GP.

You may notice a watery discharge or some spotting of blood, so it is advisable to wear a pad. If you experience any further period type pain then simple pain relief such as paracetamol should help.

It is advisable that you have someone to drive you to and from the hospital.

Contact information

If you need more information and for non-emergency calls, please contact the:

Hysteroscopy Link Nurse

Tel: 0300 422 2385 (answerphone)

Please leave a message and the Hysteroscopy Link Nurse will return your call.

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