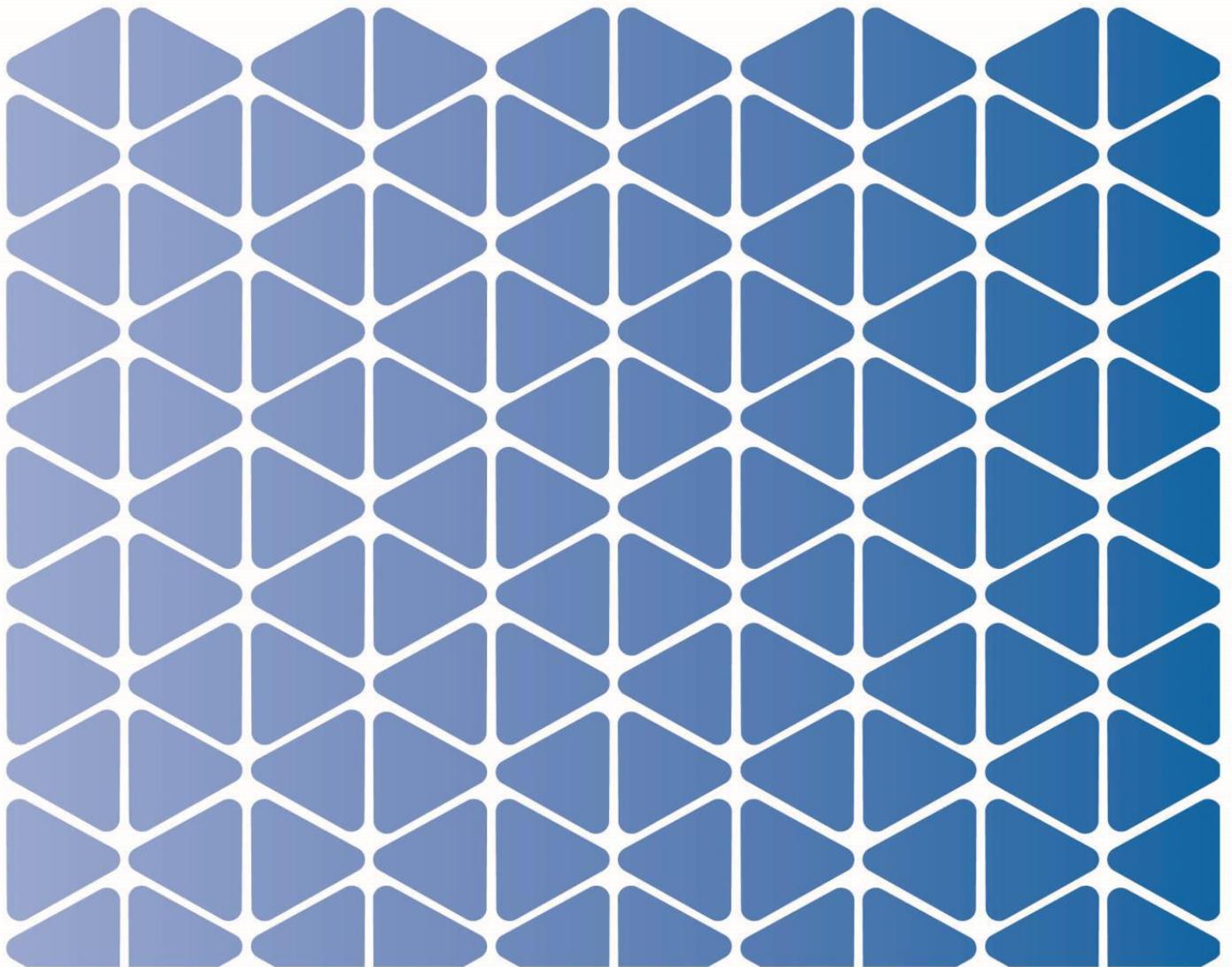




PATIENT INFORMATION

## OUTPATIENT HYSTEROSCOPY



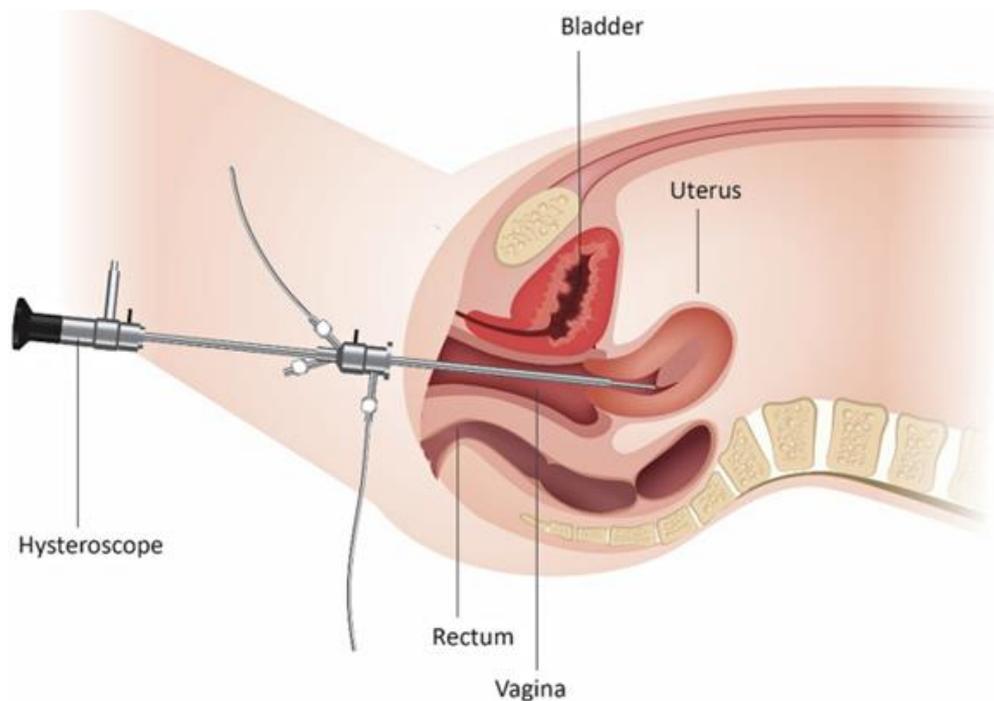
We hope that this information leaflet will help you to understand your care options. We hope that you will feel comfortable to ask questions of your health professional so that you can work together to make a plan that meets your needs and priorities.



Remember you can always ask the healthcare professional to explain things differently, explain things again, or to write down information for you.

### **What is a hysteroscopy?**

A hysteroscopy is a procedure where the inside of your uterus (womb) is examined with a small telescope called a hysteroscope. This allows the clinician to see the inside of the uterus and see whether there are any problems which may need further investigation or treatment. Sometimes the treatment may be able to be carried out on the same visit.



### **Why do I need a hysteroscopy?**

This procedure can be done for a variety of reasons. Your healthcare professional will be able to discuss exactly the reason for this procedure with you. The most common reasons for needing the procedure are:

- Problems with heavy or irregular periods;
- Bleeding after the menopause;
- Fertility investigations;
- To remove a coil (if other methods have failed);
- To investigate and/or treat things inside the womb e.g. polyps/fibroids.

## **What is the benefit of having the procedure done as an outpatient?**

Outpatient hysteroscopy aims to be a safe, quick and convenient procedure. By doing the procedure in a clinic environment it can be more relaxed, and you can be discharged quicker. This makes it more convenient with your personal and work lives. Outpatient hysteroscopy also prevents the need for general anaesthetic which means the risk is lower for you.

## **Where will I have my hysteroscopy?**

Within our trust most outpatient hysteroscopies are carried out at the Women's Health Unit at the Alexandra Hospital. This is a specialist unit which carries out many outpatient gynaecological procedures every day. All the staff are specially trained to care for women undergoing outpatient hysteroscopy and have a lot of experience. They will listen and respect your wishes throughout the procedure. They are happy to answer any concerns you have and will work hard to ensure that you feel in complete control of your procedure and care.

