



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, please call **01923 217 187** or email westherts.pals@nhs.net



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About Your Outpatient Hysteroscopy

What is hysteroscopy?

This is a simple procedure to look inside the womb with a small telescope. The procedure will be carried out in the clinic whilst you are awake. The procedure lasts between 10-15 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 anyone with you but you 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, abnormal womb shapes and cell changes to the lining of the womb.

What does the examination involve?

Similar to having a smear, you will be asked to lie on a couch. A gentle internal examination is performed and then the doctor may pass a speculum into the vagina like a smear test. The vagina is gently cleaned and then a small telescope (the hysteroscope) is passed via the vagina through the neck of the womb (cervix) to examine the inside of your womb (uterus). Your womb is then filled up with warm fluid so the doctor can see the womb 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 to the laboratory for examination, this is called an endometrial biopsy.

During the procedure, if polyps (small fleshy growths) are found, they may be removed and also sent for examination. The hysteroscopy is usually performed without any anaesthetic. Sometimes the doctor might inject a local anaesthetic to the neck of the womb to numb it. At certain stages during the camera examination you may experience a 'period like' discomfort but some women feel nothing at all. But if you find the procedure too painful we will stop immediately.

A hysteroscopy cannot be performed adequately if you are bleeding too heavily or have a genital tract infection like chlamydia or herpes. Please telephone the clinic as soon as possible if you are in doubt, you may have to reschedule your appointment.

Before the procedure

You do not need any special preparations before this procedure. You should continue eating and drinking as usual. It may be helpful to have simple painkillers such as paracetamol and/or ibuprofen 30 minutes before your appointment to reduce discomfort during and after the procedure.

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 or overnight. You may experience period like discomfort for few hours. Simple painkillers such as Paracetamol or Ibuprofen, taken as prescribed on the packet, should relieve this.

You will probably bleed for a few days after the procedure; but it is not 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 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 or attend A&E

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 complication is very low. Occasionally you may get an infection of your womb. If this occurs you would get abdominal pain, an offensive (smelly) vaginal discharge, fever and may feel unwell. See your GP in that case, as you may need antibiotics. You can also contact Elizabeth ward at Watford General Hospital on 01923 21 7902 or 01923 213408 or Gynae Day Assessment Unit (GDAU) on 01923 21 7344 (Monday – Friday 9.00am to 4.30pm)

Are there any other risks?

The risk associated with this procedure is perforation (the telescope pierces through wall of the womb). This risk of this happening is approximately 1 in a 100 cases. If a perforation occurs, you would need antibiotic treatment and may be required to stay in the hospital overnight.

How do I get my results?

Any results from the laboratory 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 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 scans prior to any necessary treatment. This will be discussed with you in detail.

Further information

You may also like to visit the RCOG website at: www.rcog.org.uk.