

# Hysteroscopy

## Patient Information

Women  
and Children  
Gynaecology

Nowadays, many women have all of their gynaecological investigations and their treatments in the outpatient department and you may already have had a hysteroscopy in our PMB (Post Menopausal Bleeding) Clinic or our Hysteroscopy Clinic.

However, it may sometimes be necessary to have the hysteroscopy "under anaesthetic" so the surgeon can carry out tasks that may prove too prolonged or uncomfortable if performed whilst the woman is awake.

Even if your surgeon has told you about your operation, many of us do not take in everything mentioned in the clinic, so this booklet is to help you understand your condition and the reason for the treatment you are going to have.

As we are all different, it is not possible to personalise this information, so there may be differences between your individual case and the information given here.

If there is anything you are not clear about, you should ask your consultant or a member of his/her team (doctors or nursing staff). There are some phone numbers later in the booklet if you need to contact us.

**Please note carefully:** The hysteroscopy will not be performed if there is any possibility you may be pregnant at the time of the operation. To make sure you cannot be pregnant please use contraception, or do not have sexual intercourse at all, once you have been told of your operation date.

## Why do I need a hysteroscopy?

There are many reasons why ladies have a hysteroscopy. The most common reasons include:

- Heavy or irregular periods
- Post-menopausal bleeding
- Fibroids or polyps
- Unexplained pain
- Infertility

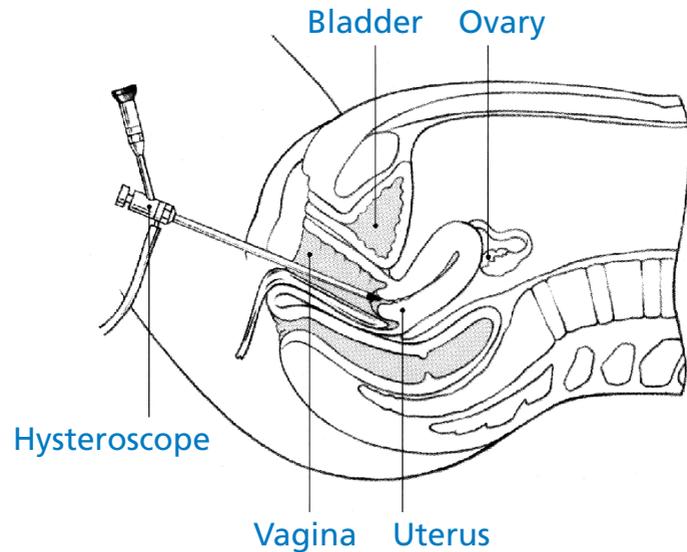
In the majority of cases there is no sinister underlying cause of your gynaecological problem, but it is important to find the cause of your symptoms and to try to resolve the situation, especially if the symptoms are causing disruption to your normal everyday life.

## What is a hysteroscopy?

A hysteroscopy is an examination of the inside of the uterus (womb). This is done by using a hysteroscope, a narrow telescope about the size of a drinking straw, which can be passed through the vagina, through the cervix (neck of the womb) and into the cavity of the uterus. This is usually a simple procedure.

The hysteroscope is attached to a camera and television system so that the inside of the uterus can be clearly visualised on screen by the doctor.

At the start of the procedure, the hysteroscope is gently inserted through the cervix and a small amount of carbon dioxide gas is then passed through the hysteroscope in order to distend the uterine cavity.



Once distended, the shape of the uterine cavity and any irregularities can be seen, as well as the openings of the fallopian tubes. It is usual to take a tissue sample of the uterine lining at the end of the hysteroscopy procedure. This is known as an endometrial biopsy.

Biopsies are the most reliable method of examining the endometrium and are invaluable in helping to determine a diagnosis on which to base recommendations for treatment.

Procedures such as removal of one or more polyps (polypectomy) and removal of one or more fibroids (myomectomy) may also be performed at this time.

## Are there any complications or risks associated with hysteroscopy?

We know there may be complications following various Gynaecological operations or procedures, that are not particularly serious but do happen more often.

