

# Having a Hysteroscopy

Information for patients



This leaflet is about a procedure called a hysteroscopy. It explains what the procedure involves and what you can expect when you come to the clinic for an outpatient hysteroscopy.

## Having an outpatient hysteroscopy

You have been advised to have a hysteroscopy to help investigate the cause of your symptoms. This will be performed as an outpatient procedure.

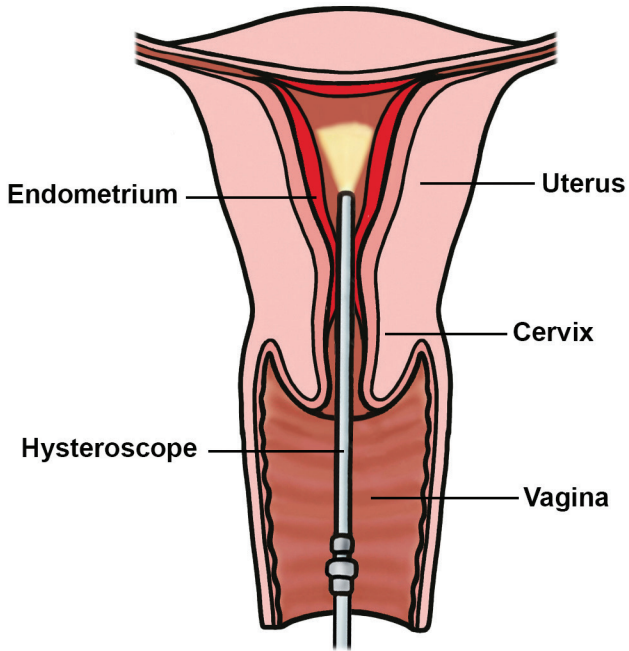
**It is advisable to have something to eat 1 - 2 hours before your appointment time and to wear loose, comfortable clothing.**

Taking simple pain relief such as paracetamol 1 hour before the procedure time may be useful. Do not take more than the recommended dose of 1 gram paracetamol every 6 hours (maximum 4 grams in 24 hours). You may wish to take ibuprofen in addition to or instead of paracetamol.

**Do not take more than the recommended dose of 400mg ibuprofen every 8 hours.**

## What is an outpatient hysteroscopy?

Hysteroscopy is a technique which allows the doctor / nurse to look directly into your womb (uterus). A thin telescope called a hysteroscope is passed through the neck of the womb (cervix), into your womb. The inside of the womb can be viewed due to a small amount of clear fluid (saline) being passed down the hysteroscope to gently open the womb.



## What procedures can be done during a hysteroscopy appointment?

The most common procedure we perform in the outpatient hysteroscopy clinic is a diagnostic hysteroscopy and endometrial biopsy. This involves looking at the womb lining directly and taking a small sample from it. If it looks as if another procedure may help you (see below) we will try to offer this at the same time as long as it is safe and practicable. This helps to reduce the number of appointments you may need. We will always get your permission for any extra procedure(s) and agree with you what we are planning to do before the procedure starts.

Other procedures that are commonly done in the outpatient hysteroscopy clinic include:

- Polypectomy (removing a polyp from the lining of the womb)
- Removal of some types of fibroids
- Insertion of a hormone or copper coil
- Removal of a hormone or copper coil
- Division of adhesions (scar tissue) inside the uterus
- Endometrial ablation (a treatment for heavy menstrual bleeding)

## What should I expect?

### *Before the procedure:*

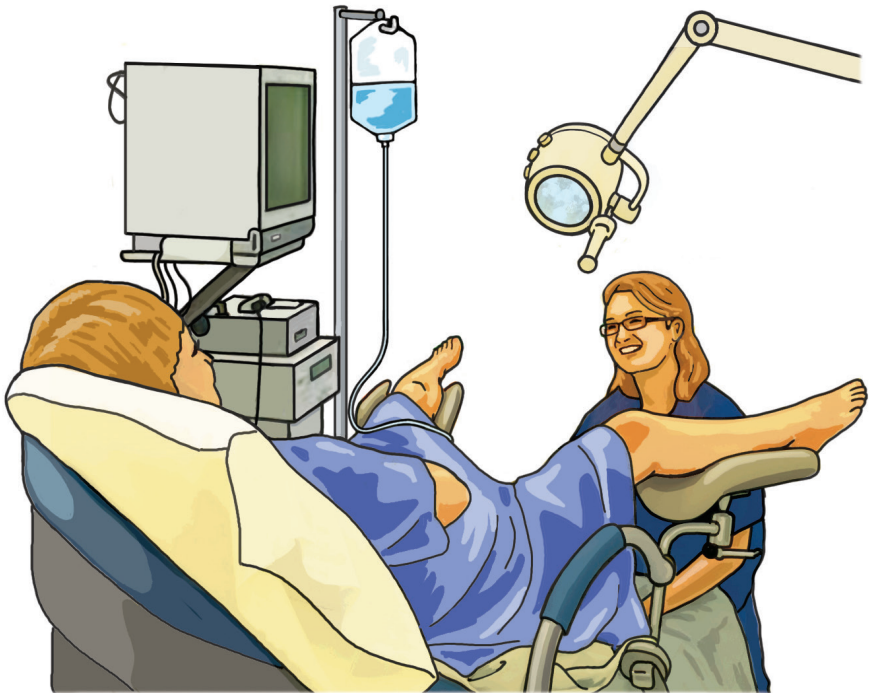
When you come to the clinic the doctor/nurse will review your problem, explain the procedure that is planned and answer any questions you may have.

