

Gynaecology Department

Gynaecology Outpatient Hysteroscopy Clinic

It's very important that you take time to read this leaflet as soon as you can after receiving it.

This leaflet explains the tests and treatment options available to you at this clinic and how you need to prepare. Further explanations will be given at your consultation and you will have an opportunity to ask any questions at the appointment.

On arrival you should report to the reception desk in the Day Surgery Unit (Gynaecology Procedure Outpatients)

Living our values *every day*



Why have I been referred to this clinic?

You may have been referred for one of the following reasons:

- bleeding after the menopause (postmenopausal bleeding)
- very heavy periods
- bleeding inbetween periods
- irregular bleeding while on hormonal treatment
- removal of a coil when the threads are not visible at the cervix
- fertility concerns
- following a miscarriage
- to investigate something seen inside the uterus on an ultrasound scan, such as an endometrial polyp or fibroid.

The purpose of your appointment is to find the cause of your problem and plan or undertake treatment if needed.

Important information

The hysteroscopy cannot go ahead if you have had sex without using contraception in the last month or since your last period.

→ If this is the case, please phone the clinic pathway coordinator to reschedule the appointment.

Please confirm that you will be attending the appointment by contacting us on 020 8934 6407/2467

It is recommended that you take pain relief (400mg of ibuprofen or 1 gram of paracetamol or whatever pain relief you find useful for period pain) at least 1 hour before your appointment.

What will happen during my visit?

A Gynaecology healthcare professional will see you and discuss your gynaecological problem. Most women attending this clinic will have an investigation called a hysteroscopy. Other investigations and treatments may also take place and these are explained in this leaflet.

Your healthcare professional will discuss what will happen and ask for your consent. Please take this opportunity to ask any questions you may have.

You can expect to be in the outpatient department for approximately an hour.

Some women may be required to return for medical treatment, further investigations or surgery. We will discuss this with you at your appointment.

What is outpatient hysteroscopy (OPH)?

An OPH is a procedure that involves examining the inside of your uterus (womb). This is done by passing a thin telescope-like device called a hysteroscope, which is fitted with a small camera, through the neck of your womb (cervix). The healthcare professional doing the procedure can then see whether there are any problems inside your uterus that may need further investigation or treatment.

What happens during outpatient hysteroscopy?

There will be two or three healthcare professionals in the room and they will support you throughout the procedure. You will be asked to change into a hospital gown. We will then help you to get

positioned in a special chair and will keep you as covered as possible.

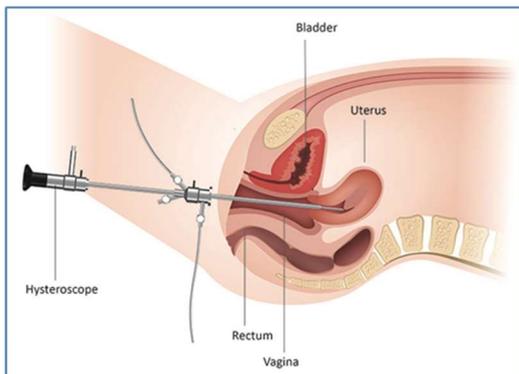
The procedure

A hysteroscope is passed through the cervix to give a clear view of the inside of your uterus. No cuts are needed. Fluid (saline solution) is passed into the uterus to help see the inner lining and you will feel wet as the fluid trickles back out.

If no problems are found, the actual procedure will only take about 5-10 minutes. Sometimes, a biopsy (small sample) from the lining of your uterus may be taken and sent to the laboratory for examination. The biopsy can be painful, but the pain should not last long.

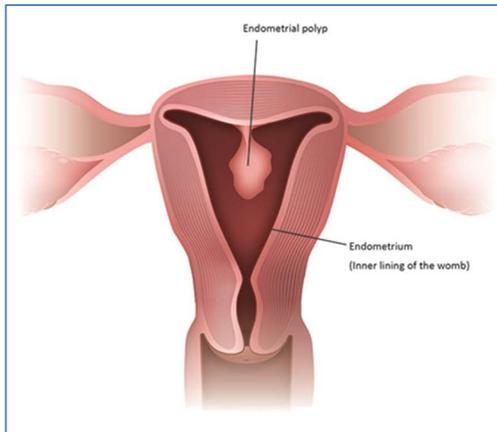
If a polyp or fibroid is found, it can sometimes be removed at the same time by using additional instruments. You may be offered a local anaesthetic to make you more comfortable, particularly if a wider hysteroscope is to be used. Tell your healthcare professional if the procedure is becoming painful.

During the OPH, your healthcare professional will look inside your uterus on a screen and you can also watch the screen if you choose to. Photographs of the findings inside your uterus are often taken and kept in your healthcare notes.



Other procedures and treatments that may take place

- Endometrial biopsy – taking a sample from the lining of the uterus. This can be done through the hysteroscope or after inserting a speculum and passing a thin tube through the cervix. You may experience severe period-like pain during this procedure, but the pain should not last long.
- Polyp removal – a polyp inside the uterus is a skin tag that looks like a small grape, sometimes on a stalk. Polyps are formed as a result of overgrowth of the lining of the uterus.



