

Hysteroscopy

Patient Information – Gynaecology

What is a hysteroscopy?

This is an examination of the inside lining of your uterus (womb). This involves passing a small telescope (hysteroscope) through your vagina and cervix (opening of the womb) in order to be able to see inside. No cutting to the cervix or uterus is required.

Why is a hysteroscopy needed?

Hysteroscopy is used to both diagnose and treat abnormalities of the uterus.

Diagnostic hysteroscopy: can be used to investigate:

- Abnormal periods
- Bleeding after the menopause
- Fibroids or polyps seen on ultrasound scan
- A lost intrauterine contraceptive device (and remove it)
- Infertility

As part of a diagnostic hysteroscopy a biopsy (sample) of the lining of the uterus is usually taken to examine for any abnormalities.

Operative hysteroscopy: can be used to treat certain problems:

- Removal of polyps or fibroids growing inside the uterine cavity
- Treat heavy periods with endometrial ablation (see ablation information leaflet)
- Correct some defects of the uterus

How is a hysteroscopy done and what should I expect during the procedure?

Hysteroscopy is usually performed as an outpatient or day case procedure. This means you do not have to stay in hospital overnight. A hysteroscopy may only last a few minutes if it is being done to diagnose or investigate a symptom but can take longer if you are having treatment.

It may not be necessary to use anaesthetic for the procedure, although local anaesthetic (medication to numb your cervix) is sometimes used. Sedation or general anaesthetic (asleep) may be used if you are having treatment or if you would prefer to be asleep. If this is the case you will usually be scheduled another appointment.

For the examination you lie on a couch with your legs in supports. A speculum may be inserted into your vagina (same instrument used to perform a smear) although this is not always necessary. The hysteroscope is passed through the opening of the cervix. Fluid is used to separate the walls of the uterus this allows the doctor to see better.

If you are having a diagnostic hysteroscopy a biopsy is usually taken. If you are having an operative hysteroscopy, such as removal of a polyp, a different hysteroscope may be used. Sometimes the cervix needs to be dilated so that the hysteroscope can be passed through the cervix. If this is required local anaesthetic will be used. You may experience some discomfort during the procedure, similar to period pains, but it shouldn't be painful.

What should I expect after a hysteroscopy?

You should feel able to return to your normal activities the following day, although some women return to work the same day.

If you have had sedation or general anaesthetic you may wish to take one or two days off work to rest. You will also be advised not to drive or operate machinery for 24 hours. It is common to have a small amount of vaginal bleeding after the procedure.

You may also experience cramping similar to period pain. Some women benefit from simple pain relief such as paracetamol for the first few hours.

At home you can return to your normal activities.

In order to reduce the risk of infection for one week, or until any bleeding has stopped, we advise you to avoid:

- Baths (you can shower the same day)
- Swimming pools and spas
- Using tampons (use sanitary pads instead)
- Sexual intercourse

Your doctor will usually have discussed the findings of the hysteroscopy with you before you leave the hospital.

You should have a clear plan on how you will be informed of the results of any biopsies and/or followed up if required.

What are the risks of hysteroscopy?

Hysteroscopy is generally very safe, but like any procedure there is a small risk of complications.

Some of the main risks associated with hysteroscopy are:

- Feeling faint during the procedure. This resolves once the procedure is stopped.
- Perforation of the uterus (a small hole made in the uterus). This is uncommon and rarely requires investigation or treatment with a further operation.
- Infection of the uterus. This can cause a smelly discharge, fever and heavy bleeding. It can usually be treated with antibiotics from your GP.
- It is rare to have heavy bleeding. As mentioned before a small amount of bleeding is normal.

When will a hysteroscopy not be performed?

- If you are pregnant. If you think this is a possibility let your doctor know prior to your appointment. A urine pregnancy test will be carried out before the procedure.
- If you have an infection in the cervix or uterus.

If you have concerns following discharge

In the **first 24 hours** after discharge phone Christchurch Hospital (364 0640) and ask for the gynaecology registrar on duty.

If you are advised to go to hospital, get someone else to drive you.

If it is an emergency, call an ambulance (111).

After 24 hours consult your own GP, or the After Hours Surgery.

For more information about:

hospital and specialist services, go to www.cdhb.health.nz | your health and medication, go to www.healthinfo.org.nz