What is a hysteroscopy?

This is a procedure used to inspect the lining of the womb (uterus). Using no cuts, a small telescope is inserted through the vagina into the uterine cavity. It has a small camera attached which allows the enlarged picture from the telescope to be seen on a television screen.

The procedure can be performed under a local or general anaesthetic, usually as a day case or outpatient procedure. Treatment, if needed, is usually be carried out at the same time, saving time and with excellent results.

Why am I having a hysteroscopy?

You may be having heavy periods, that are not settling with usual medications or irregular bleeding (Intermenstrual Bleeding). This needs investigation, especially if you are above the age of 40. A hysteroscopy is one of the most common procedures performed in gynaecology, and can be used for both diagnosis and treatment, for example removal of a polyp. A sample or a biopsy (removing of a few cells from the lining of the womb) is usually also taken to allow further analysis by a pathologist.

Indications (Common reasons for a hysteroscopy)

For Diagnosis of

- Heavy periods
- Irregular periods
- Post-Menopausal Bleeding (Bleeding after menopause)
- Painful Periods
- Problems with fertility
- Asherman’s syndrome (scarring post childbirth)
- Enlarged womb (Fibroids, Adenomyosis)
- Womb Cancer (Endometrial)

For Treatment

- Removal of submucous fibroids within the cavity or uterine polyps

- Before fitting of a Mirena coil (in some situations)
- Hysteroscopic Surgery (Endometrial Ablation)

Do I need to use Contraception?

You must not be pregnant at the time of the procedure. You must use effective contraception or abstain from sex in the menstrual cycle of the procedure. Even though you will have a urine pregnancy test before your procedure, this does not always pick up very early pregnancies and if there is any doubt, your procedure will be cancelled on the day and rescheduled.

How long will I stay in hospital?

You will usually be discharged home immediately if under local anaesthetic or in a few hours after your operation, dependent on how you feel.

Do I need to fast before the operation?

Yes, if you are having a general anaesthetic, no food, not even chewing gum should be consumed for at least 6 hours before your procedure. You can drink water up to 2 hours before your procedure. The hospital will advise you as to the timing of your procedure and guide you.

Do I need to stop my medications before my procedure?

You normally should not stop any of your essential medications. Please take your usual essential medications with a tiny sip of water at the regular time, unless advised not to by the nurse or doctor. Do remember to bring a list of all your medications to show the nurse at your pre-assessment (if you are having one) and let your admitting nurse and anaesthetist know all the medications you are on. This is because your medications may influence your anaesthetic and surgery. You should also inform the nurse and anaesthetist of any allergies that you have to foods, metals, drugs etc. Some important notes on certain conditions are listed below.

DIABETES (insulin or tablet)

In general, you should not take your insulin injection or your tablet, when you are fasting. For example, if your operation is in the morning, DO NOT TAKE your morning dose or injection as you will be fasting overnight, but do take the previous dose as normal. If your operation is in the evening, take your doses as normal in the morning, but stop injection/tablets if you are taking any at lunchtime (you will fast for 6 hours).You can resume your normal regime, once you are eating and drinking normally. If in any doubt, consult your surgeon or anaesthetist.

ASPIRIN, WARFARIN, CLOPIDOGREL, CLEXANE or any blood thinning agent

You will need to stop most blood thinning agents such as Aspirin or Clopidogrel at least 1-2 weeks before your procedure. This is to avoid excessive bleeding at your operation. If you are on Warfarin or Clexane or any of the above blood thinners, you will need to liaise with your surgeon and if needed, your cardiologist. If in any doubt, consult your surgeon or anaesthetist and certainly inform them when you see them, as it may influence your management.

Are there any risks with the procedure?

Hysteroscopy is a very safe procedure, but like any other operation, comes with some small risks. There may be a risk of infection, heavy bleeding or perforation (damage to womb) but are uncommon and usually occur in less than one in a hundred cases. Sometimes, the procedure may have to be abandoned because of difficult access or you may have to return for a repeat procedure.

What can I expect after a Hysteroscopy?

Nausea – You may feel slightly nauseated or groggy just as you are coming out of your anaesthetic. This will pass soon and if needed, medication will be given to you to make you feel better. You will be able to resume normal activities soon.

Vaginal bleeding – Some amount of vaginal bleeding and discharge is to be expected, usually for a week or so. If this is heavy, or has an offensive smell or causes you concern, seek medical advice. You may need to wear a sanitary towel for a few days. Avoid tampons and sex, usually for 2 weeks after the procedure, to reduce risk of infection.

Pain – Some women may experience slight lower abdominal discomfort. You can take your usual painkillers (such as Paracetamol or Ibuprofen) if you think it necessary.

Other issues

Mobilise as normal, but do not do any heavy lifting until you feel fully recovered.

Work: You will be able to resume normal activities soon. You should be able to go to work the next day or as soon as you feel able.

Sex: You will be able to resume sexual intercourse when you feel comfortable. If you are bleeding, wait for this to stop. If you are not bleeding, go ahead when you feel comfortable. It is usual to take a couple of weeks.

Other physical activities: You will be able to resume other activities such as sport and swimming as soon as you feel able, usually in a week but take longer if you need to.

Driving: Avoid for 24 hours after a general anaesthetic.

When will I know the results of the hysteroscopy?

Following your hysteroscopy, the findings and their implications will be discussed with you. Plans will be made for any further treatment and any necessary appointments will usually be made before you leave the hospital. The results of the biopsy take about a week or two to come back. You will usually be seen in clinic for a follow up or have the results communicated to you. If you need further surgery or other treatment, this will be discussed in detail with you, usually in the clinic. Your GP will be sent a letter with the findings from your procedure, and any results. You will be copied into this.

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