- Small fibroid removal – fibroids are knots in the muscle of the uterus that are non-cancerous (benign). They can sometimes bulge like a polyp into the lining of your uterus and your healthcare professional may advise removal to help with your symptoms.
- Insertion of a hormone-releasing intrauterine device (for example, Mirena®).

- Removal of a coil from the uterus when the threads are not visible.

How long does it take?

The hysteroscopy may only take 5-10 minutes. If you are having another procedure such as a small fibroid removed it may take longer. However, the total visit will take up to an hour including consultation, having the procedure and recovery.

You can rest in the outpatient clinic's recovery area for as long as you need (usually about 20 minutes).

Do these procedures hurt?

For most women, OPH is quick and safe, and is carried out with little pain or discomfort. OPH is normally done without inserting a speculum, by using a thin telescope (called vaginoscopic OPH) as this is more comfortable. If other investigations or treatment is needed a speculum may be used.

Everyone's experience of pain is different and some women will find the procedure very painful.

→ If it is too painful for you, let your healthcare professional know as the procedure can be stopped at any time if you wish.

Your healthcare professional may offer a local anaesthetic injection into your cervix. This will require using a speculum to see your cervix and your healthcare professional will discuss this with you.

If you feel anxious about the procedure, please talk to your healthcare professional about this when you arrive.

How should I prepare for my appointment?

- You should eat and drink normally. You do not need to fast before your appointment.
- It is recommended that you take pain relief (400mg of ibuprofen or 1 gram of paracetamol or whatever pain relief you find useful for period pain) at least 1 hour before your appointment.
- Please bring a list of any medications that you are taking with you.
- You may wish to have a friend or family member accompanying you.

A hysteroscopy cannot be performed if there is any chance that you are pregnant. It is essential that you use contraception or avoid sex between your last period and your appointment. You may be offered a urine pregnancy test on arrival at your appointment.

What should I do if I have vaginal bleeding?

It's very important that you still attend the appointment. Sometimes it can be difficult to do a hysteroscopy if you are bleeding heavily, but other tests can still be done.

- ➔ If you have any concerns, please ring the clinic pathway coordinator.

Are there alternatives to having outpatient hysteroscopy?

There may be other things to consider when deciding whether OPH is the right choice for you, such as:

- if you faint during your periods because of pain
- if you have experienced severe pain during a previous vaginal examination
- if you have experienced difficult or painful cervical smears
- if you have had any previous traumatic experience that might make the procedure difficult for you
- if you do not wish to have this examination when awake.

You may choose to have your hysteroscopy with either a general or spinal anaesthetic. This will be done in an operating theatre, usually as a daycase procedure and not during this appointment. You can discuss this option with your healthcare professional when you come for your appointment. The risks and complications are lower when hysteroscopy is done as an outpatient procedure rather than under anaesthesia.

You may choose not to have a hysteroscopy at all, though this may make it more difficult for your healthcare professional to find the cause of your symptoms and to offer the right treatment for you. They may then recommend a scan and a biopsy to find out more information and/or may ask you to come back if your symptoms continue.

What are the possible risks?

The possible risks of a hysteroscopy and other investigations or treatments that might take place are:

- Pain during or after OPH is usually mild and similar to period pain. Simple pain relief medications can help. On occasion, women may experience severe pain.
- Feeling or being sick or fainting can affect a small number of women. However, these symptoms usually settle quickly. Let your healthcare professional know if you are feeling unwell during or straight after the procedure.
- Bleeding is usually very mild and is lighter than a period, settling within a few days. It is recommended that you use sanitary towels, not tampons. If the bleeding does not settle and gets worse, contact your GP or nearest emergency department.
- Infection is uncommon (1 in 400 women). It may appear as a smelly discharge, fever or severe pain in the tummy. If you develop any of these symptoms, contact your healthcare professional urgently.
- Failed/unsuccessful OPH occurs if it is not possible to pass the hysteroscope inside your uterus. Usually this happens when the cervix is tightly 'closed' or scarred. If this happens, your healthcare professional will discuss alternative options with you.
- Damage to the wall of the uterus (uterine perforation) – rarely, a small hole is accidentally made in the wall of the uterus. This could also cause damage to nearby tissues. This happens in

fewer than 1 in 1000 diagnostic hysteroscopy procedures, but is slightly more common if someone has a polyp or fibroid removed at the same time. It may mean that you have to stay in hospital overnight. Usually, nothing more needs to be done, but you may need a further operation to repair the hole.

Treatment options that you might be offered at the same time as a hysteroscopy

Insertion of a Hormonal Intrauterine System (IUS) Mirena Coil: This is a T-shaped contraceptive device that is placed in your uterus (womb). It releases a small amount of progesterone and can help heavy periods

Advantages

- Very low dose of safe hormone
- The progesterone makes the lining of the womb thin which can result in lighter periods or periods stopping
- Studies have shown it can often help painful periods
- >99% effective contraceptive
- Lasts for up to five years - “fit it and forget it”

Disadvantages

- Possible irregular bleeding which take a few months to settle
- Must be inserted by a clinician

What alternatives do I have?

