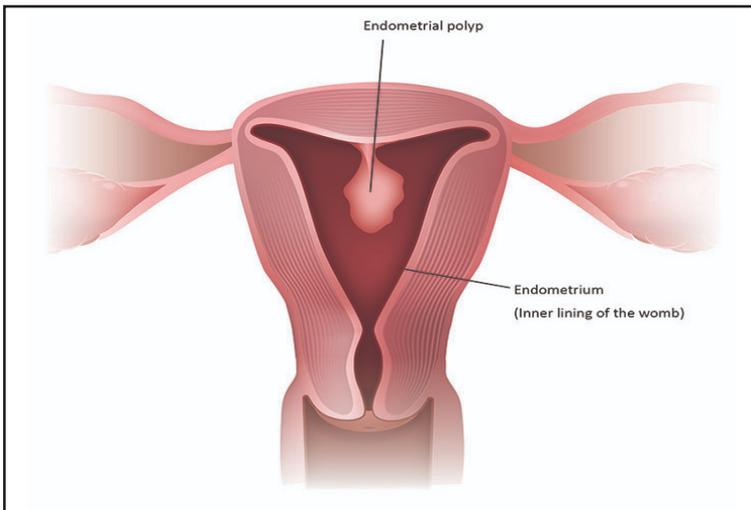
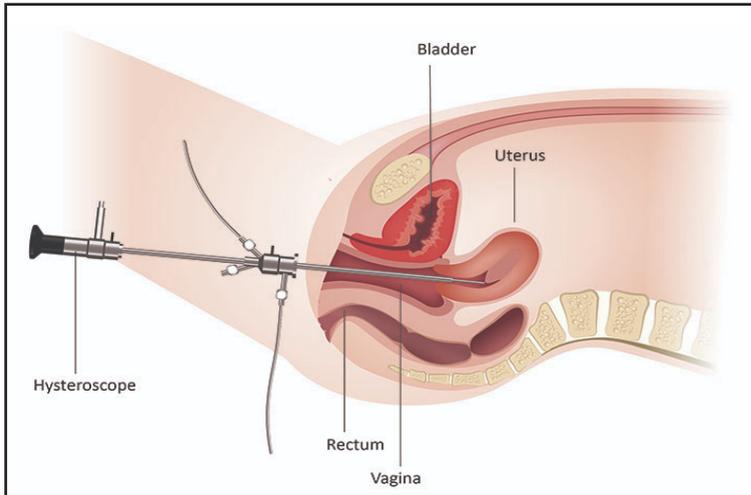


What is Outpatient Hysteroscopy?

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An Outpatient Hysteroscopy (OPH) is a procedure that involves examining the inside of your uterus (womb). This is done by passing a thin telescope-like device, called a hysteroscope, that is fitted with a small camera through the neck of your womb (cervix). The healthcare professional doing the procedure can then see whether there are any problems inside your uterus that may need further investigation or treatment.



It may be possible for a minor procedure to be done at the same visit, such as:

- Endometrial biopsy - taking a sample from the lining of the uterus. This can be done through the hysteroscope or after inserting a speculum and passing a thin tube through the cervix
- Polyp removal - a polyp inside the uterus is a skin tag that looks like a small grape, sometimes on a stalk. Polyps are formed as a result of overgrowth of the lining of the uterus
- Small fibroid removal - fibroids are knots in the muscle of the uterus that are non-cancerous (benign). They can sometimes bulge like a polyp into the lining of your uterus and your healthcare professional may advise removal to help with your symptoms
- Insertion of a hormone-releasing intrauterine device (for example, Mirena®)
- Removal of a coil from the uterus when the threads are not visible

What should I do before my appointment?

You should eat and drink normally. You do not need to fast before your appointment. We strongly recommend that you take pain relief (400mg of Ibuprofen or 1 gram of paracetamol or whatever pain relief you find useful for period pain) at least 1 hour before your appointment. Bring a list of any medications that you are taking with you. You may wish to have a friend or family member accompanying you.

Do I need to use contraception?

The procedure must not be performed if there is any chance that you are pregnant. To avoid this possibility, if you are of child bearing age, it is important to use contraception or avoid sex between your last period and your appointment. You may be offered a urine pregnancy test on arrival at your appointment; however it is not possible to detect a very early pregnancy.

Are there alternatives to having outpatient hysteroscopy?

If you do not wish to have this examination when awake, you may choose to have your hysteroscopy with either a general or spinal anaesthetic. This will be done in an operating theatre, usually as a day-case procedure on a different day as planned procedure. You can discuss this option in the clinic. The risks and complications are lower when hysteroscopy is done as an outpatient procedure rather than under anaesthesia.

You may choose not to have a hysteroscopy at all, though this may make it more difficult for your healthcare professional to find the cause of your symptoms and to offer the right treatment for you.

