

Ambulatory Hysteroscopy

Welcome to the Liverpool Women's Hospital Outpatients department

The Liverpool Women Hospital has a dedicated purpose-built ambulatory gynaecology unit that offers a range of gynaecological procedures including some "see and treat" ones where investigation diagnosis and treatment are all performed at the same visit.

On the day of your procedure, you will be welcomed by a member of our nursing staff who will introduce you to the unit and go through the admission and normal pre-procedure processes. You can expect to be in the outpatient department for up to three hours. Having everything done in one visit means you will have to spend more time here, but it reduces delays in treatment, and unnecessary revisits to the hospital. Some women may be required to return for medical treatment, further investigations, or surgery. On rare occasion, admission to the gynaecology ward for observation for few hours or over-night may be needed.

This leaflet aims to explain these tests and the treatment options available. Further explanations will be given at your consultation. Information can also be obtained from the website addresses available at the end of this leaflet.

How can I prepare for this appointment?

For those women who still have menstrual periods, you must use an effective form of contraception from the time of your previous period until you have the hysteroscopy. Alternatively, you may wish to abstain from unprotected sexual intercourse from the first day of your last period prior to hysteroscopy. You will also be required do a pregnancy test before the procedure. We will ask you for a urine sample when attending your appointment. We cannot do the procedure if there is any chance of pregnancy.

It's important you have something to eat and drink on the day of your appointment. If you have a morning appointment, we advise that you have a light breakfast and if you have an afternoon appointment have your lunch prior to attending. Please bring a pair of slippers and a dressing gown to get changed into during your appointment. Please bring a sanitary towel for after the procedure as you may experience some bleeding. The nurse will be able to provide sanitary products on request.

Please take your regular medication unless you have been advised by the pre-operative team to stop any medications prior to your appointment. Before the procedure the admitting nurse will offer you some pain relief to make you comfortable during the procedure.

If you would like a family member or friend to stay with you during the procedure, please speak to the nurse in charge on your arrival.

Hysteroscopy

This is a procedure performed to investigate the cause of abnormal bleeding. We administer pain relief to all patient before the procedure and a local anaesthetic will be offered. The procedure is designed to investigate and sometimes make a diagnosis on the same visit.

You will have a Nurse and healthcare assistant looking after you in the recovery lounge. In the procedure room there will be a Nurse to assist with the consultant performing the hysteroscopy and a health care assistant to support you during the procedure. As the Liverpool Women's is a teaching hospital, we have medical students and student nurses shadowing the clinic. The nursing team will always ask for your consent to allow students to sit in on your procedure. If you do not wish for them to be present, please speak to the nurse in charge.

The consultant introduces an instrument called a speculum into your vagina and this enables him/her to see the cervix (neck of the womb). This is the same as when you have a smear. Then a small telescope is inserted through the cervix into your womb. It is connected to a camera and TV screen, which shows the inside of your womb. Depending on what the consultant sees either a tiny piece of tissue (biopsy) from the lining of the womb will be taken, if polyps or fibroids are present, these can be removed at the same time if safe to do so.

All biopsy's taken will be sent to the Laboratory for examination. The consultant will advise on how long the results will take to come back. The hysteroscopy takes about 15 minutes, you may feel some period type pain, but many women feel nothing at all.

If you do find this procedure uncomfortable, there is the option to have a general anaesthetic.

Why is a Hysteroscopy performed?

This is performed on women who have reported abnormal uterine bleeding or as part of infertility investigations. Abnormal uterine bleeding usually falls into one of the following categories:

Women over 40:-

- Any bleeding in between periods (intermenstrual)
- Any bleeding following the menopause.
- A significant change in either the heaviness or frequency of periods.

Women under 40:-

- Heavy bleeding between periods or heavy periods that do not settle after a few months of treatment.

What are the risks associated with a Hysteroscopy?

A hysteroscopy is a very safe procedure but on very rare occasions it is possible to suffer a small perforation to the wall of the womb, this will usually close without any treatment, but may result in you needing to stay in hospital overnight so that you can be observed.

Infection is a possible complication although it is rare. If this should happen you might develop a discharge vaginally that may have an unpleasant odour, abdominal discomfort, and maybe a temperature. If you develop any of these symptoms, seek advice from your GP.

What are the benefits of an Outpatient Hysteroscopy?

The main benefit is that the person performing the hysteroscopy can view the inside of the womb and take biopsies without the need for you to have a general anaesthetic. This means you can return to your normal daily life more quickly. If polyps are present, hysteroscopy allows us to look directly at the polyp and sometimes this can be removed at the same time.

What alternatives do I have?

