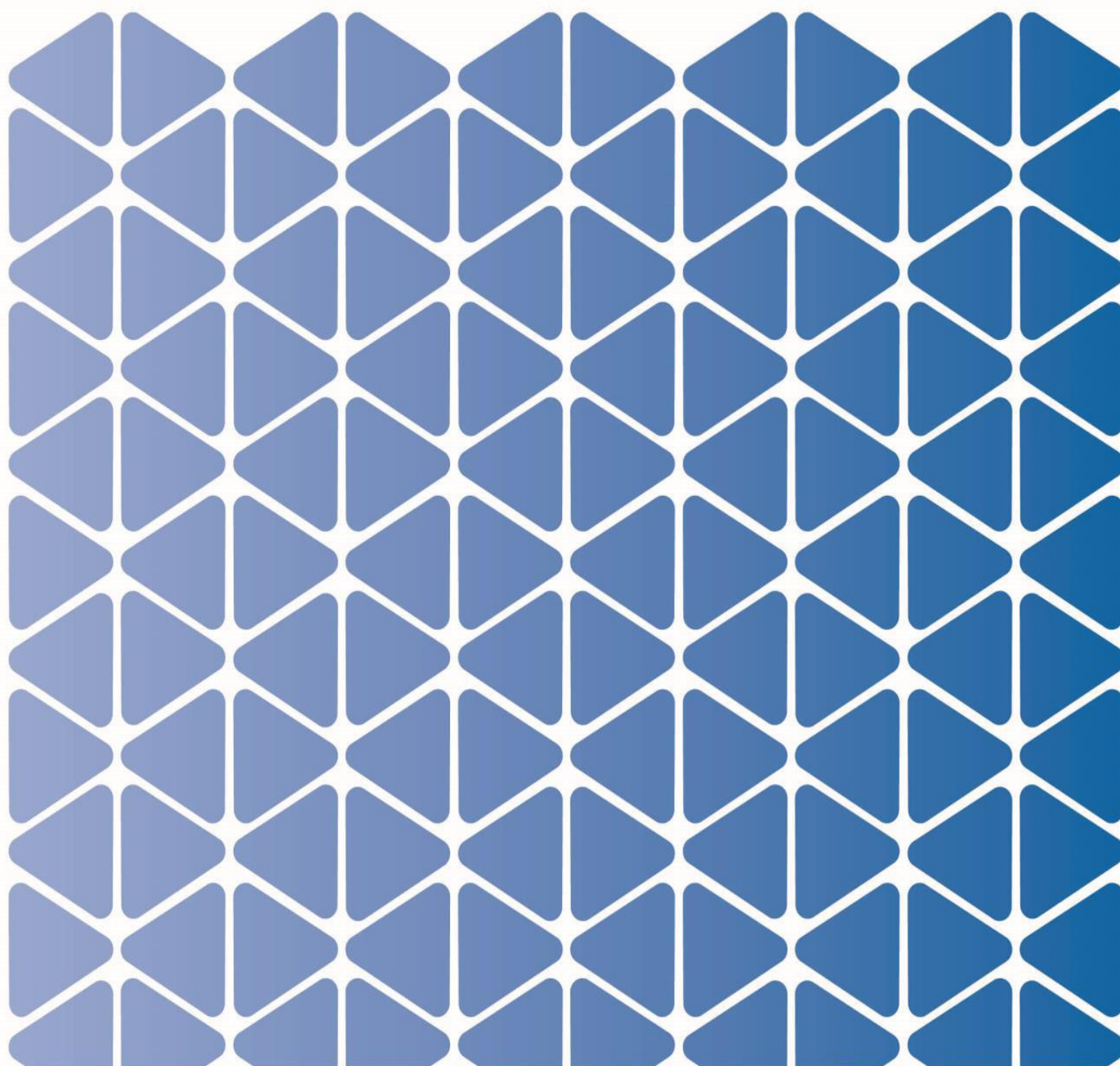


PATIENT INFORMATION
PROCEDURE LEAFLET

DIAGNOSTIC HYSTEROSCOPY (under general anaesthetic)



Department of Gynaecology

It has been recommended that you have a diagnostic hysteroscopy (with or without an endometrial biopsy, polypectomy, cervical smear test or the insertion of Mirena coil).

This leaflet explains some of the benefits, risks and alternatives to the operation. We want you to have all the information you need to make the right decision. Please ask your surgical team about anything you do not fully understand or want to be explained in more detail.

We recommend that you read this leaflet carefully. You and your doctor (or other appropriate health professional) will also need to record that you agree to have the procedure by signing a consent form, which your health professional will give you.