**These frequently occurring risks include:** Pain, bruising, anaemia, scarring of the skin, scar tissue inside (adhesions), urinary frequency / loss of control, mild infection, fatigue / tiredness.

## Are there any 'more serious' risks?

It is also known that more serious risks are present in certain circumstances in our operations. These risks are rare but are significantly increased in those patients who smoke, are obese, have underlying medical problems, and if there are very large fibroids or scar tissue from previous surgery to the womb or cervix (neck of the womb). The more serious risks are as follows:

**Infection ...** This may occur in the pelvis, bladder, incision site or in the chest. Infections are usually easily treated with antibiotics but occasionally an abscess may form which may require surgical drainage under anaesthetic. Patients are encouraged to follow the recommended post-operative breathing exercises (in the back of this booklet) and to reduce or stop smoking if possible.

**Bleeding ...** This may occur during the operation or, rarely, afterwards and may be sufficient to require a transfusion.

**Visceral injury ...** This is essentially injury to the bowel, bladder, neck of womb (cervix) or the womb (uterus). This type of injury is very rare, the risk being increased if there are very large fibroids or if there is scar tissue present from previous operations. If there is a visceral injury, then it may need to be repaired by laparotomy. This would involve an abdominal incision and a longer stay in hospital. These complications would usually be found during the operation and dealt with immediately. In rare cases the problem may not become apparent for a few days after the hysteroscopy and it may be necessary to have a second operation to resolve the problem.

Two in every 100 women have a perforation injury (a small hole in the womb).

**Deep vein thrombosis (DVT) ...** following a hysteroscopy, it is very rare but possible, for clots of blood to form in the deep veins of the legs and pelvis. If this does occur, a deep vein thrombosis would cause pain and swelling in a leg and can be treated relatively simply with drugs. The risk of developing a DVT is minimal, as many precautions are taken to help prevent and minimise the risks. These include reduction of smoking in the weeks before your operation, the use of special equipment in the operating theatre and if you have any medical indications such as a previous DVT yourself, or family history of DVT we would also use support socks or sometimes medication to thin the blood.

**Pulmonary embolism ...** once again it is very rare but possible for a clot to break away and be deposited in the lungs or heart. If this occurs it is a serious situation and will need immediate treatment with drugs. The precautions against pulmonary embolism are the same as for DVT.

There may be failure to gain entry into the womb.

Failure to see the uterine cavity (the inside of the womb)

All operations carry some risk of death.

If you do have any concerns about the risk of complications, please discuss them with the consultant or a member of his/her team (doctors or nursing staff) and your questions will be answered as clearly and as honestly as possible.

### What happens before the operation?

You will probably have had some MRSA swabs taken at the end of your appointment with the consultant then filled in some medical forms for us and had your weight, height, pulse and blood pressure recorded.

Depending on your general health and age, some blood samples and further tests may be needed such as a heart tracing (ECG -Electrocardiogram), a chest x-ray or a lung function test. You may also need to see a doctor who may listen to your chest and take a more detailed history of your medical problems for the Anaesthetist. Should these be necessary you will receive an appointment in the post for a pre-assessment appointment. You will already have had your operation explained to you by your consultant so he/she is not usually involved in the pre-assessment and there is not usually any need for an internal examination. You will however, have the opportunity to ask the nurse any questions you might have.

You may be given an appointment for a pre-admission phone call to make sure your general health has not changed since we last saw you, that you have understood the information you have been given, that your hospital paperwork is complete, and also make sure the arrangements we have made for your return home after the operation are right for you. If so, you will have a telephone conversation with a nurse or healthcare assistant.

Your anaesthetist would prefer you to stop, or at least reduce, cigarette smoking in the weeks before your operation as smoking is known to increase the risk of anaesthetic complications, for example breathing difficulties, coughing, nausea & sickness and chest infection.

To reduce the possibility of skin infection, we request you do not shave your bikini-line during the week before your operation.

Please avoid drinking alcohol on the evening before your operation as this may lead to dehydration.

