

Having a hysteroscopy

Your specialist has recommended that you have a hysteroscopy and this leaflet provides some information about the procedure. If it doesn't answer all your questions, or, if you have any worries, please do not hesitate to ask your specialist or nurse for more information. It is natural to feel a bit nervous about having any medical procedure, but often knowing what to expect can help.

What is a hysteroscopy?

A hysteroscopy is an examination of the inside of your womb (uterus) using a telescope called a hysteroscope. This may be either a flexible instrument about the thickness of a pencil or a rigid version that is thinner still (3mm in diameter). In both cases, the hysteroscope is carefully passed through the vagina and cervix, and into the womb.

A hysteroscopy is useful for finding out what is causing your symptoms, or as a check-up for certain gynaecological conditions. During the procedure the doctor may take a biopsy - a small sample of tissue - for examination in the laboratory. It is also possible to remove polyps, small lumps of tissue that can grow from the womb lining.

It is most often performed as a day case, with no overnight stay.

Anaesthetic

A hysteroscopy can be performed under a local anaesthetic, with an injection into the cervix, especially if no treatment is planned (a diagnostic hysteroscopy). In other cases, you will have a general anaesthetic. This means you will be asleep throughout the procedure. For more details on general anaesthesia, please see the separate leaflet.

About the procedure

Once the anaesthetic has taken effect, the hysteroscope is gently passed through the cervix and into the womb itself. The 'scope is then attached to a camera, allowing the surgeon to see a clear image on a video screen. The walls of the uterus are separated with gas or fluid to make them easier to view.

Preparing for your operation

Once at the hospital, you may be asked about your medical history and any previous experience of hospital treatment. Your answers will help them in planning your care whilst you are in hospital.

If you are having a general anaesthetic, you will also need to go without food for six hours before the operation. You can usually take sips of water until two hours before. More specific advice will be given in your admission confirmation letter.

Before you come into hospital, you will also be asked to:

- have a bath or shower on the day of your admission
- remove any make-up, nail varnish and jewellery. Rings and earrings that you'd prefer not to remove can usually be covered with adhesive tape

When you arrive at the hospital, a nurse will explain how you will be cared for before, during and after the procedure. Your specialist and, if you are having a general anaesthetic, your anaesthetist, will also visit you. This is a good time to ask any outstanding questions about your treatment.

Consent

You will be given a consent form to sign. By doing this, you confirm that you understand what will happen during the operation, and give your permission for it to go ahead.

Many patients feel uncomfortable with the idea that a procedure may involve risks, but to make an informed choice, you need to know about the possible risks before you give consent.

What are the risks?

Hysteroscopy is generally a safe procedure. For most people, the benefits in terms of having a clear diagnosis, or quick and effective treatment, are much greater than any disadvantages. However, all invasive medical procedures do carry some element of risk. This can be divided into the risk of side-effects and the risk of complications.

Side-effects

These are the unwanted, but mostly temporary, effects of a successful procedure. Examples of short-lived side-effects include feeling sick as a result of the general anaesthetic. You may also have some slight abdominal pain, similar to period pain, and there may be some vaginal bleeding for several days. Occasionally, bleeding and discharge continue for up to a month.

Complications

These are rarer than most side-effects and most women will not experience problems. The main possible complications of any invasive procedure are bleeding (during or soon after the procedure), infection, and an unexpected reaction to the anaesthetic. Other complications are uncommon, but it is possible for the womb to be damaged or perforated during the procedure. This can lead to bleeding and infection, which may require treatment with medicines or surgery or, in an extreme case, a hysterectomy (removal of the womb).

The chance of complications depends on the exact type of procedure you are having and other factors such as your general health. You should ask your specialist to explain how these risks apply to you.

After the hysteroscopy

If you have had a general anaesthetic you will be taken from the operating theatre to a recovery room, where you will come round from the anaesthetic under close supervision.

After this, you will return to your room, where a nurse will make you comfortable. The nurse will monitor your blood pressure and pulse at regular intervals.

Recovery

If the procedure is performed under a general anaesthetic, you will need to rest on your bed until the effects of the anaesthetic have passed.

If you have any abdominal pain, you may require painkillers. Please discuss pain relief with your nurse, specialist or anaesthetist. When you feel ready, you can begin to drink and eat, starting with clear fluids such as water or apple juice.

Before you go home, the specialist may explain the findings of the hysteroscopy, or will ask that you make an appointment to do this. If a biopsy has been done, it may be several days before the results are available.

Going home

If your operation has been planned as a day case, you will be able to go home once you have made a full recovery from the anaesthetic. However, you will need to arrange for someone to drive you home and then stay with you for the first 24 hours. If you stay overnight after your operation, you will be asked to be ready to leave your room the next morning.

After you return home

If you need them, continue taking painkillers as advised by the hospital. A general anaesthetic can temporarily affect your co-ordination and reasoning skills, so you should avoid drinking alcohol, using power tools, making any vital decisions or signing legal documents for 24 hours afterwards.

Most women experience no problems following a hysteroscopy. But, if you do develop any of the following symptoms, which may indicate an infection or other complication, contact the hospital immediately:

- prolonged heavy bleeding
- pain that persists for more than 48 hours
- severe pain
- a swollen belly
- raised temperature
- vaginal discharge that is dark or smelly

You may find that your first period following the procedure is heavier or more prolonged than usual and that your periods are irregular for a couple of months.

To help avoid the risk of pelvic infection, you should not use tampons for at least one month after your hysteroscopy. Sexual intercourse may be resumed as soon as you feel ready, and you should continue to use your usual form of contraception unless your specialist gives you different advice.

This leaflet describes standard treatment. Your experience may differ slightly. If you have any unanswered questions or concerns, please do feel free to raise them at any time when you come to the hospital.

Further information

Healthwise (Health Information Resource Centre)

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