What is a hysteroscopy?

Hysteroscopy is a procedure that uses a special instrument called a hysteroscope, to examine the inside of your uterus (womb). Because the hysteroscope is inserted through the vagina no incision to the abdomen, cervix or uterus is required.

Why do I need a hysteroscopy?

A hysteroscopy may be performed for diagnostic purposes to allow us to make a definitive diagnosis of your complaint, or as an operative procedure to treat a known gynaecological condition:

It may be used for diagnostic purposes or to determine the cause of a gynaecological problem, including:

- To investigate heavy or irregular periods.
- To investigate post-menopausal bleeding.
- To investigate infertility.
- To investigate recurrent miscarriage.
- To investigate unexplained pain.
- To investigate fibroids.

Minor procedures may be done at the same time to treat your condition, these may include:

- To remove, insert or change an intra-uterine contraceptive device (IUD).
- Removal of polyps or fibroids.

Hysteroscopy may be performed alone or in conjunction with laparoscopy (with or without other procedures). Hysteroscopy alone generally takes five to 15 minutes and is performed as a day case procedure. Although in some cases a hysteroscopy can be

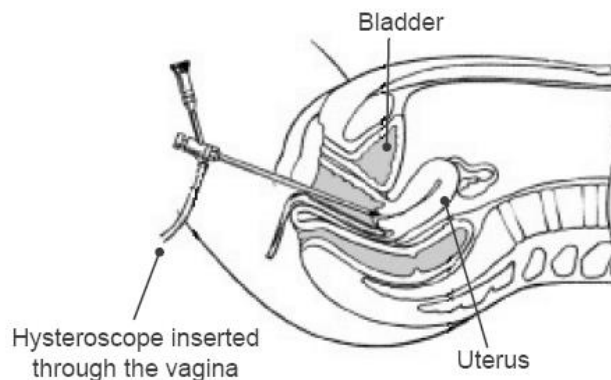
performed under local anaesthetic it has been suggested that your procedure is done under general anaesthetic.

The decision to undergo a hysteroscopy, as with any surgical procedure, is always yours and should not be made in a rush. Make a decision only when you are completely satisfied with the information you have received and believe that you have been well informed.

If you do decide to undergo hysteroscopy we will ask you to sign a consent form, having explained the procedure and the risks involved. Before signing do read it carefully and ask us if you have any questions.

The hysteroscopic procedure

Your doctor will insert a speculum into the vagina to keep the vaginal walls apart. This allows a clear view of the cervix. The cervical canal is gently opened, and the hysteroscope is passed into the uterus. Some fluid will be passed through the hysteroscope to gently expand the inside of the uterus and improve visibility. Any irregularities or growths can be seen, as well as the internal openings of the fallopian tubes. A small piece of tissue (biopsy) may be taken for examination by a pathologist.



If more advanced surgery is needed the hysteroscopic procedure may take anywhere from five to 60 minutes. Your hysteroscopy may be performed in conjunction with other procedures such as laparoscopy.

Benefits of the procedure

The aim of your surgery is to:

- Diagnose the cause of bleeding symptoms.
- Treat bleeding symptoms (if possible).
- Assess the uterine cavity.
- Remove, insert or change an Intrauterine Contraceptive Device (IUCD)

Serious or frequent risks

Everything we do in life has risks. Hysteroscopic surgery has some risks associated with it. The general risks of surgery include problems with:

- Breathing (for example, a chest infection);
- The heart (for example, abnormal rhythm or, occasionally, a heart attack); and
- Blood clots (for example, in the legs or occasionally in the lung).

Every attempt is made to reduce the risk of complications. The following list of possible complications specifically relates to hysteroscopy. This list is intended to inform, not alarm:

- Vaginal bleeding and discharge.
- Pelvic infection.
- Failure to visualise uterine cavity.
- Uterine perforation. Although uncommon, this risk is slightly greater in post menopausal women and in women who have recently been pregnant. A perforation usually heals quickly, but in some cases it may require further surgery.
- Damage to adjacent organs such as the bladder, bowel or blood vessels if perforation of the uterus has occurred. This may require additional surgery.
- Pelvic discomfort and pain.
- Continued or erratic bleeding with mirena coil.

Most people will not experience any serious complications from their surgery. The risks increase for elderly people, those who are overweight and people who already have heart, chest or other medical conditions such as diabetes or kidney failure. As with all surgery, there is a small risk that you may die although this is extremely rare.

You will be cared for by a skilled team of doctors, nurses and other health-care workers who are involved in this type of surgery every day. If problems arise, we will be able to assess them and deal with them appropriately.

