

Women's Health

Hysteroscopy

Information for patients



This leaflet is for women who have been advised to have a hysteroscopy. It outlines the common reasons doctors advise this investigation, how a hysteroscopy is carried out, potential risks as well as benefits, and what to expect afterwards.

What is hysteroscopy?

Hysteroscopy is a simple investigation that involves looking into the uterus (womb) with a telescope called a hysteroscope.

Why is hysteroscopy performed?

Hysteroscopy is used to investigate abnormal vaginal bleeding, such as bleeding after the menopause, heavy periods, and bleeding between periods.

It is also used when abnormalities of the uterus are found during an ultrasound scan. These include: thickening of the lining of the uterus known as the endometrium; polyps (fleshy tissue protruding from the endometrium); and fibroids (swellings that arise from the muscle of the uterus).

Hysteroscopy may also be advised when the uterus appears to have an abnormal shape.

How is hysteroscopy carried out?

The hysteroscope is very narrow and is passed through the cervix into the cavity of the uterus. As the uterus is usually 'folded up', a saline fluid is introduced to 'open up the womb' so that the doctor can have a clear and direct view of the inside of the womb. Sometimes the cervix needs to be dilated using special dilating instruments to allow the hysteroscope to pass through.

Small polyps, fleshy tissue that protrudes (sticks out) from the lining of the womb, can be removed during a hysteroscopy.

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Fibroids can also be removed, if they protrude into the cavity of the uterus, using a special hysteroscope with an electrical loop, known as a resectoscope.

What are the benefits?

Hysteroscopy enables the inside of the uterus, known as the endometrial cavity, to be seen and appropriate treatment to be carried out under direct vision.

What are the risks?

Problems during hysteroscopy are rare. Problems that can happen are:

- In 1 in 130 women a hole (known as a perforation) is made in the wall of the uterus, either during the stretching (dilatation) of the cervix, or more rarely, during the insertion of the hysteroscope. This seldom causes any damage to other organs within the tummy cavity (abdomen) but does prevent the cavity of the uterus from being viewed. In the unlikely event that perforation does occur, the procedure would have to be abandoned.
- Significant bleeding is very uncommon as the muscular wall of the uterus contracts and blocks off any blood vessels that may be opened during the procedure.
- Pelvic infection is a rare complication of this investigation. Antibiotic treatment is effective in treating any infection.
- Although the procedure is performed with equipment that has been sterilised there is always the risk of an infection. If during the next five days you experience any of the following, please see your GP:
 - A smelly vaginal discharge
 - Heavy prolonged bleeding
 - A temperature
 - Feeling generally unwell/off colour

What happens after the hysteroscopy?

Having a hysteroscopy may cause period-like bleeding for a few days and this may be associated with period-like cramps. We advise you to use sanitary towels and not tampons during this episode of bleeding to reduce the risk of infection.

Questions or concerns

If you have any questions or concerns, please telephone the relevant ward:

Gynaecology Day Surgery Unit, John Radcliffe
Oxford (01865) 222014

Horton Day Case Unit
(01295) 229156

Horton Gynaecology ward
(01295) 229088

Horton Pre Operative Assessment
(01295) 229375

and ask to speak to a member of the nursing staff.

Further information

The following website contains further information about this procedure: <http://www.nhs.uk/Conditions/Pages/bodymap.aspx>

If you need an interpreter or need a document in another language, large print, Braille or audio version, please call **01865 221473** or email **PALSJR@orh.nhs.uk**

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