

Hysteroscopy under anaesthesia

Information for patients



This leaflet is written to help you understand your procedure, its potential risks and what to expect before, during and after.

What is hysteroscopy?

Hysteroscopy is used to diagnose and treat various gynaecological problems, including heavy or irregular bleeding, and bleeding after the menopause. It is usually performed in the outpatient clinic. Depending on the circumstances it may occasionally be performed in an operating theatre with a general anaesthetic (you will be asleep for the procedure).

A thin telescope attached to a camera (hysteroscope) is passed through the cervix (neck of the womb) to directly see inside the womb. This can provide more information than on a scan, and can mean further investigation or treatment can take place.

Often a sample of tissue will be taken from inside the womb (biopsy). Other procedures may be performed - for instance, a small polyp can be removed, an intrauterine contraceptive device ('a coil') can be inserted, or scar tissue may be removed.

How long will I be in hospital?

The appointment is around 1 hour if the hysteroscopy is performed in the clinic. Hysteroscopy taking place under general anaesthesia is typically performed in the Day Surgery Centre with a 12 hour stay. The procedure usually lasts 15-20 minutes and can be longer for more complex cases. If they are feeling well, most women are able to leave the hospital shortly after the procedure is completed.

What are the risks of a hysteroscopy?

- **Pain:** It is common for hysteroscopy to cause cramping period-like tummy pain. This should settle and not worsen
- **Bleeding:** It is common to experience some vaginal bleeding after the procedure. This should usually settle within a couple of days. We advise that you use menstrual pads and avoid tampons
- **Infection:** Occasionally you can develop an infection in the womb following the procedure (1 in 400 women)
- **Unsuccessful procedure:** Sometimes it may not be possible to complete the planned procedure. If this is the case the team may arrange for you to come back on another day for a repeat procedure, or discuss alternative options with you.

- **Damage to wall of womb (uterine perforation):** Around 1 in 1000 women will experience a perforation of the womb because of the hysteroscopy. If this happens you will probably need admission to the gynaecology ward for observation, blood tests and may be given antibiotics or have scans arranged. If we are worried that there has been accidental damage to the bladder or the bowel, surgery (keyhole or open surgery) may be required to investigate and treat as needed. This is a very rare occurrence.

Any unexpected complications which happen will be explained to you as soon as possible.

Are there any alternatives to having a hysteroscopy?

For some people a hysteroscopy under anaesthetic may not be the right choice for them. It can be preferable for hysteroscopy to be performed in the outpatient clinic without anaesthesia for some individuals. Some people may choose not to have a hysteroscopy at all. You can discuss your options and your particular circumstances with your doctor.

What should I do before my hysteroscopy?

It is important that there is no chance that you could be pregnant at the time of the procedure. To reduce this risk, there should be no unprotected sexual intercourse between the start of your most recent period until the procedure. A urine pregnancy test may be done on the morning of the procedure. It is ok if you have your period or bleeding on the day of your procedure, this will not prevent the procedure from being carried out.

Specific instructions for fasting will be given before hysteroscopy under anaesthesia.

What happens on the day of the hysteroscopy?

You will be seen by the gynaecologist, anaesthetist and a theatre nurse. Your gynaecologist will discuss with you the options for hysteroscopy, and ask you to confirm your consent for the procedure, even if this had already been done beforehand. You will be given privacy to change into a theatre gown, and when the theatre team are ready, you will be shown to the anaesthetic room. A drip is usually placed in your hand and the general anaesthetic given.

The gynaecologist may use a speculum to have a look inside the vagina and at the cervix (similar to a smear test). To perform the hysteroscopy the gynaecologist passes a thin telescope attached to a camera into the vagina, through the cervix and into the womb. Water is passed through the telescope to make this easier. You will be comfortable during the procedure. Once the hysteroscopy is completed, the anaesthetic is reversed and you will wake up in the recovery area. When you are ready, the nurses will move you to the Day Surgery Ward. You will be given something to eat and drink and you will be encouraged to move about as soon as you feel able.

Your surgeon will see you to explain your operation, how it went and what follow up is needed. Due to the anaesthetic, you may not remember everything that is said. The key information will be written down for you.

You will be able to go home when you are able to eat and drink, have passed urine, have good pain control, and your surgeon and nurse are happy for you to go home. You may be given a supply of painkillers to take home with you and a 'fit note' if needed.

What can I expect afterwards?

It is common to experience cramping pains and light vaginal bleeding. It is recommended that you use menstrual pads instead of tampons. These should get better quickly and shouldn't last more than a week. If required, you can use simple painkillers such as paracetamol or ibuprofen. Aim to be as mobile as you can to reduce the risk of blood clots in your leg or lung.

You can shower as normal. For the 24 hours following an anaesthetic, you should not drive, nor operate machinery. You should not have sex for 1 week following the procedure or until the bleeding has settled. After this time you can resume normal activities when you feel able to. Most people feel well enough to return to their normal activities within a few days.

What follow up can I expect?

This will depend on the results of the hysteroscopy and the symptoms you have been experiencing. If tissue samples have been taken the gynaecologist will let you know when the result of these is likely to be back and how you will get these results. Follow up usually depends upon the results of the tissue samples so more firm plans can be made when these results are available.

When should I seek medical advice?

Most women have a straightforward recovery following hysteroscopy.

You should get **a little bit better every day**.

If you are not recovering as expected after surgery, this can be the first sign of a developing complication.

You should contact your GP, or the hospital on the contact numbers on the next page if you do not feel better every day, start to feel worse, or if you have any of the following:

- Bleeding that is getting heavier or not settling
- Tummy pains that are not settling
- Smelly vaginal discharge
- Feeling generally unwell
- Vomiting
- Fever.

Royal Infirmary of Edinburgh

In office hours:	Day Surgery Unit	0131 242 3273
	Gynaecology Triage	0131 242 2551
	Pregnancy Support Centre	0131 242 2438
	Edinburgh Fertility and Reproductive Endocrine Centre (EFREC)	0131 242 2460
Outside of office hours:	Ward 210 (Gynaecology)	0131 242 2101
	NHS 24	111

St John's Hospital, Livingston

In office hours:	Day Surgery Admissions	01506 524 105
	Early Pregnancy Unit	01506 524 015
Outside of office hours:	Ward 12 (Gynaecology)	01506 524 112
	NHS 24	111



Additional information for you

To be completed by your surgeon



Date: _____ Surgeon: _____

Operation: _____

What we found: _____

Your follow up: _____

Signature: _____

A letter from the hospital summarising your operation is also sent to your GP.