Other procedures that are available

Although ultrasound can be used to assess the uterus (womb) and the lining of the uterus it is not always as good as a hysteroscopy and does not allow collection of a biopsy.

Your pre-surgery assessment visit

We may ask you to go to a pre-surgery assessment clinic where you will be seen by members of the medical and nursing teams of the surgical unit. The aim of this visit is to record your current symptoms and past medical history, including any medication you are taking. Your heart and lungs will be examined to check that you are well enough for surgery. Blood tests and x-rays will usually be taken or arranged during this clinic.

The members of the surgical team will check that you agree to have the planned surgery. Please bring your operation consent form (which you were given in Outpatients), making sure that you have read and understood the form before you visit the clinic. If you have not understood any part of the information, you will be able to ask any questions you may have about your planned surgery.

Being admitted to the ward

You will usually be admitted on the day of your surgery. We will welcome you to the ward and check your details. We will fasten an armband containing your hospital information to your wrist.

If you are at high risk of blood clots in your legs after surgery, we will ask you to wear support stockings before and after your surgery.

Before you come into hospital

There are some things you can do to prepare yourself for your operation and reduce the chance of difficulties with the anaesthetic.

- If you smoke, consider giving up for several weeks before the operation. Smoking reduces the amount of oxygen in your blood and increases the risks of breathing problems during and after an operation.
- If you are overweight, many of the risks of anaesthesia are increased. Reducing your weight will help.
- If you have loose or broken teeth or crowns that are not secure, you may want to visit your dentist for treatment. The anaesthetist will usually want to put a tube in your throat to help you breathe. If your teeth are not secure, they may be damaged.
- If you have long-standing medical problems, such as diabetes, hypertension (high blood pressure), asthma or epilepsy, you should consider asking your GP to give you a check-up.

There is a risk that your procedure will be cancelled if there is a chance of very early pregnancy. In order to be sure you are not pregnant at the time of the procedure you must not have sex or you must use reliable contraception between the first day of the last NORMAL period to the date of procedure.

Your anaesthetic

We will carry out your surgery under a general anaesthetic. This means that you will be asleep during your operation and you will feel nothing.

Your pre-surgery visit by the anaesthetist

After you go into hospital, the anaesthetist will come to see you and ask you questions about:

- Your general health and fitness;
- Any serious illnesses you have had;
- Any problems with previous anaesthetics;
- Medicines you are taking;
- Allergies you have;
- Chest pain;
- Shortness of breath;
- Heartburn;
- Problems with moving your neck or opening your mouth; and
- Any loose teeth, caps, crowns or bridges.

Your anaesthetist will discuss with you the different methods of anaesthesia they can use. After talking about the benefits, risks and your preferences, you can then decide together what is best for you.

Also, before your operation a member of the theatre nursing staff may visit you. He or she will be able to answer any questions you may have about what to expect when you go to theatre.

On the day of your operation

Nothing to eat and drink (nil by mouth)

It is important that you follow the instructions we give you about eating and drinking. We will ask you not to eat or drink anything (including chewing gum or sucking sweets) for six hours before your operation. This is because any food or liquid in your stomach could come up into the back of your throat and go into your lungs while you are being anaesthetised. You may take a few sips of plain water up to two hours before your operation so you can take any medication tablets.

Your normal medicines

Continue to take your normal medicines up to and including the day of your surgery. It is helpful if you bring your usual medicines with you. If we do not want you to take your normal medication, your surgeon or anaesthetist will explain what you should do. It is important to let us know, before you are admitted, if you are taking anticoagulant drugs (for example, warfarin, aspirin or clopidogrel).

We will need to know if you don't feel well and have a cough, a cold or any other illness when you are due to come into hospital for your operation. Depending on your

illness and how urgent your surgery is, we may need to delay your operation as it may be better for you to recover from this illness before your surgery.

Your anaesthetic

When it is time for your operation, a member of staff will take you from the ward to the operating theatre. They will take you into the anaesthetic room and the anaesthetist will make you ready for your anaesthetic.

To monitor you during your operation, your anaesthetist will attach you to a machine to watch your heart, your blood pressure and the oxygen level in your blood. General anaesthesia usually starts with an injection of medicine into a vein. A fine tube (venflon) will be placed in a vein in your arm or hand and the medicines will be injected through the tube. Sometimes you will be asked to breathe a mixture of gases and oxygen through a mask to give the same effect.

Once you are anaesthetised, the anaesthetist will place a tube down your airway and use a machine to 'breathe' for you. You will be unconscious for the whole of the operation and we will continuously monitor you. Your anaesthetist will give you painkilling drugs and fluids during your operation. At the end of the operation, the anaesthetist will stop giving you the anaesthetic drugs. Once you are waking up normally, they will take you to the recovery room.