## **How should I prepare for my visit?**

There is no reason to fast prior to the procedure. It is recommended that you drink as normal and eat a light diet. Try to avoid heavy foods which may make you feel sick.

Prior to coming for the procedure we would recommend you take some analgesia – such as ibuprofen (400mg) or paracetamol (1g). This is best taken 1 hour before your appointment.

If you have not gone through the menopause, then it is important to avoid unprotected sexual intercourse for two weeks prior to the procedure. If you have had unprotected sexual intercourse, then please let us know as we may not be able to carry out the procedure.

## **What will happen during the procedure?**

During the procedure you will be placed on a special examination couch and gently laid back. The operator will pass the camera up through the vagina and through the neck of the womb (cervix) into the uterus. They will then have a thorough look around the womb and take some photos for your medical notes.

The procedure uses a lot of water to gently open the neck of the womb and to open the uterus so the clinician can see clearly.

If you wish you will be able to watch the procedure on the screen and see exactly what is happening. The procedure will generally last around 5-10 minutes in total.

## **What other procedures may happen during the procedure?**

The clinician may need to perform other procedures during the hysteroscopy. They will be able to discuss some of these with you prior to the procedure. Some may only become evident during the procedure but will be discussed with you. If you are unsure it is okay to say no and discuss it after the procedure. These procedures include:

- Endometrial biopsy – this a biopsy of the lining of the womb and usually happens after the hysteroscope has been removed. It may cause some crampy period like pain but this is short lasting
- Polyp biopsy or removal – polyps are an overgrowth of the lining of the womb, like a skin tag.
- Fibroid removal
- Insertion or removal of a coil.

## **What will I feel during the procedure?**

Peoples' experiences of the procedure vary greatly. Most people find the procedure quick and relatively pain free. Many things influence the pain and discomfort you may feel during a hysteroscopy such as previous experiences or how anxious you are.

