

**Patient
Information**

Outpatient 'See and treat' hysteroscopy and endometrial polypectomy

Introduction

You have been given this leaflet because you are going to have an outpatient hysteroscopy procedure. During this procedure, if a polyp is seen within your womb, we will go ahead and remove it. This procedure is called endometrial polypectomy and by doing this at the same time as the hysteroscopy you will avoid the need for another appointment.

This leaflet explains the treatment, your visit to the hospital and gives you advice about what to expect after the procedure.

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).

In the Gloucestershire Hospitals NHS Foundation Trust for the outpatient hysteroscopy and endometrial polypectomy, we use a small hand-held device called Truclear®. The procedure takes about 10 to 15 minutes.

What is endometrial polypectomy?

Endometrial polypectomy is a procedure to remove polyps in the lining of the womb using a cutting device. This procedure can be safely performed in an outpatient clinic. You will not need a general anaesthetic.

Endometrium is the name given to the lining of your womb. Polyps are skin tag like structures that grow from the lining of the womb and can cause period problems, bleeding between periods or bleeding in menopausal women. When polyps are seen in the lining of the womb, the gynaecologist will offer the option of having them removed. If you are not having any bleeding problems it is still advisable to have any polyps removed to check that there is no cancer in the polyp.

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Gynaecology

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Polyps are also removed in some postmenopausal women to make sure there are no tissue changes such as cancer.

This procedure can also be performed in theatre under general anaesthetic (while you are asleep).

Before the procedure

You can eat and drink as normal before your appointment.

Please take all of your usual medications at the normal times.

We advise you to take 2 paracetamol tablets/capsules an hour before your scheduled appointment time. This will help to relieve any discomfort during the procedure.

The procedure

On the day of your procedure, you will be seen by a gynaecologist who will explain the procedure and answer any questions you may have.

You will then be taken to the procedure room where you will meet the nurses who will be assisting the gynaecologist and looking after you during and after the procedure.

You will be shown to a changing room where you will be asked to change into a hospital gown.

When you are back in the procedure room you will be asked to lay on the examination couch where you will have an internal examination.

The gynaecologist will insert the slim Truclear[®] telescope into your vagina.

The Truclear[®] telescope has a camera attached which will project images on a display monitor which you can view too if you wish. This will be followed by hysteroscopy using the Truclear[®] telescope.

Fluid will be introduced into your womb through the telescope. This will expand the cavity to make it easier for the doctor to see. You may feel some fluid coming out of your vagina during the procedure, this is normal.

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You may experience mild period cramps during this examination of your womb. If polyps are present within your womb, the gynaecologist will then ask you if you are ready to go ahead and have the polyp removed. Before going ahead with the polypectomy your comfort levels will be checked. If there are no polyps, the gynaecologist will advise you of the need for an endometrial biopsy. Endometrial biopsy is a sample of tissue taken from the lining of your womb.

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

Speculum insertion into the vagina is not always required for this procedure. A speculum is an instrument that is normally inserted into your vagina when a cervical smear is taken which can cause discomfort to patients. Where possible we try to avoid using a speculum if we can.

Sometimes a speculum may be needed if the neck of your womb is noted to be tightly closed when it is viewed with the Truclear® telescope. If this is the case then following the insertion of the speculum, anaesthetic gel will be inserted into your womb, to help open up your cervix as well as to reduce any discomfort.

On occasions, a local anaesthetic injection into your cervix may be required if we have to open up your cervix further. The local anaesthetic injection will help to reduce any discomfort that you will feel when the cervix is dilated with the slim instruments called cervical dilators. This will then help with the insertion of the Truclear® telescope.

Will I feel any pain during the procedure?

The procedure is likely to cause minimal and mild period type pains which can vary from patient to patient. The pain relief that you take before the procedure, will help to reduce any pain.

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The polyp removal procedure is usually painless and very quick (no more than a minute and most often a few seconds). Discomfort is usually only felt during the insertion of the telescope. You will also be offered Entonox[®] (gas and air) which can be inhaled at any point during the treatment to help ease any discomfort.

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. You will then be offered the procedure under general anaesthetic on another day.

The following are comments from women who have had this procedure and given us feedback regarding their experiences:

"I was given gas and air which was offered and I accepted, and whilst there was minimal discomfort, it was almost painless apart from a few places where I had a biopsy taken but it was over quickly"

"Everyone attending the procedure was lovely. They introduced themselves, made sure I was comfortable throughout and ensured I was informed and in control."

"The Doctor was excellent in explaining what treatment I was about to have. The nurses gave clear instructions & looked after me so well. Gas & air was given to me when I needed it. After procedure by lovely Dr the nurses read me aftercare instructions. This was the best NHS treatment I have had in hospital. Thank you"

"Excellent care from start to finish. The whole team that carried out the hysteroscopy were very professional and caring. Everything was explained to me clearly by the Doctor and nurses and I was encouraged to say when anything was painful. I felt very supported throughout the experience."

"I feel it's so important that positive stories are told about this procedure"

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In a recent survey of over 100 patients, all said they would be happy to see the team again for this procedure if they needed it and would recommend it to their friends or family in the outpatient setting if it was required.

After the procedure

You will be taken to a room to recover.

You will be advised about any pain relief that may be required for the first 48 hours when you go home.

We advise that you bring someone along to drive you home after the procedure. Most patients leave the clinic within an hour of their appointment time.

What should I expect when I get home?

- Some minimal bleeding or pink coloured and watery discharge for the first 2 weeks following the procedure. If you had fibroids, multiple or large polyps, then you can expect irregular minimal bleeding for up to 6 weeks.
- If you have any pain, take regular pain relief such as paracetamol.
- You can return to your normal daily routine, including driving, the day after the procedure.
- It is advisable to refrain from intercourse until any bleeding has stopped.
- If you have heavy or continued bleeding or an offensive (smelly) discharge this may be due to an infection in your womb. Please contact your GP for advice.
- The polyp that is removed will be sent to the laboratory for testing. The results will be posted to you. A follow-up appointment will be arranged if necessary.

Risks

The risks associated with this procedure are rare but include infection, perforation (making a hole in the womb) and fluid overload. If your womb is perforated the procedure will not go ahead and will be rescheduled for another day.

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Fluid overload is a very rare and happens when the body absorbs the fluid that is used during the procedure. We constantly monitor the fluid used and will stop the procedure if the safety limit of fluid absorption is exceeded.

Contact information

If you have any questions, please ask your gynaecology consultant or contact one of the numbers listed below.

Gloucestershire Hospitals Switchboard

Tel: 0300 422 2222

When prompted, ask for the operator then for your gynaecology consultant.

If you have any concerns following the procedure, please contact:

Gynaecology Outpatient Nurses

Tel: 0300 422 6246

Monday to Friday, 9:00am to 4:00pm

If you have a concern out of these hours please contact:

NHS 111

Tel: 111

To rearrange an appointment contact:

Appointments

Tel: 0300 422 4082

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

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

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Domestic Violence Helpline
Tel: 0808 2000 247 (24 hours)
Email: support@gdass.org.uk
Website: www.gdass.org.uk

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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 Shephard 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 Counselling, 2011;84: 379-83.

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