



# A guide to...

# Outpatient Hysteroscopy

## *Patient information*

### How to contact us

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If you need this leaflet in another language, large print, Braille or audio version,  
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## **What is a hysteroscopy?**

This is a simple procedure which uses a small camera to look inside the womb. The procedure will be carried out in the clinic whilst you are awake. The procedure lasts up to 15 minutes but your appointment will be booked for 35 minutes to enable the doctor to explain the procedure and for you to ask questions. You might be given an internal (vaginal) scan before the procedure to gather more information about your womb and ovaries. You do not need to bring someone with you but are most welcome to do so.

There are various reasons why you may have been offered this test and you need to discuss it with your doctor or nurse in the clinic. We usually perform this test to check for any abnormalities inside the womb such as polyps (non-cancerous growth inside the womb, fibroids, lost coils, and abnormal womb shape and cell changes to the lining of the womb.

## **What does the examination involve?**

You will be asked to lie on a couch. A gentle internal examination will be performed and then the doctor may pass a speculum (a metal or plastic instrument) into the vagina to open it to allow an examination. The vagina is gently cleaned and then a small camera (a hysteroscope) is passed via the vagina through the neck of the womb (cervix) to examine the inside of your womb (uterus). Your womb is usually filled up with warm fluid so that the doctor can see it more clearly and perform a thorough check. The hysteroscope is connected to a camera and if you would like the doctor to show you the examination on a TV screen, they will. Sometimes a small sample of the lining of the womb is taken and sent for examination, this is called an endometrial biopsy.

During the procedure, if polyps (small fleshy growths) are found, they can be removed and also sent for examination. The hysteroscopy is usually done without the use of an anaesthetic. During the examination you may experience a 'period like' pain but some women feel nothing at all.

Dependent on your symptoms sometimes the cervix is numbed using an injection of local anaesthetic at the start, but in all cases if you find the procedure painful, we will stop it immediately.

A hysteroscopy cannot be performed if you are bleeding too heavily or have a genital tract infection such as chlamydia or herpes. Please telephone the clinic as soon as possible if you will be having a period, you may need the date of your appointment changed.

## **Before the procedure**

You do not need any special preparations before this procedure. You can continue eating and drinking as usual. It is recommended that you take simple painkillers such as Ibuprofen and Paracetamol 30 minutes prior to your appointment to reduce discomfort during the procedure. Remember to take Ibuprofen after food.

## **After the procedure**

You will stay for about 15-30 minutes in the clinic after the procedure to ensure you have made a good recovery. It is very rare to have to stay longer. You may experience period like discomfort for a few hours. Simple painkillers such as Paracetamol or Ibuprofen, taken as prescribed on the packet, should relieve the pain.

You will probably bleed for a few days after the procedure; it is no normal for the bleeding to be very heavy or extremely painful. If you experience this, please ring the telephone number below or see your GP. Whilst you are bleeding you should use sanitary towels rather than tampons, until your next period as the use of tampons can increase the risk of infection.

- You can resume sexual intercourse once the bleeding has stopped
- You can resume your routine activities the same day after the procedure
- You can resume your hygiene needs the day after the procedure
- If you have any heavy bleeding or offensive discharge please contact your GP.

## **Driving**

You may drive, as you have not had a general anaesthetic, however, you need to make sure you feel well before driving. It may be better to arrange for someone else to pick you up if possible.

## **Going back to work**

Most women prefer not to go back to work on the day of the procedure. It is probably better to avoid any strenuous work such as gardening, vacuuming or excessive exercise on that day. You should be able to resume your normal daily activities the next day.

## **Possible complications**

The risk of a complication is very low. Occasionally you may get an infection of your womb (uterus). If this occurs, you will get abdominal pain and an offensive (smelly) vagina discharge. See your GP in this case, as you may need antibiotics. You can also contact Elizabeth Ward at Watford General Hospital on 01923 217 902 or Gynaecology Day Assessment Unit on 01923 217 344 (Monday to Friday 9.00am to 4.30pm).

## **Are there any risks**

The risk with this procedure is perforation (the telescope pierces the wall of your womb). The risk of this happening is approximately 1 in 100 cases. If a perforation occurs, you will need antibiotic treatment and also to stay in the hospital overnight.

## **How do I get my results?**

Any results will be sent to your GP within the next few weeks. If you need to be seen again in the outpatient clinic an appointment will be made for you to attend the gynaecology clinic. If your report shows abnormalities requiring urgent attention, you will be referred to a specialist consultant and will have further investigations prior to any necessary treatment. This will be discussed with you in detail.