How can I help reduce Healthcare Associated Infections?

Infection control is important to the well-being of our patients and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the entrance to every ward before coming into and after leaving the ward. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser. Staff will let you know if this is the case.

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If you require an alternative translation of this leaflet please contact the Hysteroscopy Secretary

Women & Children’s Division

Hysteroscopy in the Outpatient Clinic

This leaflet contains information about examination of the womb using a hysteroscope

Patient Information Leaflet
You have been advised to have a hysteroscopy to help find the cause of your problem. This leaflet deals with the more common questions asked about this procedure. It may not answer all your questions, so if you have any worries please ask the nursing staff.

**What is it?**
Hysteroscopy is an investigation which allows the interior lining of the uterus (womb) to be examined using a telescope called a hysteroscope. The hysteroscope is about 30cm long and very slim. This enables the gynaecologist to pass the instrument gently through the cervix (the neck of the womb) and into the cavity of the uterus. Fluid is passed through the telescope to open the womb so that the doctors can obtain a good view. The image is then displayed on a monitor similar to a TV screen, which you will be able to watch if you wish.

**Why is it performed?**
Hysteroscopy is used to examine the uterine cavity. It is recommended when there are problems with abnormal bleeding or to check the uterus before or after procedures/investigations.

**Points to remember prior to coming for your appointment:**
- Eat something light before attending your appointment;
- If you are still having periods do not have unprotected sex (ie without contraception) for at least 2 weeks prior to your appointment.
- You may wish to take a mild painkiller 2 hours before your appointment. Paracetamol “Panadol” or ibuprofen “Nurofen” would be adequate (not aspirin products);
- Bring a sanitary towel with you;
- Bring something to read whilst waiting;
- Bring a CD of your choice if you feel this will help to relax you.

You may wish to bring a friend or relative to accompany you, but not during the examination.

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**Useful Contact Numbers**

**Stoke Mandeville Hospital**
Secretary/Appointments: 01296 316239
(Monday, Tuesday, Thursday, Friday 9.00am - 1.00pm and answerphone)

We continually strive to improve the quality of information given to patients. If you have any comments or suggestions regarding this information booklet, please contact:

Women & Children’s Division
Buckinghamshire Healthcare NHS Trust
Stoke Mandeville Hospital
Mandeville Road
Aylesbury
Buckinghamshire. HP21 8AL
Teaching
Pathologists use tissue to make a diagnosis so that patients can be accurately treated. In order to train new pathologists and scientists, it is essential for staff in training to see a wide range of tissue. It is therefore extremely helpful if you agree to your tissue being used anonymously for education and training.

Research
Many advances in medical science have been made by research on patients' tissue. This can include treatment of many different kinds of conditions. It is therefore extremely helpful if you agree to your tissue being used anonymously for research.

What are the options?
The consent form shows that you can agree or disagree to your tissue being used for education and training of medical, nursing and scientific staff. You can also separately agree or disagree to use of your tissue for research. Whether you agree or disagree to either of these options will not affect your treatment or diagnosis in any way.

If you have any concerns about the procedure beforehand please ask. If you have any problems after discharge then please contact your GP. You can also use the contact numbers overleaf.

Where is it carried out?
This procedure is carried out in the Hysteroscopy Clinic. Your visit to the clinic should take no longer than two hours. The actual procedure takes about 15-20 minutes. You will be seen by a Gynaecologist before the hysteroscopy is carried out. You will be asked questions about your gynaecology history and overall medical history.

What about my period?
If you are menstruating or are due to be menstruating at the time of your hysteroscopy don't worry. Unless you have particular objections it is usually still possible to proceed. Please inform us if you are or think you could be pregnant as it is essential that the procedure is not carried out. If your period is late or there is a possibility of pregnancy, then a pregnancy test can be carried out before the procedure. If doubt still remains then the procedure will be postponed.

What should I expect?
When you arrive at the department the gynaecologist will explain the procedure to you and ask you to sign a consent form. At this stage you are able to ask any questions you may have. You will be asked to remove all your clothes below waist level and wear a hospital gown.

A nurse will be with you throughout your procedure, helping to make you feel as comfortable as possible. She will ask you to rest your legs on two knee supports on either side of the couch. Very gently, an instrument called a speculum, used when taking a smear, is placed into the vagina to enable the doctors to see the cervix (neck of the womb). A warm antiseptic solution is used to clean the surface of the cervix. Then the hysteroscope is gently placed into the womb. Alternatively the doctor will be able to place the hysteroscope through the neck of the womb without using a speculum.
In a small number of women the neck of the womb is tightly closed so it may be necessary to give you some local anaesthetic into the neck of the womb to relax it.

**What can be seen?**  
During the examination it is possible to inspect the cervical canal, the inside of the uterus and the two openings leading to the uterine (Fallopian) tubes. Any distortion or abnormality of the uterus can usually be seen. Abnormalities such as polyps, fibroids, areas of inflammation or a ‘lost’ contraceptive coil may be found. A photograph of the findings may be taken which is kept in your notes as part of the hospital record.

**What else may be done?**  
Although this is mainly an investigative procedure, it is possible to remove polyps or small fibroids at the same time. Also, a biopsy (removal of a small piece of tissue) of the lining of the uterus may be carried out. If an abnormality of the cervix has been found in clinic, such as polyps or a fragile area of cervical skin (ectropion), then these can also be treated at the same time. A ‘lost’ contraceptive coil in the womb can also be removed.

**Will it be painful?**  
The amount of discomfort experienced varies. Some feel a little discomfort (like period pain) as the telescope goes through the opening of the cervix. This is why we advise taking painkillers before your appointment. If you are unable to tolerate the pain just say so and the procedure can be stopped.

**Am I told of the outcome immediately?**  
Usually, yes. If a biopsy is taken or other tissue (e.g. a polyp) is removed, these results take longer to return as they are sent for analysis in the pathology laboratory. You should know the results in about a month.

**How will I feel afterwards?**  
It is common to experience abdominal cramps, a bit like period pain. Also you may have quite heavy bleeding to begin with. The blood loss usually settles within 24-48 hours, though a discharge and the need for sanitary protection may continue for a week or so. Sanitary towels/pads are best, avoid using tampons. If you do find that the bleeding is heavy or you experience acute pain, please contact your GP.

Sexual intercourse can be resumed once the bleeding and/or discharge has stopped.

Where any additional treatment has been carried out, then the bleeding and/or discharge may be a little heavier and last longer. It may be useful to have a small supply of painkillers. We recommend you have a relative or friend drive you to and from your appointment.

**Finally – is it safe?**  
Yes in the vast majority of cases. This is a very common procedure carried out in the gynaecology practice. However, as with any surgical procedure there is a small element of risk. As the procedure involves inserting surgical instruments into the uterus, this can very occasionally result in injury. Excessive bleeding, perforation (puncture) of the uterus and infections are rare. If a complication arose during the procedure then it would be dealt with appropriately. Such complications occur in about 2 cases per 1000 patients.

**Signing your consent form and use of tissue taken at the procedure**  
The consent form you are asked to sign has a section about tissue samples which may be taken during your procedure. Tissue samples are sent to the Histology laboratory for diagnosis. This involves examination by the naked eye by a pathologist or scientist.