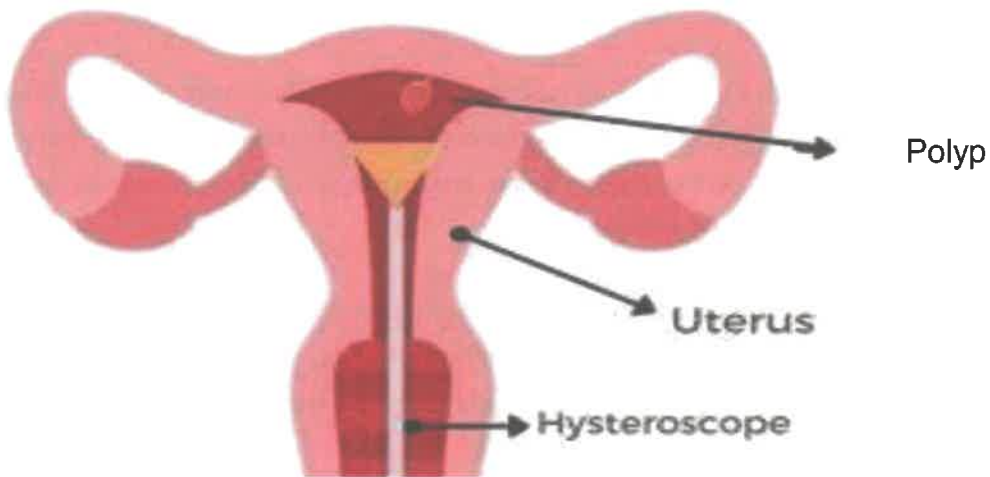




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## Outpatient Diagnostic Hysteroscopy Information Leaflet



**If you are concerned about any symptoms during the days after the procedure please consult your GP or use the contact information provided.**

Gynae Outpatient Department – 02921 847392 and 02920 742758  
Outpatient Operating Co-ordinator – 02920 744390  
Gynaecology Emergency Unit – 02920 743857  
NHS Direct – 0845 46 47

## **What is an Outpatient Hysteroscopy?**

Outpatient Hysteroscopy (OPH) is the insertion of a small telescope through the neck of the womb in order to look inside the uterus. This is an examination of your uterus and cervix and allows us to identify any abnormalities in the cavity of the womb. The procedure can be performed without the use of a speculum as this causes less discomfort and is well tolerated and is known as a vaginoscopy. If this is difficult or a biopsy is indicated a speculum will be required to visualise the cervix. It will be performed by, or under the supervision of a trained doctor or nurse hysteroscopist.

## **Why do I need to have a Hysteroscopy?**

There are several reasons why you may have been booked for the procedure. You may have abnormal uterine bleeding either heavy periods, irregular bleeding or bleeding after menopause. Other reasons include removal of a coil when the threads are not visible at the cervix, fertility concerns or to investigate something seen inside the uterus on an ultrasound scan, such as an endometrial polyp or fibroid.

The purpose of your appointment is to find the cause of your problem and plan any treatment if needed. A further minor procedure may be undertaken at the same visit, such as endometrial biopsy which involves taking a sample from the lining of the uterus. This is done by inserting a speculum and passing a thin tube through the cervix

For most women, the procedure 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 team know as the procedure can be stopped at any time if you wish. A local anaesthetic injection into your cervix can sometimes help. Additionally nitrous oxide (Entonox or 'gas and air') is available which you can breathe through a mouthpiece to help with your pain. The procedure could be performed under a general or spinal anaesthetic however this may have a higher rate of risks and complications

## **Preparing for your procedure**

**Please ensure to have food as normal before attending. It is advisable to take pain relief in the form of paracetamol 1g or ibuprofen 400mg about an hour before your appointment unless you have any allergies to these.**

The appointment time is your arrival time and not the time of your procedure.

## **What happens when I arrive**

When you arrive in the Women's Unit, you should present to the reception desk. You will shortly be collected by staff from the waiting room and taken to the outpatient operating suite. You will be seen by the hysteroscopist who will ask some questions about your medical history and go through the consent form.

Following this you will be escorted to the treatment room, to remove clothing in privacy and asked to position yourself on the examination couch, maintaining your dignity. The staff will support you during the procedure.

The hysteroscopist will begin the procedure which usually takes about 10 minutes. Each step of the procedure will be explained and you will be invited to watch on a monitor. The hysteroscope is passed through the cervix to give a clear view of the inside of your uterus. No cuts are needed. Sterile fluid (saline solution) is used to help see the inner lining of your uterus and you will feel wet as the fluid trickles back out. You are welcome to listen to your choice of music during the procedure and connect your phone/ electronic device to our sound system. At the end of the procedure you will be transferred to the resting room. In most cases, you will be able to go home soon after

## **What are the possible risks with outpatient hysteroscopy?**

Outpatient hysteroscopy is a safe procedure. The risks of the procedure are detailed below:

### ***Common risks***

- Pain during or after OPH is usually mild and similar to period pain. Occasionally, women may experience severe pain.
- Feeling of being sick or fainting. However, these symptoms usually settle quickly.
- Bleeding is usually mild and is lighter than a period and settles within a few days. It is recommended that you use sanitary towels, not tampons.

### ***Uncommon risks***

- Infection is uncommon. It may appear as a smelly discharge, fever or severe pain.
- Failed/unsuccessful OPH occurs if it is not possible to pass the hysteroscope inside your uterus. Usually this happens when the cervix is tightly 'closed' or scarred. If this happens, alternative options will be discussed with you.
- Damage to the wall of the uterus (uterine perforation) – rarely, a small hole is accidentally made in the wall of the uterus. This is exceedingly rare when hysteroscopy is carried out in the outpatient setting.

## **What happens after the procedure?**

Initially you may require regular pain killers for 1-2 days. You should be able to return to work on the next day.

If tissue samples are taken during your hysteroscopy, they will be examined under a microscope which can take up to 8 weeks. You will receive a letter or phone call informing you of the results. If a further procedure is required this will be discussed with you on the day before you leave.

It is normal to bleed for a few days following your procedure, however if the bleeding becomes heavier or the loss is offensive and/ or associated with pain please contact us on the numbers provided.

This leaflet is adapted from the Royal College of Obstetricians and Gynaecologists patient information on Outpatient Hysteroscopy published in 2018

For further information visit <https://www.rcog.org.uk/en/patients/patient-leaflets/outpatient-hysteroscopy/>