## Admission into hospital

Do not have anything to eat or drink as instructed in your admission letter. Do not suck sweets or chew gum. As you will be admitted on the day of your operation, you will need to take a bath or shower at home and take off as much of your jewellery as possible although we are able to cover wedding rings/bangles if you are unable to remove them. To reduce the possibility of any damage to your eyes, it is very important you remove all mascara and wear glasses instead of any type of contact lenses. Please wear comfortable clothes that are not tight around the waist.

You will need to bring a packet of sanitary towels into hospital with you, a dressing gown and slippers, plus any medications that you are currently taking. You may also choose to bring in a book or magazine.

Please be aware that South Tees Acute Hospitals Trust cannot be held responsible for any personal belongings, valuables or money you bring in with you.

Partners or friends may come in to drop you off but unfortunately we do not have the facilities to let them stay with you.

For patient confidentiality, you will be asked if you will be expecting any telephone enquiries. If an unexpected enquiry is received, the person calling will be told that you are not present.

**Please read your admission letter carefully to see where you are being admitted to. If you are unsure, you may phone the nursing staff on the contact numbers at the end of this booklet.**

## What happens on the day of the operation?

You will be provided with your gown on arrival then the nurses will advise you to put it on at the right time.

If you haven't already signed your consent form for the operation, you will be seen by a member of the surgical team who will explain your operation in detail and answer any questions that you may have. You will then be required to sign the consent form.

Your anaesthetist may also visit you before your operation but if not, you will meet him/her at the time of your anaesthetic. Any pre-medication prescribed by the anaesthetist will be given by the nurse. You might need 'support socks' or a small injection of medication to thin the blood to help reduce the risk of a blood clot developing in your legs or lungs. You will then be transferred to the theatre area accompanied by a nurse and/or a porter.

### What can I expect after the operation?

When the operation is completed you will be woken up by the anaesthetist and transferred to the recovery area, where a nurse will look after you and stay with you until he/she is satisfied with your condition.

**Surgical Admissions Unit at The James Cook University Hospital:** You will be taken back into the unit on your theatre trolley. Your condition will be assessed then you will be transferred from your trolley to a reclining chair or a bed.

**Allerton Ward, Friarage or Ward 27 at The James Cook University Hospital:** You will be taken back to the ward on a trolley then transferred into your bed.

**During your recovery in any of the areas mentioned above, you will probably be feeling drowsy for a few hours afterwards. You must get help from the nursing staff when you first try to stand up as you may be very unsteady.**

### How long can I expect to be in hospital after a hysteroscopy?

Many patients feel well enough to leave hospital about two hours after a hysteroscopy but you will be advised to stay until you have passed urine. (You will not be allowed to drive yourself home and if you are planning to take a taxi, you will need to be accompanied by a friend or relative). You may be required to stay overnight if you have complicated medical problems.

The staff will telephone the person collecting you to inform them of the time you will be ready to be collected. Please ensure you bring their telephone number in with you and give it to a member of staff before your operation.

### What happens when I go home?

Anaesthetic drugs remain in the body for 24 hours and gradually wear off over this time. If you have nobody with you at home for the first 24 hours, you will need to stay in hospital overnight. Our pre-admission staff will arrange an overnight stay should you need it but if a bed is not available, your operation date may be affected. If you do not have pre-admission, please contact the area you are being admitted to, or contact your gynaecologist's secretary.

**As you will be under the influence of drugs it is very important to follow these instructions for 24 hours after your anaesthetic:**

- Do have a responsible adult with you in your home
- Do not drive a car, or any other vehicle, including bicycles

- Do not operate machinery or appliances such as cookers or kettles
- Avoid alcohol
- Do not lock the bathroom or toilet door, or make yourself inaccessible to the person looking after you
- Drink plenty of fluids and eat a light diet, avoiding heavy or greasy foods
- Take things easy the day after your operation and do not attempt to go to work
- Do not make important decisions, or sign any important documents
- Do not smoke as it may cause nausea, vomiting, dizziness or fainting

**You may experience some discomfort following the procedure:**

- Some discomfort similar to period cramps and / or shoulder tip pain may be present and simple painkillers such as paracetamol or codeine should provide effective relief.
- Some discomfort or bruising in the area of your anaesthetic injection that may last for seven to ten days.
- A sore throat for several days.
- You may have a bath or shower, as preferred, and as soon as you wish after the operation.

