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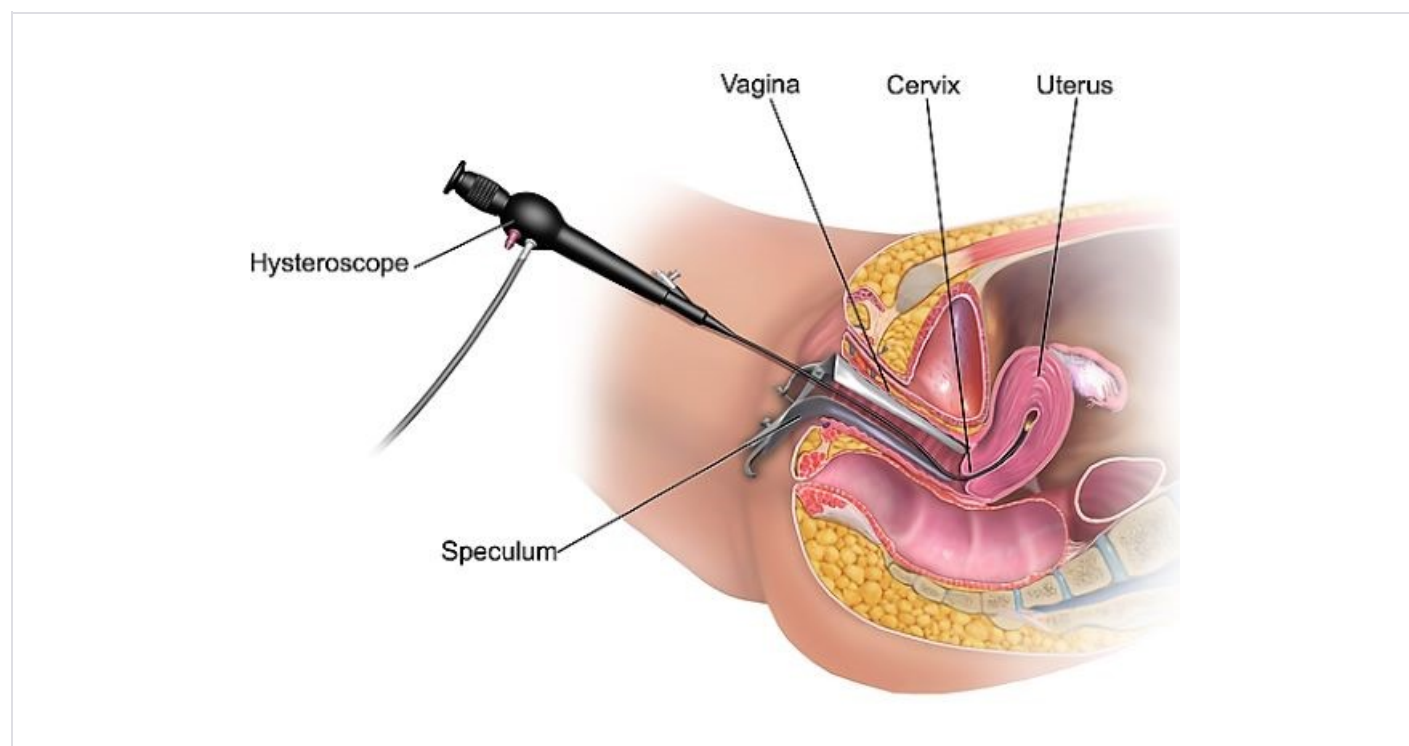
Hysteroscopy

Hysteroscopy is a procedure which uses a thin tube-like telescope to see inside the womb (uterus). It can also allow doctors to do some minor operations to the uterus.

Hysteroscopy lets your doctor look inside your womb (uterus). This is done using an instrument called a hysteroscope. The hysteroscope is very slim (about 3 to 5 millimetres in diameter). It's carefully passed through the vagina and neck of the womb (cervix) and into your uterus. The hysteroscope has a video camera inside which sends pictures to a computer screen. This allows your doctor to check for any abnormalities inside your womb. The hysteroscope also has special channels which allow the doctor to pass various instruments into the uterus. This means that as well as being able to look inside the uterus, the doctor can perform certain procedures, like taking a biopsy or removing a polyp.

A hysteroscopy can either be done under general or with local anaesthetic. If you have a local anaesthetic you will be awake. If you have a general anaesthetic you will be asleep. Some women will not have either a general or a local anaesthetic. Occasionally, a sedative may be used, which won't put you to sleep but may help you feel more relaxed. You may be advised to take a [non-steroidal anti-inflammatory painkiller](#) (for example, [ibuprofen](#)) around one hour before your appointment, to help reduce pain immediately after the procedure. If you do not have a general anaesthetic (ie you are awake) you may be asked if you wish to see the pictures coming from the hysteroscope. Some people do not wish to do this but others find it helpful.

