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## Division of Women, Children & Sexual Health Services

### 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.

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# Hysteroscopy under General Anaesthesia

## Patient Information Leaflet

If you want this leaflet in another language please call  
Ward 16B on 01296 418110

Safe & compassionate care,

every time

This leaflet answers the frequently asked questions about the Hysteroscopy procedure.

### **What is it?**

Hysteroscopy is an investigation which allows the interior or lining of the uterus (womb) to be examined using a telescope called a hysteroscope. The hysteroscope is about 30 cms long and very slim. The gynaecologist is able to pass the hysteroscope gently through the cervix (neck of womb) and into the cavity of the uterus to see the uterus lining. The image obtained is then displayed on a monitor, similar to a TV screen.

### **Why is it performed?**

Hysteroscopy is used to examine the uterine cavity. It is recommended when you have problems with heavy, long or irregular periods, bleeding between periods, bleeding after intercourse, post menopausal bleeding, or if the shape of your uterus needs to be checked.

### **What can be seen?**

During the examination it is possible to inspect the cervical canal, the interior 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 even a "lost" contraceptive coil may be found. Cancer, if present, can be detected. 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 a procedure to find out if anything is wrong, it may be 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 needed. If an abnormality of your cervix has been found in clinic, such as a polyp or fragile area of cervical skin (ectropion), these

We are always trying 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  
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Aylesbury  
Buckinghamshire  
HP21 8AL

## Useful Contact Numbers

### Stoke Mandeville Hospital (SMH)

Consultant Gynaecologists: 01296 316239/316548

### Wycombe Hospital (WH)

Consultant Gynaecologists: 01494 425009/425724

### Please Note:

This leaflet explains some of the most common side-effects that some people may experience. However, it is not comprehensive. If you experience other side-effects and want to ask anything else related to your treatment please speak to Ward 16B on 01296 418110/41811.

can also be treated at the same time. Some women may also be having a laparoscopy carried out at the same time – a separate advice sheet describes this.

### Is this the same as a "D and C"?

Not really. "D&C" is now very rarely carried out on its own. This abbreviation means **D**ilatation and **C**urettagage - literally stretching open the cervix to scrape out a sample of tissue (biopsy) from the lining of the uterus. "D&C" was only ever intended as a way of obtaining a biopsy of the lining of the uterus to rule out disease. Many people believed that this procedure could help to treat menstrual problems. Unfortunately, this was generally not true. Hysteroscopy is a much better way of investigating menstrual problems. As a biopsy is taken at the same time it is sometimes referred to as: *Hysteroscopy and D&C*.

### Where is the hysteroscopy performed?

This procedure is carried out under general anaesthesia in hospital. It is a short procedure and normally takes about 15 minutes. You will be seen by both a gynaecologist and an anaesthetist before the hysteroscopy is carried out. You will be asked the date of your last menstrual period (if relevant). The procedure will be explained, questions answered and written consent obtained.

### How long is the hospital stay?

The procedure is often carried out as a "day-case". This means that you are admitted to hospital, undergo the procedure and then return home the same day. However, there may be situations where overnight stay is advised. This may be as a result of another medical condition, requiring additional observation after the procedure, or perhaps where your hysteroscopy is carried out in the late afternoon or evening. If you have no-one to be with you at home after your operation, overnight stay is essential.

### Am I told of the outcome immediately?

Usually, yes. When you have recovered from your anaesthetic the findings will be explained to you. 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.

### How do I feel afterwards?

After your anaesthetic you will probably feel a little drowsy. Everyone responds in a slightly different way and some patients may feel sick. You should not drive or operate machinery for 24 hours. It is common to experience abdominal cramps, a bit like period pain. Also, you may have quite heavy vaginal blood loss to begin with. This loss usually settles in 24-48 hours, though a vaginal discharge and the need for sanitary protection may continue for a week or so. Sanitary towels/pads are best, avoid tampons.

If a polyp has been removed or any additional treatment carried out, then the bleeding and/or discharge may be a little heavier and last for longer. Cautery (heat) or laser treatment to the cervix can cause an unpleasant and quite heavy discharge for up to 3-4 weeks.

It may be useful to have a small supply of painkillers such as oral paracetamol or ibuprofen available at home to take, following the manufacturer's instructions.

### Problems?

If you are menstruating or are due to be menstruating at the time of your hysteroscopy - don't worry. Unless you have particular objection 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 your operation. If

doubt still remains then the operation will be postponed. If you have any concerns about the procedure beforehand then please ask. If you have any problems after you have been discharged from the hospital, please contact your GP.

### Finally - is it safe?

Yes, in the vast majority of cases. This is a very common procedure carried out in gynaecological practice. However, as with any surgical operation there is an element of risk.

There are very small risks associated with having a general anaesthetic and any concern you have about this should be addressed with the anaesthetist.

As the surgery involves inserting surgical instruments into the uterus, this can occasionally result in injury. Excessive bleeding, perforation (puncture) of the uterus and postoperative infections are rare. If a complication arose during the procedure then it would be dealt with appropriately. Such complications occur in about 1-2 cases per 1000 patients.

Operative risk in general, tends to be increased by factors such as other medical problems (e.g. diabetes, high blood pressure or certain drug treatment) or previous surgery. Being overweight does make the procedure more difficult and therefore increases risk.