

Outpatient hysteroscopy clinic

Outpatient hysteroscopy

Information for patients, relatives and carers

Introduction

This information is for you if you are planning to have a hysteroscopy procedure as an outpatient. Please feel free to ask our team any questions you have about the information below.

Key points

- Outpatient hysteroscopy (OPH) is a procedure where a small telescope is passed through your cervix to examine the inside of your uterus (womb).
- There are many reasons why you may have been referred for OPH – such as investigation and/or treatment of abnormal bleeding, or removal of a polyp seen on a scan, or removal of a coil with missing threads
- **It is important that you use contraception or avoid sexual intercourse from your last period until your procedure has been completed. OPH cannot be performed if there is any risk of pregnancy. This also applies to women undergoing fertility investigations.**
- Hysteroscopy in the outpatient clinic is quick and is routinely carried out with minimal discomfort. However, you may feel pain (like a period pain) and should take pain relief 1-2 hours before the procedure (ibuprofen 400mg and paracetamol 1g, unless you have an allergy to one of these). If it is too painful, it is important to let your healthcare professional know as the procedure can be stopped at any time.
- You may choose to have the hysteroscopy under general anaesthesia instead, which is done in the operating theatre, usually as a day case procedure – please contact the numbers at the end of this leaflet to discuss with a member of the team.

What is outpatient hysteroscopy (OPH)?

An outpatient hysteroscopy is a procedure which involves examining the inside of your uterus (womb). This is done by passing a narrow telescope device called a hysteroscope, which is fitted with a small camera, through the cervix (neck of the uterus). The doctor or nurse specialist, doing the procedure, can then see if there are any problems inside your uterus that need further investigation or treatment.

You may have been referred for OPH to investigate/treat abnormal bleeding, remove a polyp seen on a scan, or remove a coil with missing threads.

What should I do before my appointment?

Eat and drink as normal and take any prescribed medications on the day of your procedure.

It is recommended that you take pain relief (ibuprofen 400mg and paracetamol 1g, if you have no allergies) at least one hour before your appointment.

Contraception

It is important to either use contraception or avoid sex in the cycle leading up to your appointment and until the procedure is complete. Hysteroscopy cannot be performed if there is any risk of you being pregnant. This also applies to women undergoing fertility investigations.

We will ask you to produce a urine sample and take a pregnancy test before the procedure.

Can I still have an OPH if I'm bleeding?

Sometimes it can be difficult to do the hysteroscopy if you are bleeding heavily. Please contact the department via the number or email address at the end of this leaflet if you have any concerns.

What happens during the procedure?

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.

We will give you a gown to wear during the procedure and ask you to undress from the waist down. There will be two or three healthcare professionals in the room and one of them will support you through the procedure. They will help you to get positioned in a special chair and will keep you covered as much as possible.

A vaginal examination is carried out before the hysteroscopy. A hysteroscope is gently passed through the cervix and into the uterine cavity. No cuts are needed. Fluid (saline solution) is passed down the hysteroscope in order to see the lining of the uterus. You will feel fluid in the vagina as it trickles out.

For the majority of women, the hysteroscopy is carried out without the need for a speculum (the instrument used when having a smear test) or local anaesthetic.

Some minor procedures can be done at this visit, such as:

- endometrial biopsy – taking a sample from the lining of the uterus
- polyp removal – a polyp inside the uterus is a skin tag and is formed due to the overgrowth of the lining of the uterus and can cause irregular bleeding
- insertion of an intrauterine device which releases a hormone (e.g. Mirena®)
- removal of a coil from the uterus when the threads are not visible

During the hysteroscopy your healthcare professional will view the inside of your uterus on a monitor and you can also watch the monitor if you choose. Photographs of the findings are taken and kept in your notes.

The procedure takes about 5 to 15 minutes. A biopsy (small sample) from the lining of the uterus may be taken and sent to the laboratory for examination.

An endometrial polyp can sometimes be removed using a biopsy forcep, or you may be booked to return for a slightly different procedure called MyoSure[®] to remove larger polyps. Your healthcare professional will discuss this with you.