For most people they feel some discomfort like crampy period type pains. These are often worst as the hysteroscope enters the womb. The operator will work as quickly as it possible to minimize the length of the procedure.

If at anytime you feel that the discomfort is too much, please let your health professional know and they can stop.

## **Can I have anaesthetic or pain relief?**

Your comfort during the procedure is one our top priorities but unfortunately we can never guarantee the procedure will be completely pain free.

During the procedure there is access to nitrous oxide ('gas and air') if required. The operator is also able to use local anaesthetic. This may reduce the discomfort of the hysteroscope passing through the neck of the womb, but unfortunately will not stop the crampy period type pains. Having the local anaesthetic can, itself, be uncomfortable whilst it is being injected. Please feel free to discuss anaesthetic options with your clinician and to ask for the procedure to be stopped/halted if you are struggling. You may be asked to stay a little longer after the procedure if you have had nitrous oxide or local anaesthetic before you drive home.

## **What are the risks of having a hysteroscopy?**

Your clinician will discuss these more with you on the day and get you to sign a consent form – they include:

- *Pain* during and after the procedure
- *Feeling sick or fainting* – this affects a small number of women and normally resolves quickly We can give you medication to help with sickness if required.
- *Bleeding* – an amount of watery blood loss is normal after the procedure. This usually settles within 72 hours. If the bleeding gets worse then please contact EGAU on the number below.
- *Infection* – this happens in around 1 in 400 women. Antibiotics are not routinely needed but if you feel unwell, have smelly discharge or severe pain then please contact EGAU.
- *Failure to complete the procedure* – this can happen. Your clinician will discuss with you the further options if this happens.
- *Making a false passage in the cervix* – this happens uncommonly. Usually no further treatment is required for this.
- *Damage to the uterus* – this happens in around 1 in 1000 procedures. Rarely this may cause damage to other structures. For the majority of cases no further treatment is needed, but if the operator is unsure they may want to do an operation to repair the hole.

## **What happens after the procedure?**

Once the procedure has been completed you will be moved to a recovery room. Here you will be monitored for a short time and your observations taken. The nursing staff will offer you a drink. After 10-15 minutes if you are well then you will be discharged home. There is the opportunity for further pain relief if needed, so please feel free to ask the nursing staff or your clinician.

## **What are the other options?**

You can always discuss the alternatives with your clinician. The urgency of the procedure will depend on the exact reason for your hysteroscopy.

Alternatives include:

- Not having anything done;
- Not having the procedure and considering alternative monitoring;
- Having the procedure done under general or regional anaesthetic.

### What if I am bleeding/having a period on the day of my procedure?

Please still keep your appointment. Bleeding may make the views of the womb difficult depending on how heavy you are bleeding. We may still be able to diagnose a problem or give treatment despite this. If you have any queries, please contact the Women's Health Unit.

### What should I do if I don't want the procedure?

Please inform us as soon as possible so we can utilize the appointment for others. Not having the procedure does not mean we won't see you, but we may be able to divert you to a different clinic and utilize the specialist hysteroscopy appointment for others.

Your notes

You can fill out the following table with your healthcare professional. This will help you to think about which option is best for you, given your individual situation. Doing nothing is also an option.

<b>My Options include...</b>	<b>The Benefits</b> Why is this option good for me?	<b>The Risks</b> What is not so good about this option for me?
To have treatment		
To do nothing		
Alternative treatment(s)		

You might also want to ask...

- How quickly should I expect to see an improvement?
- Who should I contact if I have questions after I leave today?
- Do I need to come back to the hospital again? Or to see my GP after today?
- Where can I go to get more information?
- What lifestyle changes could I make to support my recovery?

**Your notes**

### **Who should I contact if I have any problems?**

The Women's Health Unit is open 9-5pm Monday to Friday. Please feel free to call with any concerns you may have after your treatment.

The Emergency Gynaecology Assessment Unit (EGAU) is open 24 hours a day, 7 days a week. If you have any concerns outside of these hours you can ring EGAU to speak to one of the gynaecology nurses for advice. You can also speak to your GP who may be able to help with many issues.

Emergency Gynaecology Assessment Unit – 01905 761 489

Women's Health Unit – 01527 512 131 (Monday-Friday 0900-1700).

**If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.**

### **Patient Experience**

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

### **Feedback**

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

### **Patient Advice and Liaison Service (PALS)**

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

### **How to contact PALS:**

**Telephone Patient Services: 0300 123 1732 or via email at: [wah-tr.PALS@nhs.net](mailto:wah-tr.PALS@nhs.net)**

### **Opening times:**

The PALS telephone lines are open Monday to Thursday from 8.30am to 4.30pm and Friday: 8.30am to 4.00pm. Please be aware that a voicemail service is in use at busy times, but messages will be returned as quickly as possible.

If you are unable to understand this leaflet, please communicate with a member of staff.