- Non hormonal medications such as tranexamic and mefenamic acid
- Oral or injectable hormonal treatments

Polyp Removal– polypectomy: if not too big, polyps can sometimes be removed at the same time as the hysteroscopy

Advantages

- Removal can sometimes stop irregular or heavy bleeding
- If removed at the same time as the initial hysteroscopy, avoids a further procedure under a general anaesthetic

Disadvantages

- Risks as for the hysteroscopy. Takes a little longer so may feel more cramping pain.

What alternatives do I have?

- Polyps can be left, although it is usually advised to remove them, as they could be the cause of bleeding problems.

Removal (resection) of small fibroids affecting the inside of the uterus: If not too big sub mucous fibroids that grow into the cavity of the uterus can sometimes be removed at the same time as the hysteroscopy

Advantages

- Removal can make heavy periods lighter.
- If removed at the same time as the initial hysteroscopy, avoids a further procedure under a general anaesthetic

Disadvantages

- Risks as for the hysteroscopy. Takes a little longer so may feel more cramping pain.

What alternatives do I have?

Fibroids can be left, although it is usually advisable to remove them. They can make periods heavier. You will be advised to have fibroids removed, if they are thought to be the cause of bleeding,.

How will I feel afterwards?

You may get some period-like pain for 1–2 days. You may also have some spotting or fresh (bright red) bleeding. We will provide you with a pad, but you are welcome to bring your own pad if you wish to. The bleeding may last up to 1 week. We advise you to use pads rather than tampons for any bleeding in the two weeks following the procedure. These symptoms usually settle very quickly. Most women feel able to go back to their normal activities on the same day.

- You can shower as normal.
- Normal physical activity and sex can be resumed when any bleeding and discomfort has settled.
- If needed, you can take pain relief such as 400 mg of ibuprofen every 8 hours or 1 gram of paracetamol every 4 hours, or your usual period pain tablets.

Symptoms to look out for following your procedure

- Abdominal pain that doesn't go away, even after taking painkillers.
 - Heavy bleeding (e.g. needing to change a pad more than every half hour and not easing after 2-3 hrs).
 - A temperature, smelly vaginal discharge, the shivers and feeling generally unwell (these are all signs of an infection).
- ➔ If you experience any of these, seek advice from a health professional straight away. This could be your GP, a GP at a walk in or urgent care centre or go to your nearest Emergency Department (A&E).

What happens next?

Some women may not need a follow up appointment. You and your GP will receive a letter summarising what happened at today's appointment including any results from tests normally within 10 working days.

Your healthcare professional will discuss any further treatment needed with you. If any follow up appointments are needed your health care professional will tell you about this and you will receive a letter within 7 days with the appointment details.

About intimate examinations

The nature of gynaecological and obstetric care means that intimate examinations are often necessary. We understand that for some people, particularly those who may have anxiety or who have experienced trauma, physical or sexual abuse, such examinations can be very difficult.

If you feel uncomfortable, anxious or distressed at any time before, during, or after an examination, please let your healthcare professionals know.

If you find this difficult to talk about, you may communicate your feelings in writing. Your healthcare professionals are there to help and they can offer alternative options and support for you. Remember that you can always ask them to stop at any time and a chaperone will be present. You can also bring a friend or relative.

For more information

NICE guideline NG88, *Heavy Menstrual Bleeding: Assessment and Management*:

www.nice.org.uk/guidance/ng88/informationforpublic

NHS information on hysteroscopy:

www.nhs.uk/conditions/hysteroscopy/what-happens

A full list of useful organisations is available on the RCOG website at:

www.rcog.org.uk/en/patients/other-sources-of-help

Acknowledgements:

This leaflet was produced by the Outpatient Hysteroscopy team and is based on the RCOG Outpatient hysteroscopy patient information leaflet. The RCOG/BSGE Green-top Guideline No. 59 (March 2011) contains a full list of the sources of evidence we have used. You can find it on the RCOG website at www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg59

How to contact us

Gynaecology Patient Pathway Coordinator / Administration team

020 8934 6407/3408

Patient Advice and Liaison Services (PALS)

PALS can provide information, advice and support to patients and relatives and will listen to and act on your concerns, suggestions or queries.

020 8934 3993

khft.pals@nhs.net

Accessible information

We are actively working to make our patient information easier to read and accessible in a range of formats. If you would like this information in large print, audio or electronic format please speak to a member of staff in the department. If you need a different format, please let us know and we will do our best to meet your request.

Pastoral & Spiritual Support Services

We offer a multi-cultural approach serving people of all faiths and life philosophies. A Duty Chaplain is available 24/7. You can request to speak to a Church of England or Roman Catholic Priest, the Rabbi or Imam.

Please call the hospital switchboard on **020 8546 7711** and ask to speak to the Duty Chaplain.

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www.kingstonhospital.nhs.uk

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