

Hysteroscopy

What is a hysteroscopy?

A hysteroscopy is a procedure to examine the inside of the uterus (womb).

The procedure is usually carried out whilst you sit on examination couch or chair, with your feet raised up. A hysteroscope is a small tube with a camera at the end, approximately the thickness of a pencil. It is passed through the vagina and cervix (the neck of the uterus) into the uterus. A doctor will be able to see a detailed image of the uterus on a video screen. Sterile (clean) fluid is passed into the uterus through the hysteroscope to separate the walls so that they are easier to visualise.

A biopsy (a small sample of tissue) may be taken from the lining of the uterus. It is also possible to treat certain conditions whilst performing a hysteroscopy, as described below.

The procedure itself is quick, taking around 20-30 minutes.

Why is a hysteroscopy performed?

A hysteroscopy may be performed for reasons including:

- Investigation of abnormal vaginal bleeding eg. heavy periods, bleeding between periods or bleeding after the menopause
- Investigation of fertility issues
- Investigation for endometrial cancer
- Retrieval of lost contraceptive coils
- Treatment of polyps/certain types of fibroids/scar tissue in the lining of the uterus

The Procedure

Prior to the procedure, a doctor will explain the reasons for the hysteroscopy as well as explaining the procedure in detail. They will discuss the benefits and risks of the hysteroscopy and ask you to sign a consent form.

A hysteroscopy can be performed under local anaesthetic or general anaesthetic.

Local anaesthetic is usually applied in the form of a numbing gel which is injected into the cervix prior to the procedure. It is recommended to take simple painkillers like paracetamol and ibuprofen before to the procedure for additional pain relief.

Most women tolerate the procedure well with local anaesthetic, however general anaesthetic may be recommended if someone has not been able to tolerate a hysteroscopy under local anaesthesia or if certain treatment is required. If this is the case you will be assessed by an anaesthetist prior to the procedure. It is important not to eat or drink for 6 hours prior to the procedure after which you need to remain nil by mouth.

The procedure itself is quick, taking around 20-30 minutes. It is usually done as a day case, meaning you can go home on the same day.

If you have had a local anaesthetic, you will usually be able to go home after a short rest on a bed/reclining chair.

If you have had a general anaesthetic, you will need slightly longer to recover. You will need to arrange for someone to pick you up from hospital to take you home. Due to the anaesthetic, you must avoid driving, drinking alcohol, operating heavy machinery or signing important documents for 24 hours. It is likely you will feel drowsy and tired for the rest of the day and it is recommended you have someone with you for 24 hours after the procedure.

After the procedure

It is normal to have crampy tummy pain for a few days and light bleeding for a week after your hysteroscopy. Take simple painkillers like paracetamol and ibuprofen and use sanitary pads, rather than tampons. Recovery varies between women – some may be ready for work the next day, others may need a few days to recover. It is important you take it easy after your procedure and resume normal activities when you feel ready.

Most hysteroscopies go without complications, however it is important to contact a doctor if you have:

- prolonged, heavy bleeding (usually quantified as having to change a pad an hour
- pain for more than 48 hours
- severe tummy pain, not controlled by simple painkillers

- swollen tummy
- a fever
- offensive or dark vaginal discharge

To help reduce infection risk, avoid using tampons for 1 month after the hysteroscopy.

Sexual intercourse should be avoided for between 1-3 weeks, depending on exact treatment and of course when you feel ready.

It can take several days or weeks for the results of biopsies to come back. Your doctor will contact you with the results as soon as they are available.

Complications

Complications are unexpected problems that can happen with any procedure. These will be discussed with detail when you sign the consent form.

Common risks:

- Pain
- Bleeding
- Infection
- Failure of the procedure – usually due to pain or because the neck of the womb is too small/tight

Less common but serious risks:

- Damage or perforation (where a small hole is made) of the uterus – this can lead to bleeding and infection and may require further treatment including surgery. In the most extreme cases, a hysterectomy (removal of the womb) may be required

If you have any further questions, please ask your doctor.