

Outpatient Hysteroscopy for Spinal Cord Injury Patients

This leaflet will help you to understand what is involved with the outpatient hysteroscopy procedure. This leaflet and the 'Hysteroscopy in the Outpatient Clinic' leaflet will be sent with your appointment letter or if it is a short notice appointment, please ask your named nurse on the spinal unit for the 'Hysteroscopy in the Outpatient Clinic' leaflet.

- Please make your usual arrangements for transport to the hospital Spinal Outpatients Unit for this appointment. You can bring a family member or friend with you to the hysteroscopy appointment. Please remember to eat as usual and take your usual medication.
- Please bring all your medication with you to this appointment e.g. Nifedipine, Glyceryl trinitrate spray or patches.
- If you take Warfarin the INR levels need to be between 1.5-3 or the procedure will be cancelled. If you are on one of the New Oral Anticoagulants (NOAC's) you may need to have your medication reviewed before the procedure. Advice on adjusting your drug dosages will be discussed with you before your Hysteroscopy procedure date.
- In order to prevent a bowel accident, it is advisable to perform your normal bowel evacuation routine the evening or morning prior to the procedure.
- Please arrive 40 minutes before the appointment time for preparation.
- Prior to the hysteroscopy procedure the spinal unit will pre-assess you to ensure you are well enough for the procedure.
- You will be helped to undress and put on a gown.
- If you perform intermittent self-catheterization please empty your bladder just prior to transferring to the Hysteroscopy suite.
- We will then transfer you and take you to the Hysteroscopy suite, which is a separate department in another part of the hospital and stay with you throughout the procedure.
- Please let the nursing staff know if you experience Autonomic Dysreflexia (AD) this is associated with patients who have spinal cord injury at or above the 6th thoracic vertebra (T6).
- AD can be triggered by any painful stimulus below the level of the spinal injury and can cause a sudden severe rise in blood pressure (hypertension) and can lead to a stroke and epileptic fit and for this reason should always be treated as a medical emergency.
- If you experience the following at any point during the procedure please let us know immediately if you have:
 - ◆ severe pounding headache
 - ◆ profuse sweating
 - ◆ feeling unwell
 - ◆ blurred vision
 - ◆ increase in spasm
 - ◆ flushed appearance.

Contact Information

If you require any further information, please do not hesitate to contact:

- Spinal Outpatient Department on 01296 315829 (24 hours) and we will explain the procedure.
- Stoke Mandeville Hospital, Hysteroscopy Booker/Appointments: Telephone: 01296 316239 (Monday-Friday 09.00-17.00 hours)

Please remember that this leaflet is intended as general information only. We aim to make the information as up to date and accurate as possible, but please note that it is subject to change. Please therefore always check specific advice on any concerns you may have with your doctor.

How can you help reduce healthcare associated infections?

Infection prevention and control is important to the well-being of our patients and for that reason we have infection prevention and control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. Please follow our infection prevention and control guidelines when visiting our healthcare sites. Further information is available on our website.

Patient Advice Sheet

If you would like a copy of this information on audiotape, in large print or translated, please call the Patient Advice Liaison Service on 01296 831120 or email bht.pals@nhs.net

Division of Women, Children & Sexual Health Services

Approvals:

Specialist Group: NSIC H Dunne Jan 2012, V2 E Moga, V3 E Moga.

Patient Reps: V1 Jan 2012

Gynae Guidelines Group: V1 Dec 2011, V2 Apr 2016, V3 Jun 2019, V4 Sep 2022

Divisional Board: V1 Jan 2012, V2 O&G SDU Apr 2016, V3 Nov 2019 V4 6.12.22

Clinical Guidelines Subgroup: Not required

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Patient Experience Group: V1 June 2012, V2 not required V4 Sep 2023