You must inform the doctor/nurse if you have any allergies or have had a reaction to drugs or other tests in the past. Please bring a list of your current medications with you. It is important to let us know if you take any 'blood-thinning' medications such as Warfarin or Heparin.

You may be asked for a urine sample to perform a pregnancy test. It is very important that we do not perform a hysteroscopy if you could be pregnant.

***During the procedure:***

You will be asked to undress from the waist down, behind a privacy curtain. You will be asked to sit in the examination chair and assisted into position with your legs on supports.



An instrument called a speculum (used when taking a smear) may be placed in the vagina, to enable the doctor / nurse to see the cervix which is the opening to the womb. This is not always necessary as the hysteroscope can often be passed directly from the vagina into the cervix and inside the womb.

Some cramping feelings may be felt. On average, people report that their discomfort is similar to period pain.

***After the procedure:***

- Any findings and further treatment plans will be explained to you.
- If a biopsy (sample of the lining of the womb/endometrium) has been taken it will be sent for further examination. You will be invited to tell us how you found the experience and your pain score from 1 to 10.
- The whole process from the consultation to the end of the procedure, will take about 15 - 20 minutes.
- You will be able to rest in the nearby waiting area with a drink if you wish, until you are ready to go home.

## What other options do I have for pain relief?

You are advised to take some simple pain relief before your appointment. You can also ask for the examination to stop at any time. If you find you need more pain relief during the procedure, there are other options available:

- **Local anaesthetic** - this can be injected into the neck of the womb (the cervix) to help with discomfort as the hysteroscope passes through and into the womb. Sometimes local anaesthetic is also injected into the top of the womb (the fundus) while looking in with the hysteroscope. Some people do not feel these injections, while others will feel a slight pinch.
- **Entonox** - this is the medical term for 'gas & air' and provides temporary pain relief while you are inhaling the gas which you hold and control. It is easy to stop if you don't like it, and you can still drive or travel home after your procedure. Most people can have Entonox safely.
- **Methoxyflurane (Penthrox)** - this is an anaesthetic drug that you inhale from a 'green whistle' which you hold and control. It provides very effective pain relief especially for longer procedures and is easy to stop if needed. You will be awake throughout the procedure and can still drive or travel home after your procedure. Most people can have Penthrox safely, but if you have ever had an adverse reaction to anaesthetic or have a family history of a condition called 'malignant hyperthermia' you may not be able to have this option.

## Are there any complications?

- Any discomfort/pain should settle when the examination has finished or soon after (within 1-2 hours). Simple pain relief such as paracetamol can be taken to ease the discomfort. Do not take more than the recommended dose of 1 gram every 6 hours (maximum 4 grams in 24 hours).
- Feeling faint or fainting. This is rare. Please inform the nurse / doctor if you often faint with your period or have fainted during medical procedures.
- Vaginal bleeding. This is usually light but may require the use of a sanitary towel overnight.
- Infection. If vaginal bleeding or discharge becomes heavy or smelly, please seek advice from your GP as you may require a course of antibiotics.
- Perforation of the womb. This is a rare complication where the telescope goes through the muscle of the womb. If this happens you will be admitted to the ward for observation overnight. Very rarely further surgery may be needed.

## Can I bring someone with me to my appointment?

You are welcome to bring one supportive adult to your appointment. They can either wait in the waiting room or stay with you in the procedure room.

## Going home

It is helpful for someone else to drive you home afterwards in case you have felt faint or have some discomfort. However, if this is not possible then it is reasonable for you to attend the appointment alone.



## When will I know the results?

The doctor / nurse will explain the findings and plan on the day of the procedure. If a biopsy has been taken it may be several weeks before the results are available. You will be notified of the results by either telephone call or post, or a further visit to the outpatient department will be arranged.

### For further advice

Please contact your General Practitioner,  
N.H.S. Direct: **111**  
or the Hospital for advice:

- St James's University Hospital Gynaecology Department:  
**0113 206 4769** or **0113 206 4770**
- Wharfedale General Hospital Gynaecology  
Outpatient Clinic: **0194 346 5522**
- Gynaecology Assessment Unit (G.A.T.U.)  
St James's University Hospital:  
**0113 206 5724** or **0113 206 9124**

# Questions / Notes

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