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اگر نیاز به ترجمہ دارید، لطفاً با شماره 01932 723553 تماس بگیرید۔

ਜੇ ਤੁਹਾਨੂੰ ਭਰਜਮੇ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਇਸ ਨੰਬਰ ਤੇ ਫੋਨ ਕਰੋ: 01932 723553

اگر آپ اس کا اردو زبان میں ترجمہ چاہتے ہیں، تو براہ کرم اس فون نمبر 01932 723553 پر رابطہ کریں

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यदि आपको अनुवाद की ज़रूरत है तो कृपया इस नंबर पर फोन करें: 01932 723553

Jeżeli chcemy, aby te informacje w innym języku, proszę zadzwonić 01932 723553

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Hysteroscopy

Women's Health



Hysteroscopy is usually carried out in the outpatients department.

Occasionally, the procedure may have to be carried out under general anaesthetic as a day case and for this a pre-operative assessment will be arranged.

Going home

Most women tolerate the procedure very well. If you felt unwell during or after the procedure you will be advised a short rest in our recovery room before going home. If you experience any discomfort, normal pain relief should be sufficient. If you have abdominal pain, develop a temperature, have heavy or prolonged bleeding or develop a smelly vaginal discharge 24 hours or more after the procedure, please contact on telephone numbers below, see your GP or go to a Walk-in-Clinic or Emergency unit.

Additional information

Should you have any further questions or problems relating to your procedure, please do not hesitate to contact:

Selva Olley, Lead Nurse - Hysteroscopy
Telephone: **01932 722494** or **01932 723984**

Olivia Meek, Gynae-Oncology Specialist Nurse
Telephone: **01932 872000** Ext: **6712** / Bleep No: **8232**

Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty.

If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email asp-tr.patient.advice@nhs.net. If you remain concerned, the team can also advise upon how to make a formal complaint.

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Biopsy

A biopsy is a procedure that we use to take a small sample for examination under a microscope. Changes that take place in the lining are not always apparent by direct viewing such as by hysteroscopy. Examining the sample under the microscope (histology test) helps us determine whether the lining of the uterus is growing excessively or contains possible cancer cells. A normal histology result ultimately gives us the reassurance we need when other tests like ultrasound and hysteroscopy yield abnormal or uncertain results.

What happens next?

You may have slight watery bleeding or spotting after the investigation, which usually settles within a week. Some women may feel dizzy / faint and will be shown to the recovery room to sit for a while.

How do I get the results?

In most cases your doctor will be in a position to discuss the findings with you immediately after the test. If a biopsy has been taken, or a polyp removed, the doctor will either write to you with the results or you will be sent an appointment to be seen in the outpatient clinic.

If you have not received your results within 2-4 weeks, please contact the Gynaecology Administration Team on **01932 722050**.

What is a Hysteroscopy?

Hysteroscopy is a procedure which allows us to look inside the womb. During the procedure a fine telescope called a hysteroscope is guided through the vagina and neck of the womb into the womb.

Most women are referred to the clinic to investigate unusual bleeding. Often this is caused by noncancerous growths of the lining of the womb like polyps or fibroids. Rarely, irregular bleeding or bleeding after the menopause might indicate that there are pre-cancerous cells (or very rarely cancerous cells) in the lining of the womb. The hysteroscopy examination allows us to identify such abnormalities.

We use hysteroscopy in the following situations:

- To investigate bleeding after the menopause
- To investigate irregular or heavy bleeding pattern
- To investigate fertility problems
- To remove a polyp
- To remove a lost coil
- To investigate / remove retained placental tissues post-delivery or miscarriage

What happens during the procedure?

You will see a doctor who will explain how the investigation is done and answer any questions you might have.

For the procedure you will be positioned on a couch with stirrups supporting both your legs. A tiny telescope is introduced through

the vagina and gently into the neck of the womb. There is a constant water flow through the hysteroscope to allow distension and facilitate insertion of the telescope. The procedure is transmitted to a TV screen and you can observe it if you wish.

The hysteroscopy is usually done without any anaesthetic. Some women experience 'period like' discomfort whilst other women feel nothing at all. If you find the procedure painful we will stop immediately. If required, we may use local anesthetic to numb the neck of the womb although this is rarely necessary.

There are usually two nurses present in the room. One will be helping the doctor and the other nurse will be next to you seeing to your needs. If you have a companion with you during the examination, they will be able to give you extra support.

A sample of the lining of the womb (endometrium) is taken if required. Sometimes polyps are found and most times it is possible to remove these during the hysteroscopy. The actual procedure will only take approximately 15 minutes.

Complications

Complications are very rare. Occasionally the test may make you feel nauseous or light-headed. This is very short lasting. Rarely infection of the uterus occurs. Occasionally, it may not be possible for your surgeon to pass the telescope into your womb or get a clear view of the lining. If this happens, your surgeon will discuss alternative options with you. **Very rarely**, the hysteroscopy telescope might injure the wall of the uterus, in which case you would be admitted to the gynaecology ward for observation.

Before the procedure

The nurses will carry out a urine pregnancy test on your arrival.

If you are on regular medication you should take this as normal. You should eat and drink as normal. In fact, we encourage you to have breakfast or lunch before the procedure. You should take a painkiller such as Paracetamol 1g (2 tablets) and / or Ibuprofen (Nurofen) 400mg about 1 hour before your appointment. If you are allergic to Nurofen or asthmatic you can take 2 tablets of Solpadine instead (please do not take Paracetamol with it). This will help to reduce the discomfort with the procedure. If necessary, we can give you painkillers in clinic.

We recommend that you ask a friend / relative to accompany you, as it is not advisable to drive home.

Bleeding can obscure the view of the uterine cavity therefore please let us know if you are bleeding heavily or due your period. If the bleeding is light we may still be able to perform the procedure.

Inform us if pregnancy is a possibility. It is important to ensure that you are not pregnant as the procedure may harm your pregnancy. For this reason use some form of contraception.

Occasionally your appointment will not start precisely on time as some consultants require more time than others.