

Information Leaflet



Liverpool Women's
NHS Foundation Trust

Outpatient Hysteroscopy

Welcome to the Liverpool Women's Hospital Outpatients department

You have been referred for a Hysteroscopy to investigate your heavy or irregular or post-menopausal bleeding or as part of your infertility investigations.

Investigation diagnosis and treatment are all performed at the same visit, and you can expect to be in the outpatient department between one and two 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.

Your appointment may involve an ultrasound of the pelvis which will be performed in the Imaging Department before your Hysteroscopy if you have not already had a ultrasound in the last year.

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.

A relative or friend can stay with you throughout the whole of your visit.

You can eat and drink normally on the day of your appointment. If you have a morning appointment, we advise that you have breakfast and if you have an afternoon appointment have your lunch prior to attending.

Please note

If you have any heavy vaginal bleeding, the Hysteroscopy cannot be performed. Therefore please contact the access centre for advice on 0151 702 4080 at Crown Street.

Some women find that it helps if they take some painkillers a couple of hours before their appointment. This will minimise any discomfort. A good choice is Ibuprofen 400 mg or 1000mg of Paracetamol, which can be bought at a chemist. Always check with your pharmacist or GP that this is safe for you, and read the instructions in the packet.

Intrauterine coils

The coil (IUCD) will interfere with the hysteroscopy examination, so the doctor/nurse will need to remove it. We recommend that you avoid intercourse for a week before your appointment, or that you use a barrier method of contraception in order for the coil to be removed.

Ultrasound scan

It is important that an ultrasound scan is performed prior to any further tests. You will be asked to go to the toilet and empty your bladder completely prior to the test. If you have any anxiety about the procedure, please discuss this with the staff performing the examination.

An ultrasound scan obtains a picture of the inside of your body without the use of x-rays. It is a very safe technique that allows the pelvic organs (uterus and ovaries) to be examined in detail.

The scan is performed using a probe which is gently inserted into the vagina – it will be similar to having an internal examination. By moving the probe in various directions, all the pelvic structures are displayed on the screen. While the probe is moved you may experience some minor discomfort, but it is not a painful procedure. During the examination a hand may be placed on the lower abdomen to push the pelvic structures nearer the probe so they can be seen more easily on the screen.

This method of scanning does not require you to have a full bladder as the probe is close to the pelvic organs, so a good view is obtained of the uterus, ovaries and fallopian tubes – the pictures are much clearer than abdominal scans.

The time taken to perform the scan varies but is usually between 5 – 10 minutes.

Hysteroscopy

This is a procedure performed to investigate the cause of abnormal bleeding. It is performed in the outpatient department and does not usually require an anaesthetic. Some women find that it helps if they take some painkillers around an hour before their appointment if the procedure is uncomfortable for you, a local anaesthetic can be offered. The procedure is designed to investigate and sometimes make a diagnosis on the same visit.

Two members of nursing staff are present whilst the hysteroscopy is taking place; one member to assist with the person performing the hysteroscopy and one member to act as your support during the procedure.

The Doctor or Nurse 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. After this, a tiny piece of tissue (biopsy) from the lining of the womb may be taken and this will be sent to the Laboratory for examination. The hysteroscopy takes about 10 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 samples 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. However, it is more likely that the polyp will be removed in our Ambulatory outpatient clinics.

What alternatives do I have?

Hysteroscopy may be performed under general anaesthetic but 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 be offered a drink and a chance to talk to the Doctor or Nurse. They will discuss the results of your test and may suggest some treatment options, but they may need to wait for results from the Laboratory.

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 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 is the cause 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 it during intercourse.

It is a good idea to take some painkillers a couple of hours before the fitting - this will help reduce any discomfort. A good choice is Ibuprofen 400 mg, which can be bought over-the-

counter at a chemist (please check that this is safe for you). Most women do not find the insertion procedure very uncomfortable - usually much less than expected.

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. However the majority of polyps are removed at another visit in our Ambulatory Outpatient Clinic which can be arranged after the Hysteroscopy.

What are the risks during Polypectomy?

This procedure involves the same as the risks involved

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 turn malignant (cancerous). 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

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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