Your doctor may use a speculum (the same instrument used in a cervical screening test) so that they can see the neck of your womb. They pass the hysteroscope through your cervix into the uterus. Sometimes the hysteroscope will be passed into your vagina, without having to use a speculum.



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The hysteroscope is connected to a camera and a TV monitor, which show the inside of your uterus. Some gas or fluid may be pumped into your uterus to make it swell a little. This makes it easier to see the lining of your uterus. After this, the doctor may take a tiny piece of tissue ([biopsy](#)) from your uterus. This will be sent to the laboratory for examination under the microscope. Sometimes small lumps (polyps) are found. It may be possible to remove these during the test. After the procedure is completed the hysteroscope is gently removed.

A hysteroscopy takes between 5-30 minutes.

In some hospitals you may have an ultrasound scan before you have the hysteroscopy. [See the separate leaflet called Ultrasound Scan for more details.](#)

Uses

A hysteroscopy may be used to find the cause of various problems such as:

- [Heavy or irregular bleeding](#) that has not improved with medication.
- Bleeding in between your periods.
- Bleeding after your [menopause](#).
- Irregular bleeding whilst you are taking hormone replacement therapy (HRT).
- [Infertility](#).
- [Unexplained miscarriages](#).

As well as being used to investigate the cause of various problems, it can also be used to:

- Remove polyps - small lumps of tissue growing on the lining of the womb (uterus).
- Remove scar tissue in the uterus.
- Perform [endometrial ablation](#) - a procedure where the lining of the womb is made thinner in order to prevent heavy periods.
- Remove adhesions (areas where the walls of the uterus are sticking together).
- [Remove non-cancerous growths \(fibroids\) in the uterus](#).
- Locate a 'lost' or stuck contraceptive device, such as an [intrauterine contraceptive device \(IUCD\) - also known as a 'coil'](#).
- Perform certain types of [sterilisation](#) procedures.

Before you have the procedure your doctor will talk to you about the test. Your doctor may discuss a number of different treatment options with you. This is because it may be possible to treat the cause of your symptoms immediately, using the hysteroscope. In order to do this you must agree (consent) to the treatment. It is up to you to decide which treatment option is best for you.

Is it painful?

If you are awake you may feel something like period cramps at some stages. A lot of women feel no discomfort, or only minimal discomfort. For other women it is very painful and the procedure has to be stopped. In this case you can come back on a different day and have a general anaesthetic. Many different things may influence how painful it is. This includes:

- Whether an anaesthetic is used.
- Whether local or general anaesthetic is used and if local, which type of local anaesthetic. (There are a number of options.)
- Whether pain relief is used.
- The size of hysteroscope used (the thinner ones tend to be less painful).
- The type of hysteroscope used (flexible or rigid).
- Whether a speculum is used.
- The reason you are having the test done.
- Whether you have had babies born through your vagina (vaginal delivery) in the past.
- Whether you are past your menopause or not.

When you are asked to give your consent to the procedure, these sorts of issues should be discussed. Ask your doctor or nurse about the options if you are worried about the possibility of pain. It is not possible to safely have a hysteroscopy whilst you are pregnant.

What can I expect after a hysteroscopy?

If you have general anaesthetic, you will need to rest until the effects of the anaesthetic have passed. You will need to arrange for someone to drive you home. You should try to have a friend or relative stay with you for the first 24 hours.

If you have a local anaesthetic, you will usually be able to go home after a short rest. You should feel well enough to walk, travel by bus or train - or to drive home, providing you haven't been given a sedative.

You may experience some period-like cramps and mild bleeding. **The bleeding is usually mild and should settle within seven days.** To reduce the risk of infection whilst you are bleeding you should:

- Use sanitary towels rather than tampons.
- Not have vaginal sex for one week after and until you stop bleeding.
- Take it easy for the first one or two days and take painkillers as needed.

Side-effects

The most common side-effects are bleeding and pain. Very rarely it is possible that a small hole may be made in the womb (uterus) by the hysteroscope. If this happens you would need to stay in hospital overnight. It is also possible, although not common, to develop an infection of the uterus as a result of hysteroscopy.

You should contact your doctor if you develop any problems such as:

- A temperature.
- Increased unexplained pain not relieved with painkillers.

- Increased discharge, which is smelly and unpleasant.
- Heavy bleeding.

What should I do to prepare for a hysteroscopy?

Your local hospital should give you guidance on what to do before a hysteroscopy. If you are having a hysteroscopy with local anaesthetic, you will not usually need any special preparation.

If you are having a general anaesthetic you will be asked not to eat or drink for a number of hours before the procedure. Your hospital should give you detailed information on this.

Further reading & references

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