How can I help to 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.

www.buckshealthcare.nhs.uk
Follow us on Twitter @buckshealthcare
This information sheet has been given to you to help answer some of the questions you may have about having a hysteroscopy. It explains the benefits, risks and alternatives of the procedure as well as what you can expect when you come to hospital. If you have any questions or concerns, please do not hesitate to speak with your clinician.

**What is a hysteroscopy?**
A hysteroscopy is a procedure which uses a fine telescope, called a hysteroscope (a small, fibre optic ‘telescope’, which is attached to a small camera) to examine the lining and shape of the uterus (womb). It is performed either in the outpatient department or in theatre as a day case.

**What happens during the procedure?**
A nurse will be with you throughout your procedure, helping to make you feel as comfortable as possible. You will be positioned on the gynaecology couch making sure you are comfortable and we will endeavour to maintain your dignity. You will be asked to rest your legs on two knee supports on either side of the couch. An antiseptic solution is used to clean the surface of the vulva. **Vaginoscopy or the 'no touch technique' is used to enter the vagina and cervix (neck of the womb); this will minimise the discomfort experienced by speculum examination. Alternatively a vaginal speculum may be used to view the cervix depending on the procedure you are having. If you find speculum examination painful please let us know.**

The fine hysteroscope is passed along the vagina and through your cervix in order to look at the inside of the uterus (womb). The image is then displayed on a monitor similar to a TV screen, which you will be able to watch if you wish. Sterile fluid is then run into your womb to distend the uterine cavity—this helps the doctor or specialist nurse to see the lining of your womb. You will feel wet as the fluid trickles back out. The actual procedure will only take a short time.
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.

After the lining of your womb has been examined, a tiny sample of the lining may be removed. This is called a biopsy. Small polyps can be removed at this stage using a biopsy cup forcep or with a tiny electrode, all samples are sent to the laboratory to be examined.

**What do I need to do before the hysteroscopy?**

Ensure that there is no chance of pregnancy prior to hysteroscopy. You can do this by making sure you use barrier contraception (condoms or a diaphragm) from the first day of your last period before the hysteroscopy, right up until the day of the appointment itself. On the day of the procedure we may ask your permission to perform a pregnancy test – you may need to give a urine sample for this. Your procedure may be postponed if there is a possibility that you might be pregnant.

- You can eat and drink as normal and take your usual medicines
• If you are taking warfarin tablets please have an INR blood test within a week of the procedure date as the level needs to be between 1.5—2.5 - if not your hysterectomy may be cancelled. Please contact the hysterectomy office for further queries or advice Tel: 01296 316239.

• We recommend that you take mild pain relief at least 1 hour before your appointment either 1000mg (2 tablets) Paracetamol or 400mg (2 tablets) Ibuprofen as this will help to prevent period type discomfort immediately afterwards

• 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
• We recommend you bring a friend or relative with you
• On arrival please book in at reception

Where is the hysterectomy carried out?
This procedure is carried out in the Hysteroscopy Clinic. You will be seen by a Clinician (Gynaecologist or a Specialist Nurse) before the hysteroscopy is carried out. You will be asked questions about your gynaecology history and overall medical history.

Your visit to the clinic should take no longer than two hours. The procedure takes a short time and you will be awake during this time. Please do not hesitate to tell the doctor or specialist nurse if you feel any discomfort or pain and wish to stop the procedure.

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.

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:

Division of Women, Children & Sexual Health Services
Buckinghamshire Healthcare NHS Trust, Stoke Mandeville Hospital, Mandeville Road, Aylesbury, Buckinghamshire, HP21 8AL
If you need an independent interpreter please check with the Hysteroscopy Booking Coordinator prior to your appointment Tel: 01296 316239.
The use of family or friends as interpreters is not recommended by the Trust. Interpretation services have been shown to improve patient satisfaction.

**Useful Contact Numbers/websites**

**Stoke Mandeville Hospital**
- Hysteroscopy Booking Coordinator /Appointments: Tel: 01296 316239 (Monday/Wednesday /Thursday/Friday 9:30am -1:30pm)
- Patient Advice and Liaison Service (PALs) Tel: 01494 734958 / 01296 316042
- NHS111 offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.
- NHS website provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health. [www.nhs.uk](http://www.nhs.uk)

---

**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 pain relief at home before your appointment. If you are unable to tolerate the pain just say so and the procedure can be stopped.

**What are the benefits of having a hysteroscopy?**
A hysteroscopy can help to find the cause of problems relating to:
- Abnormal uterine bleeding
- Heavy or irregular bleeding between periods
- Irregular bleeding whilst on HRT
- Irregular bleeding on Tamoxifen
- Bleeding between periods
- Bleeding after sexual intercourse
- Bleeding after menopause
- Assessment of the uterine cavity
- Persistent vaginal discharge
- Subfertility

In some cases, once a diagnosis has been made, the hysteroscope can also be used in the treatment of the problem. However, this list does not cover every condition.

For example, problems that can be treated during a hysteroscopy are:
- Fibroids (growths in the uterus which are not cancer)
- Polyps (blood filled growths which are not cancer)
- Thickening of the lining of the womb (the endometrium)
- Removal of displaced intrauterine contraceptive devices
- Removal of scar tissue in the womb
What are the risks associated with hysteroscopy?
Outpatient hysteroscopy is safe but as with any procedure there are risks. Your doctor or specialist nurse will explain these risks to you before you sign the consent form. Please ask questions if you are uncertain.

The risks or complications rarely occur from this procedure but might include:
- Pain
- Feeling faint or sick
- Bleeding
- Infection
- Rarely uterine perforation (damage to the wall of the uterus (womb)). The risk of perforation is lower during outpatient hysteroscopy compared with general anaesthetic
- Damage to your cervix—this is not common
- Difficulty seeing the cavity of the womb
- Heavy vaginal bleeding
- You might feel lightheaded during and after the procedure and may need to rest for the remainder of the day

Are there any alternative treatments?
An ultrasound scan can also be performed to look at the womb, but it does not provide as much detailed information as the hysteroscopy.

Your doctor or specialist nurse will also explain the procedure to you and ask you:
- When your last period was
- If you have any allergies or concerns
- Whether you have had any reactions to any drugs or tests in the past

Giving my consent (permission)
We want to involve you in the decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This states that you agree to have the treatment and you understand what it involves.

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. We will write to you with 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 up to a week. You are advised to use sanitary towels/pads—please do not use 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 pain relief. We recommend you have a relative or friend drive you to and from your appointment.

Finally—is the procedure safe?
Yes in the vast majority of cases. This is a very common procedure carried out in gynaecology practice. However, as with any surgical procedure there is a small element of risk.