

**Patient
Information**

Hysteroscopy Clinic for menstrual disorders

Information

This leaflet gives you information about your visit to the outpatient Hysteroscopy Clinic for menstrual disorders (period problems). The leaflet also answers some of the commonly asked questions. If you feel that you need more information, please do not hesitate to contact the clinic. The contact details are at the end of this leaflet.

Why have I been referred to the clinic?

Your GP has referred you to the Hysteroscopy Clinic to investigate the causes of your period problems. The Outpatient Hysteroscopy Clinic is run by consultant gynaecologists with a special interest in problems associated with periods.

What is a hysteroscopy?

Hysteroscopy is a procedure to look at the inside of the uterus (womb) using a fine telescope called a hysteroscope. A small camera is attached to the hysteroscope which will allow the gynaecologist to view the inside of the womb on a monitor (screen).

Your appointment

You will be seen by a consultant gynaecologist who will discuss your period problems. They will also explain the hysteroscopy procedure, treatment options and the possible need for a biopsy to be taken from the lining of your womb.

At this stage, if you would like to ask any questions about the procedure or treatment options please do so.

You will then be taken from the consultation room to the procedure room where the hysteroscopy will be performed. If further investigations or additional treatments are needed this will be discussed with you and an appointment arranged.

Reference No.

GHPI1026_09_22

Department

Gynaecology

Review due

September 2025

**Patient
Information**

Why is hysteroscopy performed?

Using a hysteroscope allows certain abnormalities inside the womb to be seen. This is a useful investigation for women who have abnormal bleeding between periods or excessively heavy periods.

Hysteroscopy will help to find out if you have a fibroid (an overgrowth of the muscle of the womb) or a polyp (like a skin tag from the lining of the womb) which may be the reason for your period problems. If you have either of these conditions the gynaecologist will discuss treatment options with you. Treatment may involve the removal of the polyp or the fibroid under general anaesthetic (while you are asleep) at a later date.

It is very common not to find an abnormality. If the test has not shown anything seriously wrong other treatments will then be considered.

What should I expect during the hysteroscopy?

You will be asked to take off your clothes from below your waist and wrap a sheet around you. A nurse will then assist you onto the examination couch and rest your legs onto the knee supports. These are placed either side towards the end of the couch. You will be made to feel as comfortable as possible.

A speculum will be passed gently into your vagina and opened so that your cervix (neck of the womb) can be seen. A speculum is the device used by your GP or practice nurse when you have a smear test.

A slim telescope (hysteroscope) is then carefully passed through the vagina and cervix and into your womb. Fluid is used to open up the womb so that the lining can be inspected. This procedure usually takes 5 to 10 minutes. The overall clinic appointment, including the consultation, is likely to take about 30 minutes.

Occasionally we may be able to remove polyps in clinic with minimal discomfort. If this is the case, we will ask for your consent and remove the polyp during your appointment.

**Patient
Information**

What if I am due for a period at the time of the appointment?

It is sometimes difficult to perform the test while you are bleeding heavily, as the view of the inside of the uterus may not be clear.

If your periods are regular and predictable and the appointment coincides with your dates, please contact the Booking Office to rearrange your appointment. The telephone number is at the end of this leaflet.

However, if your bleeding is light or spotting or you are at the end of a period then you can keep the original appointment. If your bleeding is unpredictable and there is no pattern to your cycle, please do not change your appointment. We may still be able to do some tests and discuss treatment.

Will I feel any pain?

Some women feel period type pain when the fluid and telescope are inserted in the womb. This pain usually settles shortly after the procedure and can be relieved by taking mild pain relief such as paracetamol.

We therefore advice you to take 2 paracetamol tablets/capsules 2 hours before your appointment. Contact your GP for advice if you are unable to take paracetamol.

Usually, your cervix does not need to be dilated before inserting the hysteroscope. If dilation is necessary, we will ask for your permission to inject local anaesthetic into the cervix using a syringe. This is not usually painful. You also have the option of using Entonox[®] (gas and air) that you can inhale during the procedure, this will give you further pain relief.

For most women, having an outpatient hysteroscopy is quick and safe, and is carried out with little pain or discomfort. However, everyone's experience of pain is different and some women will find the procedure very painful. If it is too painful for you, let your healthcare professional know, as the procedure can be stopped at any time.

**Patient
Information**

Are there alternatives to having outpatient hysteroscopy?

