

DEPARTMENT OF OBSTETRICS & GYNAECOLOGY

Colney Lane, Norwich, NR4 7UY

Gynaecology waiting list Coordinator 01603 287037

You have been referred for a hysteroscopy, a gynaecology investigation performed for abnormal bleeding, or if an ultrasound scan has indicated endometrial polyps or fibroids within the uterine cavity. The procedure can be performed in a designated outpatient gynaecology procedure suite or as a day procedure case.

Outpatient Hysteroscopy

An outpatient hysteroscopy is a simple procedure that involves inserting a small telescope through the neck of the womb and examining the cavity of the womb. The examination and procedure is always performed by a Consultant Gynaecologist, our Lead Nurse hysteroscopist or our trainee Nurse Hysteroscopist, under supervision. The clinicians will be assisted by trained nurses and occasionally a junior doctor. Any trainee will be supported with the presence of an experienced hysteroscopist.

Our annual audit demonstrated 91% of patients would have a hysteroscopy performed again in an outpatient setting.

A pre-procedure telephone consultation will be offered at the time of booking your procedure appointment. This is an opportunity to discuss the options and check your suitability for this procedure to take place in an outpatient setting.

During this procedure we often find no worrying cause for vaginal bleeding and can reassure you. However, some of the common findings we see are:

- Fibroids – lumps in the muscle of the womb that are found in 1 in 5 women
- Polyps – tags of the lining of the womb

Depending on the findings you may have a biopsy, using a small plastic device that takes a tiny suction sample of the lining of the womb or a directed endometrial biopsy, performed under vision.

If we find that you have a polyp during the procedure, we will assess the size and discuss the best way of removal. If possible, we will aim to remove the polyp at the time of your hysteroscopy. This is done by passing a small instrument, grasping forceps, through the hysteroscope and removing the polyp under vision.

If necessary, we may recommend a further outpatient procedure, myosure, which is performed using local anaesthetic and a different technique.

The options of removing a polyp will be discussed with you at the time and we will be guided by how well you are tolerating the procedure.

Day case Hysteroscopy

A day case hysteroscopy is a simple procedure that involves inserting a small telescope through the neck of the womb and examining the cavity of the womb. This is performed within a theatre setting, whilst you are asleep under a general anaesthetic.

A pre-operative assessment will be completed prior to the procedure to assess your suitability for a general anaesthetic.

Some of the common findings we see are: -

- Fibroids – lumps in the muscle of the womb that are found in 1 in 5 women
- Polyps – tags of the lining of the womb

Should any of the above be found, it will be possible to remove at the same time, whilst you remain asleep.

Following a general anaesthetic, please note you will be advised:

- Do not drive for 48 hours
- Do not operate any machinery for 48 hours
- Other post procedure advice may also be provided

Pain relief advice for an outpatient hysteroscopy

You may feel period-like cramping discomfort during the procedure. This will be helped by self-administering two 200mg tablets (400 mg total) of Ibuprofen 2 hours before your appointment, providing you are not asthmatic or allergic to Ibuprofen or aspirin. If you are asthmatic or allergic to this medication, two 500mg Paracetamol tablets (1000mg total) 2 hours beforehand will also help.

During the procedure it may be appropriate to use local anaesthetic to aid the initial insertion of the scope. We can offer 'gas and air' (often used during labour) throughout the procedure at NNUH, not available at Cromer Hospital.

Risks of the procedure

There is a very slight risk (less than 1%) that during this procedure your womb lining may be damaged or punctured. You may also experience vaginal bleeding for up to 14 days after the procedure; so, it is suggested that you bring a sanitary towel with you. You are advised to refrain from sexual intercourse or swimming until any bleeding has stopped.

There is a small risk of infection post procedure, however routine antibiotics are not given for a hysteroscopy procedure. Should you experience any symptoms such as an offensive smelling discharge, temperature or feeling generally unwell, please seek further advice from your GP.

If you think that you will be experiencing a heavy period at the time of your appointment, please contact us on the number below to discuss.

If you would like to bring someone with you for support, please feel free to do so. This is not essential as you should be well enough to travel home alone. Following consultation, we ask that any friend/family member returns to our waiting area. We do not allow companions to be present in the procedure suite or theatre setting.

Treatment options

If recommended, we can also insert a Mirena coil used to control heavy bleeding. Please ask for more information about the Mirena coil before the procedure.

Upon arrival for both an outpatient and day procedure hysteroscopy

We will ask all pre and peri menopausal women for a urine sample to perform a pregnancy test. This is a necessary requirement prior to any procedure of this nature. Please note that **all** women are advised to use contraception 4 weeks prior to the procedure, inclusive of those uncertain of their menopause status. If there is any possibility of a pregnancy, your procedure will be cancelled and rescheduled.

After your procedure

The clinician will discuss the findings of the procedure with you. If a biopsy (a small sample of tissue) was taken written results will be available to you and your GP within 4 - 6 weeks. The letter will detail any further appointments and management plans following any diagnosis.

If you need to discuss a further appointment, please contact:

Waiting List Co-ordinator/Gynaecology OPH bookings: 01603 287037

If you have any further questions or worries about this procedure, please discuss at your pre-procedure consultation or post operative assessment.

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This procedure will either be carried out at the Norfolk and Norwich University Hospital (NNUH) or at the Cromer and District Hospital.