What happens during outpatient hysteroscopy?

On arrival

You will be asked to come half an hour before your procedure to Jasmine ward so that you can be seen by nurse and to be given additional pain relief if required.

You will meet your healthcare professional who will discuss the procedure and ask for your consent. Please take this opportunity to ask any questions you may have.

There will be two or three healthcare professionals in the room and one of them will support you throughout the procedure. They will help you to get positioned in a special chair and will keep you as covered as possible.

Please note that our clinic may have junior doctors and medical students for training, if you feel uncomfortable then do not hesitate to tell the nurse.

The procedure

A hysteroscope is passed through the cervix to give a clear view of the inside of your uterus. No cuts are needed. Fluid (saline solution) is used to help see the inner lining of your uterus and you will feel wet as the fluid trickles back out.

During the OPH, your healthcare professional will look inside your uterus on a screen and you can also watch the screen if you choose to. Photographs of the findings inside your uterus are often taken and kept in your healthcare notes.

If no problems are found, the actual procedure will only take about 10–15 minutes. Sometimes, a biopsy (small sample) from the lining of your uterus may be taken and sent to the laboratory for examination. The biopsy can be painful, but the pain should not last long.

What is Myosure hysteroscopy?

If a fibroid or polyp is found, it can sometimes be removed at the same time by using additional instruments. You may be offered a local anaesthetic to make you more comfortable. A wider Myosure hysteroscope is used and the Myosure device is passed down the hysteroscope and the polyp or very small fibroid is removed. The procedure is generally tolerable with local anaesthetic, but let your doctor know if it is too painful to proceed.

What are the possible risks with outpatient hysteroscopy?

- Pain during or after OPH is usually mild and similar to period pain. Simple pain relief medications can help. On occasion, women may experience severe pain. If you are unable to cope with pain then the procedure will be stopped. If the procedure was not completed you will be offered to have the same procedure planned under General anaesthetic on a different day
- Feeling or being sick or fainting can affect a small number of women. However, these symptoms usually settle quickly. Let your healthcare professional know if you are feeling unwell during or straight after the procedure
- Bleeding is usually very mild and is lighter than a period, settling within a few days. It is recommended that you use sanitary towels, not tampons. If the bleeding does not settle and gets worse, contact your healthcare professional or nearest emergency department
- Infection is uncommon (1 in 400 women). It may appear as a smelly discharge, fever or severe pain in the tummy. If you develop any of these symptoms, contact your healthcare professional urgently

- Failed/unsuccessful OPH occurs if it is not possible to pass the hysteroscope inside your uterus. Usually this happens when the cervix is tightly 'closed' or scarred. If this happens, your healthcare professional will discuss alternative options with you
- Damage to the wall of the uterus (uterine perforation) - rarely, a small hole is accidentally made in the wall of the uterus. This could also cause damage to nearby tissues. This happens in fewer than 1 in 1000 diagnostic hysteroscopy procedures, but is slightly more common if someone has a polyp or fibroid removed at the same time. It may mean that you have to stay in hospital overnight. Usually, nothing more needs to be done, but you may need a further operation to repair the hole

How long does the visit take?

The actual procedure may only take 10-25 minutes. However, the total visit may take up to 1-2 hours including consultation, having the procedure and recovery. If polyps or small fibroids are removed at the same time, this may take a bit longer.

After the procedure

How will I feel afterwards?

- You may get some period-like pain for 1-2 days. If needed, you can take pain relief such as 400 mg of ibuprofen every 8 hours or 1 gram of paracetamol every 4 hours, or your usual period pain tablets. If your pain is not controlled with the above medication, you should contact us or nearest emergency department
- You may also have some spotting or fresh (bright red) bleeding that may last up to 1 week. These symptoms usually settle very quickly. Due to risk of infection we advise you to wear sanitary towels and not tampons until the bleeding stops. If you experience heavy prolonged bleeding with clots please see your GP or emergency department
- Should you experience offensive/bad discharge with or without temperature please see your GP as this may be a sign of infection
- You can shower as normal. It is advisable to avoid sex for a week or until the bleeding settles. Most women feel able to go back to their normal activities on the same day
- We recommend you bring someone to drive you back home especially if additional procedures such as Myosure polyp resection are planned

What happens next?

If no problems are found, you may not need any follow-up appointments. If a biopsy has been taken, you will be contacted with the results as soon as they become available. Your healthcare professional will discuss any further treatment with you.

Who can I contact with any concerns?

If you have any concerns or are worried, please do not hesitate to contact our gynaecology team on Jasmine ward, telephone number 01935 384 622

Other sources of information;

NHS Choices. UK's biggest health website, certified as a reliable source of information. **www.nhs.uk**

Patient UK. Evidence based information on a wide range of medical and health topics. **www.patient.co.uk**

If you would like this leaflet in another format or in a different language, please ask a member of staff.

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