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OG04 Hysteroscopy

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What is a hysteroscopy?

A hysteroscopy is a procedure to look at the inside of the uterus (womb) using a small telescope (hysteroscope). It is common for a biopsy (removing a small piece of the lining of the womb) to be performed at the same time.

Your gynaecologist has recommended a hysteroscopy as it is good for finding out the cause of abnormal bleeding from the womb, especially heavy periods and bleeding after menopause. However, it is your decision to go ahead with the procedure or not. This document will give you information about the benefits and risks to help you make an informed decision.

If you have any questions that this document does not answer, you should ask your gynaecologist or any member of the healthcare team.

Why do I need a hysteroscopy?

Your symptoms suggest you may have a gynaecological problem but the exact cause has not been found so far. A hysteroscopy will help to find out if you have one of the following conditions.

- Fibroids, where the muscle of the womb becomes overgrown.
- Polyps – A polyp is a small skin tag that looks like a small grape on a stalk.
- Endometrial cancer – By performing a biopsy of the lining of the womb, endometrial cancer (a malignant growth in the lining of the womb) can be diagnosed.
- Abnormally-shaped womb, which is sometimes associated with abnormal uterine bleeding or miscarriages.

If your gynaecologist finds the cause of your symptoms, they will discuss the appropriate treatment with you.

It is common not to find a problem. You can then be reassured that there is nothing seriously wrong. Other treatments can then be considered.

What are the benefits of a hysteroscopy?

A hysteroscopy will normally allow your gynaecologist to find out the cause of your problem and to decide on the best treatment for you.

Are there any alternatives to a hysteroscopy?

It may be appropriate to try to find the cause of your symptoms using a scan and by performing a biopsy using a small tube placed through the cervix (neck of the womb). Sometimes it is not possible to place the small tube into the womb, or to get enough tissue.

Your gynaecologist may recommend a sono-ultrasound (also called sono-hysterogram) where an ultrasound device is placed in your vagina and your womb is filled with a saline solution.

It is important to realise that these alternatives cannot identify all conditions and a hysteroscopy may still be recommended even if your results are normal. Your gynaecologist can discuss the options with you.

What will happen if I decide not to have the procedure?

Your gynaecologist may recommend a scan and biopsy to find out more information. However, this may not accurately find out the cause of your symptoms. Choosing not to have the procedure may make it more difficult for your gynaecologist to decide on the best treatment for you.

What happens before the procedure?

Your gynaecologist may ask you to go to a pre-admission clinic. They will carry out several tests and checks to find out if you are fit enough for the procedure. If you have any questions about the procedure, you should ask a member of the healthcare team at this visit.

Your gynaecologist may ask you to have a pregnancy test. Sometimes the test does not show an early stage pregnancy so let your gynaecologist know if there is any chance you could be pregnant. The test is usually performed using a sample of your urine.

Sometimes it may not be possible to perform the hysteroscopy if you are bleeding. Let a member of the healthcare team know if you are likely to be bleeding at the time of the procedure.

What does the procedure involve?

The healthcare team will carry out a number of checks to make sure you have the procedure you came in for. You can help by confirming to your gynaecologist and the healthcare team your name and the procedure you are having.

A hysteroscopy can be performed under local or general anaesthetic, or without any anaesthetic. The procedure usually takes less than ten minutes.

Your gynaecologist may examine your vagina. They will pass the hysteroscope along your vagina, through your cervix and into your womb (see figure 1). Your gynaecologist will inflate your womb using gas (carbon dioxide) or a fluid, so they can have a clear view. They can use instruments to perform a biopsy or remove polyps and small fibroids.

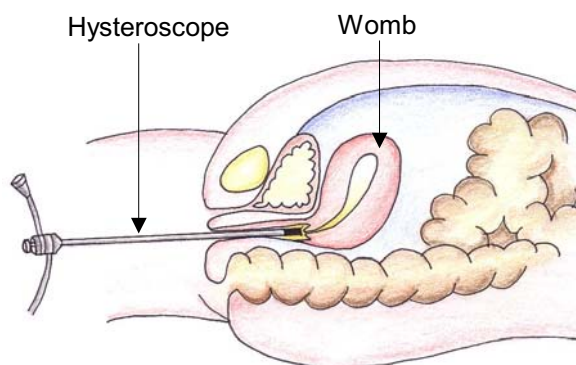


Figure 1
Hysteroscopy

What should I do about my medication?