- You should rest for one or two days following a hysteroscopy but should be able to resume normal activities after two to four days. Returning to work is up to the individual concerned. You are the best judge of how you are feeling.
- You can expect to have some vaginal bleeding for a day or so following a hysteroscopy, or for longer if biopsies have been taken or if polyps / fibroids have been removed. Pads should be worn in preference to tampons during this time. This helps to reduce the risk of infection.
- Occasionally, you may find that your next period comes a little earlier than normal and may even be heavier than normal. This is nothing for you to worry about and things will settle down naturally.
- As there are usually no lasting effects from a hysteroscopy you can continue with all of your normal activities as usual.

**If you have any of the following symptoms, you should contact your GP:**

- Vaginal bleeding, which is heavy and fresh, bright red or the passing of clots
- Pain which is severe and not controlled by your recommended painkillers
- A smelly vaginal discharge.
- Feeling unwell, hot and feverish.
- Pain in the calf muscles or chest.

## Breathing exercises

The recommended breathing exercises mentioned should help maintain a clear chest, tone up muscles and ease wind pain following surgery. Start this exercise as soon as you wake up from the anaesthetic and do regularly until you increase your walking.

Bend your knees up with feet flat on the bed, breathe in through your nose until your lungs are as full as possible, then relax as you breathe out through your mouth. Repeat five times every half hour or so, and follow with two huffs.

**Huff:** Position as above with hands or pillows supporting any area of discomfort. Take a medium breath in, then force the air out quickly through an open mouth, as though you are trying to mist up a large mirror. Follow this with a cough – take a big breath in first, and do not worry about this doing any damage in the area of your surgery.

**Foot and knee exercises:** These should help the circulation and help prevent clots from forming in your legs. Repeat every time you do your breathing exercises and until you are walking about. Bend feet up and down at the ankle firmly and quickly. Draw circles with your feet. Press back of the knees into the bed and tighten up the thigh muscles.

We hope you have found this information helpful. Please remember our staff will be happy to answer any questions you have about any aspect of your care and welcome any comments about this leaflet.

The James Cook University Hospital	The Friarage Hospital
Appointments Desk: 01642 854861 / 282714 / 854883	Appointments Desk: 01609 764814
Gynaecology Outpatients Dept. (Including Pre-admission Service): 01642 854243	Gynaecology Outpatients Dept: 01609 764814
Surgical Admissions Unit: 01642 854603	Pre-admission Service: 01609 764845 / 01609 763769
Women's Health Unit / Ward 27: 01642 854527	Surgical Admissions Unit Reception: 01609 764847 Nursing Staff: 01609 764657
	From 7am Mondays until 5pm Fridays, Allen POS.D.U.: 01609 764405
	From 5pm Fridays until 7am Mondays, Allerton Ward: 01609 764404

## Comments, compliments, concerns or complaints

South Tees Hospitals NHS Foundation Trust is concerned about the quality of care you receive and strives to maintain high standards of health care.

However we do appreciate that there may be an occasion where you, or your family, feel dissatisfied with the standard of service you receive. Please do not hesitate to tell us about your concerns as this helps us to learn from your experience and to improve services for future patients.

## Patient Advice and Liaison Service (PALS)

This service aims to advise and support patients, families and carers and help sort out problems quickly on your behalf.

This service is available, and based, at The James Cook University Hospital but also covers the Friarage Hospital in Northallerton, our community hospitals and community health services. Please ask a member of staff for further information.

All information contained in this booklet, as advised by: The Gynaecology Medical and Nursing Team at The James Cook University Hospital.

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**The James Cook University Hospital**

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