

Patient Information for Consent



Belfast Health and
Social Care Trust

OG39 Outpatient Hysteroscopy

Expires end of June 2024

Local information

You can get information locally from
your ward or consultant's secretary as
below

Belfast Trust Hospitals

Belfast City Hospital **028 90 329241**

Royal Victoria Hospital **028 90 240503**

Emergency Surgical Unit (EmSU)

Ward 6C **028 9063 4355**

Ward 6B **028 9063 5549**

Assessment area **028 9063 1907**

Mater Hospital **028 90 741211**

Ward Name	Ward Direct Line Number	Consultant's Name	Consultant's Secretary Telephone Number

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What is an outpatient hysteroscopy?

An outpatient hysteroscopy is a procedure to look at the inside of your uterus (womb) using a small telescope (hysteroscope) that is fitted with a camera. It is common for your gynaecologist to perform a biopsy (removing small pieces of tissue from the lining of your womb) at the same time.

As the procedure is performed as an outpatient visit you will be able to go home the same day.

A hysteroscopy is usually suggested for one or more of the following reasons.

- Abnormal bleeding, especially bleeding between periods or after menopause.
- Difficulty getting pregnant.
- Miscarriage.
- Concerns following an ultrasound uterus scan.

However, it is your decision to go ahead with the procedure or not. This document will give you information about the benefits, risks and alternatives, and what happens if you do nothing, to help you make an informed decision.

If you have any questions that this document does not answer, it is important that you ask your gynaecologist or the healthcare team. Once all your questions have been answered and you feel ready to go ahead with the procedure, you will be asked to sign the informed consent form. This is the final step in the decision-making process. However, you can still change your mind at any point.

What are the benefits of an outpatient hysteroscopy?

Your symptoms suggest you may have a problem, but the exact cause has not been found so far. A hysteroscopy will help to find out if you have one of the following conditions.

- Fibroids – Lumps of overgrown muscle in the womb. Sometimes these may be visible during a hysteroscopy.
- Polyp – An overgrowth of the lining of your womb that looks like a small grape on a stalk.
- Endometrial cancer – A harmful growth in the lining of your womb.

- An abnormally shaped womb – This sometimes causes abnormal bleeding from your womb or miscarriages.

If your gynaecologist finds the cause of your symptoms, they will discuss the appropriate treatment with you.

It is common not to find a problem. You can then be reassured that there is nothing seriously wrong. Other options can then be considered.

Your gynaecologist may also be able to perform a small procedure at the same time. They may:

- insert a coil (also known as an intrauterine contraceptive device or IUCD), or
- remove a coil that has missing threads.

Are there any alternatives to a hysteroscopy?

An ultrasound scan and a biopsy using a small tube placed through your cervix (the neck of your womb) may find the cause of your symptoms. Sometimes it is not possible to take the biopsy or to get enough tissue.

Your gynaecologist may suggest a specialised ultrasound (also called sono-hystrogram). This is where an ultrasound probe is placed in your vagina after your womb is filled with a saline (salt water) solution.

It is important to know that these alternatives cannot identify all conditions and a hysteroscopy may still be suggested even if your results are normal. Your gynaecologist will be able to discuss the options with you.

What will happen if I decide not to have the procedure?

Your gynaecologist may suggest a scan and biopsy to find out more information but this may not accurately find the cause of your symptoms. Choosing not to have the procedure may make it more difficult for your gynaecologist to suggest the best treatment for you.

What happens before the procedure?

When you arrive, the healthcare team will review all your information and confirm the procedure

you are having. If you have any questions, ask the healthcare team.

Your gynaecologist may ask you to have a pregnancy test. Sometimes the test does not show an early-stage pregnancy, so let your gynaecologist know if you could be pregnant.

Sometimes it may not be possible to perform the hysteroscopy if you are bleeding. Let the healthcare team know if you are likely to be on your period at the time of the procedure.

If you can take anti-inflammatory drugs (like aspirin or ibuprofen) it is best to have a standard dose an hour before your appointment. This will help ease any pain you may feel after the procedure.

What does the procedure involve?

The procedure is performed while you are awake, usually without any anaesthetic, and takes 10 to 15 minutes.

Sometimes your gynaecologist may suggest a local anaesthetic, which involves an injection or gel to numb your cervix.

As you are awake the healthcare team will tell you what they find as they are doing the hysteroscopy. There may also be a TV monitor for you to watch the procedure, if you want to.

Your gynaecologist may examine your vagina. They will pass the hysteroscope through your vagina, through your cervix and into your womb.

Your gynaecologist will inflate your womb using a salt water solution or gas (carbon dioxide) so they can have a clear view. They can use instruments to perform a biopsy or remove polyps and small fibroids.

What should I do about my medication?

Make sure your healthcare team know about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this procedure. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

Some complications can be serious and can even cause death.

You should ask your doctor if there is anything you do not understand.

Hysteroscopy complications

- Pain is usually similar to mild period pain and easily controlled with simple painkillers such as paracetamol. Some women experience severe pain during the procedure. If you find the pain too much, tell your gynaecologist and they will stop. The procedure can be done at a later date with a general anaesthetic.
- Feeling faint or nauseous. Some women feel faint or sick during the procedure (risk: less than 1 in 10). If you feel like this, tell your gynaecologist and they will stop. Most women only experience this for a few minutes. However, some women can feel sick for a few hours. The feeling usually settles without needing any medication.
- Bleeding, which is usually similar to a light period and settles within a week. It is important to use sanitary pads, not tampons.
- Infection, which may cause an unpleasant-smelling vaginal discharge or continued bleeding (risk: less than 1 in 1,000). Infection is easily treated with antibiotics.
- Allergic reaction to the equipment, materials or medication. The healthcare team are trained to detect and treat any reactions that might happen. Let your gynaecologist know if you have any allergies or if you have reacted to any medication, tests or dressings in the past.
- A small hole in your womb or cervix made by one of the instruments, with possible damage to nearby organs or tissue (risk: less than 1 in 1,000). The risk is higher if you have a polyp or fibroid removed at the same time. You may

need to stay overnight for close observation in case you develop complications. You may need another operation (risk: less than 1 in 1,000).

- Failed procedure, if it is not possible to place the hysteroscope into your womb (risk: less than 5 in 100). If this happens, your gynaecologist will discuss alternatives with you.

How soon will I recover?

After the procedure, the healthcare team will ask you to sit in the waiting area for a few minutes in case you feel sick or faint. You will usually be given something to eat and drink.

Before you go home the healthcare team will tell you the results and discuss with you any treatment or follow up you need.

You will be able to go home the same day. You must not drive yourself, but ask a responsible adult to take you to your appointment and bring you home in a car or taxi.

Most people can return to normal activities the same day. You may get some cramps and mild bleeding similar to a period. Take mild painkillers if you need them.

Let your doctor know if you develop any of the following problems.

- A high temperature.
- Heavy bleeding or an unpleasant-smelling discharge from your vagina.
- Your pain does not settle or increases and is not relieved by your medication.
- Pain in your lower leg.
- Breathing difficulties.

Lifestyle changes

If you smoke, stopping smoking will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

Summary

An outpatient hysteroscopy is usually a safe and effective way of finding out if there is a problem with your womb and, for some women, treating your symptoms.

However, complications can happen. You need to know about them to help you make an informed decision about the procedure. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements

Reviewers

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