Sometimes, we may offer you a local anaesthetic if the cervix is too narrow for insertion of the hysteroscope or Mirena[®].

Will OPH hurt?

For the majority of women, hysteroscopy in the outpatient clinic is quick and safe and is carried out without any, or with very little pain and discomfort. Hysteroscopy is often carried out without the need for a speculum (the instrument used when having a smear test), by using a narrow telescope as this is more comfortable for you.

However, everyone's experience of pain is different. If it is too painful for you, it is important to let your healthcare professional know, as the procedure can be stopped if you wish.

You may choose to have the hysteroscopy under general anaesthesia instead, which is done in the operating theatre, usually as a day case procedure – please contact the numbers at the end of this leaflet to discuss with a member of the team.

What are the possible risks with OPH?

- **Pain** after OPH is usually mild and similar to period pain. It is usually controlled with simple pain relief
- **Severe pain, feeling or being sick or fainting** can affect a small number of women. However, these symptoms usually settle quickly
- **Bleeding** is usually very mild, watery and is lighter than a period. It normally settles within a few days. It is recommended that you use sanitary towels, not tampons. If the bleeding does not settle or gets very heavy, please contact your GP or go to your nearest A&E
- **Infection** is rare (1 in 400 women). Antibiotics are not routinely given unless you have had a coil inserted
- **Failed/unsuccessful OPH** occurs if it is not possible to pass the hysteroscope inside your uterus. This usually happens when the cervix is tightly 'closed' or scarred. If this happens your healthcare professional will discuss alternative options with you
- **Uterine perforation.** Rarely, a small hole is accidentally made in the wall of the uterus. This could also damage nearby tissues. This happens in less than 1 in 1000 outpatient

hysteroscopy procedures. It may mean that you have to stay in hospital overnight. Usually nothing more needs to be done, but it may need a further operation to repair the hole

These risks are lower for OPH than hysteroscopy under a general anaesthetic.

How long does the procedure take?

The actual procedure may only take 5 to 15 minutes. However, the total visit may take up to an hour including consultation, having the procedure and recovery.

How will I feel afterwards?

You may experience some period-like discomfort, some spotting or fresh (bright red) bleeding which will be very watery and can last up to one week.

You can shower as normal. You can have sex and return to your normal physical activities when any bleeding and discomfort has settled.

If needed you can take pain relief, such as ibuprofen 400mg every 8 hours or paracetamol 1g every 4 hours, or your usual period pain tablets. You can combine these two groups of medication if you need stronger pain relief.

What will happen after the hysteroscopy?

You can rest in the outpatient clinic's recovery area for as long as you need (usually about 20 minutes), or you can leave once the procedure is complete.

You will receive your results in either writing or over the telephone. We will discuss the next steps with you on the day.

How do I contact the hospital?

We have one number for both the Queen Charlotte's & Chelsea and St Mary's clinics so if you have any questions or need to change your appointment you can contact us on the number or appointments email below.

Telephone: 020 3313 7320

Opening times: 09.00 – 17:00

Email: imperial.ophadministration@nhs.net

If you need advice at night or at the weekend, please contact the hospital switchboard on 020 3312 6666 and ask to speak to the senior house officer on call for gynaecology.

How do I make a comment about my visit?

If you have any **suggestions** or **comments** about your visit, please either speak to a member of staff or contact the patient advice and liaison service (**PALS**) on **020 3313 0088** (Charing Cross, Hammersmith and Queen Charlotte's & Chelsea hospitals), or **020 3312 7777** (St Mary's and Western Eye hospitals). You can also email PALS at imperial.pals@nhs.net

Alternatively, you may wish to complain by contacting our complaints department:
Complaints department, fourth floor, Salton House, St Mary's Hospital, Praed Street
London W2 1NY

Email: ICHC-tr.Complaints@nhs.net

Telephone: **020 3312 1337 / 1349**

Alternative formats

This leaflet can be provided on request in large print or easy read, as a sound recording, in Braille or in alternative languages. Please email the communications team:
imperial.communications@nhs.net

Wi-fi is available at our Trust. For more information visit our website: www.imperial.nhs.uk

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