Hysteroscopy may be performed under general anaesthetic this would require you attending as a day case. This may be appropriate if you are unable to tolerate the procedure as an outpatient or the doctor/nurse is unable to pass the hysteroscope (camera) due to scar tissue on the cervix.

Endometrial biopsy

A sample of the lining of the womb can be obtained by passing a narrow plastic straw through the neck of the womb. To enable the plastic straw to be passed, it is necessary to see the neck of the womb by using the same instrument which is used for a cervical smear. Taking an endometrial biopsy may cause some mild discomfort similar to the hysteroscopy.

Retained tissue

Any tissue taken at the time of your hysteroscopy will be sent for examination to the laboratory and you and your consultant will be informed of the result. Following the investigation, the tissue will be disposed of in accordance with health and safety regulations.

After the Hysteroscopy – You will stay in the recovery suite for a minimum of 30 minutes.

The nurse will keep you for a minimum of 30 minutes following the procedure. We will record your blood pressure and pulse after the procedure and a drink will be offered. Providing your blood pressure and pulse are normal you will be discharged home. The Nurse will go through all your aftercare advice before you are discharged home and give you a leaflet with emergency contact numbers. We ask that a friend or relative to accompany you home. If you are unwell after the procedure the nurse may transfer, you to the gynaecology ward for further monitoring.

Treatment options available during your consultation

Mirena IUS

The Mirena (IUS) is a small plastic T shaped device which is inserted into the cavity of the womb. This carries a hormone called progesterone in a sleeve around its stem and has 2 fine threads attached to the base. It releases a small amount of the hormone every day for 5 years. The hormone makes the lining of the womb thin and makes periods lighter and may stop them altogether.

Although the IUS isn't primarily used for painful periods, two studies have found that it does help in many cases (as often as 80% of the time). There is no 'build up' of blood because the hormone in the IUS prevents the lining of the womb from building up at all. Often it is the excessive thickening of this lining that causes the bleeding of the problems in the first place.

Once the IUS is in place, you won't be able to 'feel' it in your womb. Your doctor or nurse will show you how to check for the strings, and it is very unusual for your partner to be aware of the IUS during intercourse. You may experience some discomfort the day after, the nurse will advise what pain relief to take on discharge.

Polypectomy

Polyps are small fragile growths that can occur in a number of places, and it may be possible to remove these in the clinic.

Polyps that can be removed are

- On the surface of the cervix – cervical polyp
- Lining of the womb – endometrial polyps

Surgery to remove the polyp is called a Polypectomy and this may sometimes be performed during the Hysteroscopy.

What are the risks during Polypectomy?

This procedure involves the same as the risks involved with a hysteroscopy.

What are the benefits of having a Polypectomy?

This procedure can be performed during the Hysteroscopy, preventing the need for further surgery.

What alternatives do I have?

Polyps can be left alone, although it is usually advisable to remove them, as there is a very small chance, they can develop malignant (cancerous) cells. If polyps are found to be the cause of your bleeding, you will be advised to have them removed. You will be able to discuss treatment options with the doctor or nurse at your appointment.

Treatment options following your Hysteroscopy –

- **Endometrial ablation** – Endometrial ablation is a procedure that can help women with period problems without the need to resort to such major surgery as is involved with hysterectomy. It involves passing a treatment device through the neck of the womb (the cervix) and then removing or destroying the lining of the womb (the endometrium). More information regarding this procedure can be obtained at your consultation.
- **Treatment of fibroids** – Fibroids are usually benign (non-cancerous) growths in the muscle of the womb. They may be found at hysteroscopy growing within the cavity of the womb (sub mucous fibroids) and having fibroids may contribute to your periods being heavy. There are various treatment options for fibroids and this will be discussed during your consultation.
- **Hysterectomy (removal of the uterus)** – This is usually considered as a last resort if other less invasive treatment measures have failed or are unsuitable for you . This will also be discussed at your consultation but may depend on test results.

Importance advice following the Hysteroscopy

If you feel unwell, start bleeding heavily, or experience pain that is worse than a painful period, you should:-

Contact your own GP or the Emergency room at Liverpool women’s hospital on 0151 702 4140

Some Websites you may find useful:-

www.womens-health-concern.org

www.netdoctor.co.uk

www.patient.co.uk

Please note that Liverpool Women’s NHS Foundation Trust is a smoke free site. Smoking is not allowed inside the hospital building or within the hospital grounds, car parks and gardens. Staff are available to give advice about stopping smoking, please ask your nurse about this.

This leaflet can be made available in different formats on request. If you would like to make any suggestions or comments about the content of this leaflet, then please contact the Patient Experience Team on 0151 702 4353 or by email at pals@lwh.nhs.uk

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