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Withybush General Hospital Gynaecology Care Suite Patient Information: Outpatient Hysteroscopy

What is a hysteroscopy?

A hysteroscopy is a procedure to look at the inside of the uterus (womb) using a small telescope called a hysteroscope. It is common for a biopsy (removal of a tiny piece of tissue from the womb lining) to be performed at the same time.

Your gynaecologist (doctor of gynaecology) has recommended a hysteroscopy as it is good for finding out the cause of abnormal bleeding from the womb, such as heavy periods and bleeding after menopause.

This leaflet has been designed to give you information about having a hysteroscopy. If you have any questions that this leaflet does not answer, please ask your gynaecologist or any member of your health care team.

Why do I need a hysteroscopy?

Your symptoms suggest that you may have a gynaecological problem but the exact cause has not been found as yet. A hysteroscopy will help to find out if you have one of the following: -

- Fibroids - where the muscle of the womb becomes overgrown
- Polyps - a polyp is an overgrowth of the lining of the womb that looks like a small grape on a stalk
- Endometrial cancer – this is a malignant (spreadable) growth in the lining of the womb. Endometrial cancer can be diagnosed by taking a biopsy of the lining of the womb.
- Abnormally-shaped womb – this is sometimes associated with abnormal uterine bleeding or miscarriages

If the doctor finds the cause of your symptoms, they will be able to discuss the appropriate treatment options with you.

Will I be able to take my medication as normal?

It is important that you tell the doctor about your medical history (illnesses) and give them a list of the medications you are on. You will need to include any herbal remedies or over the counter products that you take. Please tell the doctor if you are allergic to any medicine, plasters or latex rubber.

If you take Warfarin tablets your INR blood test will need to be checked one week before your appointment at your GP surgery. Please follow the advice below once you have received your INR results

- If the INR is 2.3 or above you should stop the tablets two days prior to your appointment
- If the INR is 2.2 or below you can continue your tablets as normal

Please take your Warfarin tablets as normal after having your hysteroscopy.

If you are on Clopidogrel, Dabigatral, Rivarobaxon or Apixaban you should stop taking them two days prior to your appointment. There is no need for you to attend your GP surgery to have your INR taken.

At some stage during or after your procedure, you may feel discomfort similar to period pain.

We strongly recommend that you:-

Take 1g Paracetamol and 1 Ibuprofen (If not allergic to it) orally.

You should take your pain relief medication one hour before your clinic appointment.

What happens before the procedure?

Sometimes it is not possible to perform a hysteroscopy if you are bleeding. If this is the case please ring the Gynaecology Care Suite and let them know on 01437 773186. The procedure may have to be postponed and rearranged.

Please arrange transport for the day of your procedure. We advise you not to drive on the day of your hysteroscopy.

We advise you to have a bath or shower, and take a light lunch before coming into hospital for your appointment.

Your hysteroscopy will be performed in the EPAU, which can be found in the purple area on the ground floor. On entering the front main entrance, continue down the corridor and turn left at the cross junction before the lifts. The suite is near the end of this corridor on the right. Please book in at the desk when you arrive.

You may be asked to carry out a pregnancy test. The test is usually performed by using a sample of your urine. Sometimes the test may not detect an early stage pregnancy, so please let the gynaecologist or nursing staff know if there is any chance you could be pregnant.

You will need to change into a hospital gown for the hysteroscopy. Please do not bring any valuables, such as jewellery or large amounts of cash with you

into hospital unless you, a partner, friend or relative will take responsibility for it. There is a small seating area for an accompanying person to wait for you in the EPAU and they will be told when you are likely to be ready.

Before the procedure you will meet the doctor who will carry out the test. The doctor will discuss the procedure with you, and answer any questions you may have. You will then be asked to sign a consent form before the treatment can begin.

What happens during the procedure?

A hysteroscopy is a test that allows the doctor to look directly into the womb. An instrument called a speculum is gently placed into your vagina (front passage). The speculum gently stretches open the vagina to enable the doctor to see your cervix (neck of the womb).

You will be given a local anaesthetic by injection into the cervix to numb the area and then the hysteroscope (a tiny telescope) is passed into your womb. This will then be attached to a camera and TV screen, which shows the inside of your womb. You will be able to watch if you want to.

Sometimes, polyps are found in the womb and may be removed during the procedure. The doctor may also take a tiny piece of tissue from the womb lining called a biopsy. These samples will then be sent for examination under a microscope, this is called histology.

The whole procedure takes about 15-20 minutes.

What happens after the procedure?

You will be given a comfortable seat and offered a drink whilst you recover. When you feel well enough, you will be able to leave.

The doctor will tell you what was found during the hysteroscopy and will discuss with you any treatment or follow up that you may need.

If your treatment is complete at this stage and no follow up is needed, you will be notified of the test results by letter.

Are there any complications?

Complications as a result of the hysteroscopy are rare, although you should be aware of the following: -

- Pain – is usually mild, similar to period pain and usually controlled with simple painkillers, as previously mentioned
- Feeling or being sick – most women only have mild symptoms and feel better within 24 hours without needing any medication
- Bleeding – usually mild (similar to a period) and should settle within seven days. You should use sanitary towels, not tampons
- Infection – signs of this may include an unpleasant smelling vaginal discharge or persistent bleeding. Infection can be treated with antibiotics

- Perforated womb – this is rare, but can be caused by an instrument making a small hole through the wall of the womb. If this happens you may need to stay in hospital overnight for observation and start antibiotics. Sometimes a further operation may be needed

If you need any further advice about the procedure, please telephone the Gynaecology Care Suite on 01437 773592.

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