Pain relief after surgery

Pain relief is important as it stops suffering and helps you recover more quickly.

We may give you tablets or injections to make sure you have enough pain relief. Once you are comfortable and have recovered safely from your anaesthetic, we will take you back to the ward. The ward staff will continue to monitor you and assess your pain relief. It is important that you report any pain you have as soon as you experience it.

What are the risks of anaesthetic?

Your anaesthetist will care for all aspects of your health and safety over the period of your operation and immediately afterwards. Risks depend on your overall health, the nature of your operation and how serious it is. Anaesthesia is safer than it has ever been. If you are normally fit and well, your risk of dying from any cause while under anaesthetic is less than one in 250,000. This is 25 times less likely than dying in a car accident. Side effects of having an anaesthetic include drowsiness, nausea (feeling sick), muscle pain, sore throat and headache. We will discuss with you the risks of your anaesthetic.

After your surgery

Recovering from hysteroscopy

After your hysteroscopy, while you are still under the effects of the anaesthetic, you will be taken to the Recovery Room where you will be monitored by the recovery staff until you are transferred back to the ward. Back on the ward the nursing staff will monitor you and take routine observations. Your doctor will consult with you to explain how the surgery went and what the findings were. On occasion our medical team may be delayed in theatre and therefore unable to see you prior to your discharge from the hospital. Should this be the case your doctor will discuss the results of your surgery with you over the telephone.

Leaving hospital

Length of stay

You will usually be discharged from hospital the same day as the procedure. Your doctor will give you the relevant instructions for looking after yourself during the post-operative period.

Medication when you leave hospital

Simple pain relief such as Paracetamol may be required. Before you leave hospital, the pharmacy will give you any extra medication that you need to take when you are at home.

Convalescence

How long it takes for you to recover from your surgery varies from person to person. It can take up to a few days. After you return home, you may need to take it easy and should expect to get tired to begin with.

Stitches

You will not have any stitches following a hysteroscopy.

Personal hygiene

You will be able to bathe or shower as normal after you leave hospital.

Diet

You don't usually need to follow a special diet. If you need to change what you eat, we will give you advice before you go home.

Physical and sexual activity

Normal physical and sexual activity may be resumed when any bleeding and discomfort have disappeared, and you are feeling well enough. This may take anywhere from 1 to 3 days, depending on the nature of your procedure and your general health.

You may use pads but no tampons for the first week following your hysteroscopy. The time to return to work depends on the procedure that you have had. For most diagnostic and minor hysteroscopic procedures you can return to work after 1-3 days.

Driving

You should not drive for 24 hours following hysteroscopy to allow the effects of the general anaesthetic to completely wear off, and you should not make any important decisions during this time. It is your responsibility to check with your insurance company.

Work

Most people will be back to work after a few days. Please ask us if you need a medical sick note.

Outpatient appointment

Before you leave hospital we may give you a follow-up appointment to come to the outpatient department, or we will send it to you in the post.

Analysing the biopsy taken

If a biopsy has been taken, we send it to a special laboratory in the hospital for tests. We will usually let you have the results by post or at the follow-up appointment.

After you leave hospital

You should report to us immediately if you experience any of the following:

- Persistent bleeding from the vagina that is smelly or becomes heavier than a normal period and is bright red.
- Pain or burning on passing urine, or the need to pass urine frequently, as this may indicate a urinary tract infection.
- Increasing nausea.
- Increasing abdominal pain with vomiting.

Contact details

If you have any specific concerns that you feel have not been answered and need explaining, please contact the following.

Worcester Royal Hospital

- Gynaecology Nursing Staff, Lavender Ward (phone 01905 760586)
- Hospital Switchboard (phone 01905 763333)

Alexandra Hospital

- Gynaecology Nursing Staff, Ward 14 (phone 01527 512100)
- Hospital Switchboard (phone 01527 503030)

Kidderminster Treatment Centre

- Ward 1 Nursing Staff (phone 01562 512356)
- Hospital Switchboard (phone 01562 823424)

Other information

The following internet websites contain information that you may find useful.

- www.patient.co.uk
Information fact sheets on health and disease
- www.rcoa.ac.uk
Information leaflets by the Royal College of Anaesthetists about 'Having an anaesthetic'
- www.nhsdirect.nhs.uk
On-line Health Encyclopaedia
- www.worcestershirehealth.nhs.uk/acute_trust
Worcestershire Acute Hospitals NHS Trust
- www.rcog.org.uk
Royal College of Gynaecology

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

Opening times:

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

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