

Having a Hysteroscopy

Daycase Hysteroscopy

What is a hysteroscopy?

A hysteroscopy is an operation usually performed as an outpatient. Occasionally this is not suitable, in which case it will be arranged as a day case procedure, usually with a general anaesthetic. A small, narrow telescope is used to look inside the womb through the vagina. In some cases a small piece of lining of the womb will be taken, which is called a biopsy. The procedure is usually performed to investigate problems you have been experiencing such as abnormal bleeding.

A biopsy of the lining of the womb is often taken to decide if you need any further treatment. If minor problems such as polyps are found, they can usually be removed during the hysteroscopy.

The hysteroscopy procedure usually takes approximately ten minutes.

What happens when I come into hospital?

One to two weeks or more before your procedure, you will be contacted by a pre-operative assessment nurse. She will go through a pre-operative 'check list' with you to ensure you are fit and well. If you have certain medical conditions you may be asked to come to the Gynaecology Outpatients Department for a pre-operative visit. This may be a few days before your operation date. You will see a doctor and a nurse and have any relevant tests performed, e.g. blood tests.

The doctor may examine you and ask you to sign a consent form for the operation. The nurse will check your medical and social details and will explain what will happen on the day of your operation.

Depending on your age and any medical problems you have, you may need a chest x-ray and an electrocardiograph (ECG) - a tracing of your heartbeat.

If you are booked for the Day Case Unit, you will have been issued with a health care questionnaire, which you must bring with you. Please bring any regular medications you take with you.

On the day of your operation

You will be informed what time to attend the department on the day of your operation, as well as being given clear instructions when to stop eating and drinking. The nurses will check your details again and prepare you for the operation. You will be seen by an anaesthetist.

You should ensure there is no chance that you are pregnant before the procedure. You can do this by making sure you use barrier contraception from the first day of your last period before the hysteroscopy right up until the day of the appointment itself. On the day of the procedure, a urine pregnancy test is routinely performed for any women under the age of 55, even if you are certain that you are not pregnant. A nurse will accompany you to the anaesthetic room and stay with you until you are asleep. After the operation you will be taken to the recovery room. You will stay there until the recovery nurses are sure that you are awake and that you are comfortable enough to be taken back to the ward.

We would expect you to go home on the same day of a hysteroscopy operation. You will need someone to take you home and to stay with you overnight.

Will I have any bleeding after the operation?

Some bleeding normally occurs. This may be heavier if you have had polyps or fibroids removed. The nurses on the ward will monitor your bleeding. Please use sanitary towels and not tampons until the bleeding stops.

Will I feel any pain?

You may feel some discomfort, but should not experience any severe pain. It often feels like period pain. The nurses in the recovery room and on the ward will regularly assess your pain and give you pain relief medication.

Most women will be comfortable with paracetamol or ibuprofen, so it is useful to make sure you have some at home in preparation.

Hygiene needs

Avoid having a bath or hot shower when you go home on the day of your operation as you may feel faint after a general anaesthetic. Normal bathing can resume the following day. The ward nurses will help you with your hygiene needs when required.

When can I resume normal activities?

You will need to fully recover from the general anaesthetic, which takes at least 24 hours. We would not recommend driving for 48 hours after the anaesthetic, and wait longer if you still feel your concentration is affected. You should not drive if you feel drowsy and cannot drive within 24 hours of having an anaesthetic.

You should be able to resume all your normal daily activities the following day.

Sexual intercourse should be avoided until any vaginal bleeding has settled.

What if I feel unwell at home?

Please contact your GP if any of the following symptoms occur:

- severe pain;
- heavy prolonged bleeding;
- high temperature/fever;
- offensive vaginal discharge.

These symptoms can mean you may have an infection which would require treatment.

Are there any potential complications?

All operations carry some degree of risk, including reaction to general anaesthetic or any drugs you may be given. There may be bleeding from the vagina, especially if you have had a biopsy. Occasionally, particularly if you have had previous operations on the womb such as an ablation, it may not be possible to see into the cavity of the womb. Your doctor will discuss options with you after the procedure if this occurs.

Major complications are rare. Uncommonly the instruments can cause a perforation to the womb, which is a small hole made in the muscle of the womb,. If the doctor is concerned there may be other problems from a perforation a laparoscopy may be performed to check and potentially repair any damage. This does not usually cause any long-term problems. You would need to stay in hospital overnight for observation and may require treatment with antibiotics. Occasionally, further surgery may be needed to repair any damage caused by the perforation. This is usually via a laparoscopy. There is also risk of pelvic infection.

How will I know the result of my operation?

A doctor or nurse should explain what happened during your operation before you are discharged. They will explain any follow-up arrangements or any treatments prescribed. You will be given a copy of your discharge plan to take home

Depending on what was found during the hysteroscopy, and if biopsies were taken, you may be asked to:

- see your GP for results;
- come to the ward the following week to be given your results;
- be sent an outpatients appointment;
- be written to directly to your home address with your results.

Your GP will receive a copy of your results.

If no biopsies or other tissue is removed at the operation, then there will not be any need to wait for any results from the Pathology Laboratory. The medical and nursing staff should explain to you any further treatment that is needed.

If you have any further questions, please contact us on:

- **Wynard Ward01392 406512**
- **Day Case Unit01392 406550**
- **Pre-assessment Nurse.....01392 406531**

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by RD&E staff undertaking procedures at the RD&E hospitals.

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