You should let your doctor know about all the medication you are on and follow their advice. This includes herbal remedies and medication to control diabetes and blood pressure. If you are on beta-blockers, you should continue to take them as normal. You may need to stop taking warfarin, clopidogrel, oral contraception or hormone replacement therapy (HRT) before your procedure.

What complications can happen?

The healthcare team will try to make your procedure as safe as possible. However, complications can happen. Some of these can be serious and can even cause death (risk: less than 8 in 100,000).

The possible complications of a hysteroscopy are listed below. Any numbers which relate to risk are from studies of women who have had this procedure. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

1 Complications of anaesthesia

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

2 Complications of a hysteroscopy

- **Pain.** The healthcare team will try to reduce your pain. Pain after a hysteroscopy is usually mild (similar to period pain) and is usually controlled with simple painkillers.
- **Feeling or being sick,** which is common after the operation. Most women have only mild symptoms and feel better within 24 hours without needing any medication.
- **Bleeding,** which is usually mild (similar to a period), settling within seven days. It is important to use sanitary pads, not tampons.
- **Infection,** which may cause an unpleasant-smelling vaginal discharge or persistent bleeding. Infection is easily treated with antibiotics.
- **Blood clots** in the legs (deep-vein thrombosis – DVT), which can move through the bloodstream to the lungs (pulmonary embolus), making it difficult for you to breathe. The healthcare team will assess your risk. Nurses will encourage you to get out of bed soon after surgery and may give you injections, medication, or special stockings to wear.
- **Making a hole in the womb with possible damage to a nearby structure.** This happens if one of the instruments makes a small hole in the womb or cervix (risk: less than 8 in 1,000). If this happens, you may need to stay in hospital overnight for close observation in case you develop complications. Sometimes a further operation will be needed (risk: less than 1 in 1,000).
- **Failed procedure,** where it is not possible to place the hysteroscope inside the womb.

You should discuss these possible complications with your doctor if there is anything you do not understand.

How soon will I recover?

• In hospital

You should be able to go home the same day. However, your doctor may recommend that you stay a little longer. If you do go home the same day, a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. You should be near a telephone in case of an emergency.

A member of the healthcare team will tell you what was found during the hysteroscopy and will discuss with you any treatment or follow-up you need.

If you are worried about anything, in hospital or at home, contact a member of the healthcare team. They should be able to reassure you or identify and treat any complications.

• Returning to normal activities

You should not drive, operate machinery (this includes cooking) or do any potentially dangerous activities for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination. If you had a general anaesthetic or sedation, you should also not sign legal documents or drink alcohol for at least 24 hours.

To reduce the risk of developing a blood clot, make sure you follow carefully the instructions of the healthcare team if you have been prescribed drugs or have to wear compression stockings. If you develop pain, swelling or redness in your leg, or the veins near the surface of your leg appear larger than normal, you may have a DVT. Let your doctor know straightaway. If you become short of breath, feel pain in your chest or upper back, or if you cough up blood, you may have a pulmonary embolism. You should go to your nearest Accident and Emergency department or call an ambulance.

Most women are able to return to normal activities the day after the procedure. You may experience some period-like cramps and mild bleeding. If this happens, you should rest for the first one to two days and take painkillers as you need them.

If you develop any problems such as a temperature, pain in your lower leg, bleeding or a discharge from your vagina, breathing difficulties, or if your pain does not go away or increases and is not eased by your medication, you should let your doctor know.

Do not drive until you are confident about controlling your vehicle and always check your insurance policy and with your doctor.

• Lifestyle changes

If you smoke, stopping smoking will improve your long-term health.

Try to maintain a healthy weight. You have a higher chance of developing complications if you are overweight.

Regular exercise should improve your long-term health. Before you start exercising, ask a member of the healthcare team or your GP for advice.

Summary

A hysteroscopy is usually a safe and effective way of finding out if you have a problem with your womb and, in some circumstances, treating your symptoms. However, complications can happen. You need to know about them to help you make an informed decision about the procedure. Knowing about them will also help to detect and treat any problems early.

Keep this information leaflet. Use it to help you if you need to talk to a healthcare professional.

Acknowledgements

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This document is intended for information purposes only and should not replace advice that your relevant health professional would give you.