You may choose to have your hysteroscopy with either a general or spinal anaesthetic. This will be done in an operating theatre, usually as a day case procedure. You can discuss this option with your healthcare professional.

The risks and complications are lower when hysteroscopy is done as an outpatient procedure rather than under anaesthesia.

You may choose not to have a hysteroscopy at all, although this may make it more difficult for your healthcare professional to find the cause of your symptoms and to offer the right treatment. They may then recommend a scan and a biopsy to find out more information and/or may ask you to come back if your symptoms continue.

What is an endometrial biopsy and how is it done?

Endometrial biopsy is a sample of tissue taken from the lining of the womb. Following the hysteroscopy, the gynaecologist may advise you to have a biopsy taken. Your permission will be obtained before taking a biopsy.

A biopsy is taken using a fine plastic tube passed through the cervix into the womb. You may have some period like pain during the procedure. This usually fades quickly once the procedure is completed. The biopsy will only take a few seconds.

When will I know the results of the procedure?

After the procedure the doctor will tell you what was seen and discuss the treatment you may need. If a biopsy has been taken, it will be sent to the laboratory. The results may take up to 6 weeks to be available. The results will be sent, by post, to you and your GP.

**Patient
Information**

What treatment options will be given at the clinic?

Treatment will be aimed at the main reason for your bleeding problems. At the time of your clinic appointment, you may be offered:

- To start medical treatment such as non-hormonal and hormonal medications.
- To have a Mirena[®] device inserted into your womb. A Mirena[®] is a small T shaped plastic device which releases a very small amount of hormone (progesterone) each day. This hormone thins the lining of the womb and will make your periods lighter. The Mirena[®] is also a very good contraceptive. If you agree, it can be fitted straight after the hysteroscopy. This will take less than a minute with very little discomfort. The device can take up to 3 to 4 months before working at its best and may cause irregular bleeding during this time. Most patients are satisfied with their periods within 4 to 6 months.
- To consider various surgical options. These may include the removal of polyps and fibroids. You may also be offered a procedure called endometrial ablation which aims to treat period problems. If any of these procedures are needed, it will be done at a later date. This will be either at an outpatient clinic using local anaesthesia (while you are awake) or under general anaesthesia in an operating theatre (while you are asleep). The gynaecologist will discuss both options with you.

If the hysteroscopy reveals fibroids (muscle overgrowth) or polyps (like skin tags) protruding into your womb, the gynaecologist will advise you and discuss the management of the condition. Treatment may involve the removal of the fibroids or polyps at a later date. This will be either as an outpatient clinic under local anaesthesia or under general anaesthesia in an operating theatre.

**Patient
Information**

After the hysteroscopy

After the procedure you may wish to rest for about 15 to 30 minutes before leaving the hospital. It is a good idea to have someone to take you home after the appointment.

You will be able to continue with your normal activities for the rest of the day. You will not have received any medication which will affect driving, operating machinery or drinking alcohol. You may have some vaginal bleeding or spotting with a watery discharge for the rest of the day. This can sometimes last for a few days. It would be advisable to wear a sanitary pad after the procedure.

The risk of infection with hysteroscopy is very low. We take all the necessary precautions to avoid infection. However, if you develop an unpleasant smelling vaginal discharge, please contact your GP for advice. Antibiotic treatment may be needed.

Contact information

To rearrange an appointment please contact the:

Booking Office

Tel: 0300 422 5993

Monday to Friday, 9:00am and 5:00pm

If you have any questions or concerns, please contact the:

Outpatient Hysteroscopy Clinic

Gloucestershire Royal Hospital

Tel: 0300 422 6246

Monday to Friday, 9:00am and 5:00pm

Hysteroscopy Clinic

Gloucestershire Royal Hospital

Tel: 0300 422 6246

Monday to Friday, 9:00am and 5:00pm

**Patient
Information****Further information****Gloucestershire Domestic Abuse Support Service (GDASS)**

This is a county-wide service offering a variety of support programmes for women and men over 16 years old who are experiencing domestic abuse.

Tel: 01452 726 570

Monday to Friday, 9:00am to 5:00pm

Domestic Violence Helpline

Tel: 0808 2000 247 (24 hours)

Email: support@gdass.org.uk

Website: www.gdass.org.uk

Content reviewed: September 2022

Making a choice**Shared Decision Making**

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.

**Ask 3 Questions**

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counseling, 2011;84: 379-85**AQUA**
Advancing Quality AllianceNHS
Shared Decision Making
Programme**NHS**

<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>