



Having a hysteroscopy and / or polypectomy

This leaflet is for women having a hysteroscopy and/or uterine polypectomy under general anaesthetic.

Introduction

A hysteroscopy is usually done to investigate abnormal uterine bleeding, subfertility, remove polyps or to take a biopsy.

The procedure will be performed under general anaesthetic as a day surgery procedure.

If there is anything you do not understand or if you have any other questions, please ask the clinic nurse or telephone us on the relevant numbers at the end of this leaflet.

What is a hysteroscopy?

A hysteroscopy is an effective surgical method to look at the womb lining. It may well look completely normal but, polyps and fibroids can sometimes be picked up. Polyps and fibroids can grow inside the womb lining, within the womb muscle or on the outside of the womb.

Depending on location and number of the fibroids further surgery may be required (see the Transcervical resection of fibroids (TCRF) and Myomectomy leaflets) may be appropriate.

Polyps are usually removed at the same time as the hysteroscopy. Details of the surgery can be discussed in the clinic appointment.

How well does a polypectomy work?

The surgeon will try to ensure that the procedure completely removes the polyp but occasionally a second procedure at a later stage is required.

How is a hysteroscopy performed?

A narrow telescope (hysteroscope) is inserted through the vagina and cervix into the uterus. A camera attached to the hysteroscope allows the uterine cavity to be shown on a TV monitor during surgery. Your uterus is filled with a harmless sterile liquid to give a better view. If the womb lining is normal, no further action is required. A biopsy of the womb lining is sometimes taken depending on the patient's history. If a polyp is seen, it can usually be removed at the same time. If a fibroid is seen, it may be able to remove this at the same also but sometimes a second procedure may be required (see TCRF leaflet). A hysteroscopy usually takes between 10 and 30 minutes, depending on what needs to be done.

What are the risks of a hysteroscopy?

No surgical operation is completely without risk. The risks with hysteroscopy however are small and include:

- **Puncture of the uterus:** The hysteroscope can puncture the uterus. This is a rare complication (up to 2 in every 100 operations) but if it does, the operation will have to be

abandoned and postponed until the uterus/womb has healed. On very, very rare occasions, the perforation may damage the bowel. This would require additional surgery, a laparoscopy, to correct the problem.

- **Bleeding:** Excessive bleeding during or after surgery, which happens in around 1 in 400 cases.
- **Infection:** The procedure can cause infection in the uterus (1 in every 100 operations). Antibiotics will be given during the operation to try to prevent this.
- There are also small associated risks of a **general anaesthetic**.

How should I prepare for my operation?

Please follow the instructions given to you during your pre-operative assessment appointment regarding eating and drinking and medications prior to your operation.

- **Period:** The test is not usually performed when you are having your period but can be done if you have prolonged or continuous bleeding. If the appointment date is on the same day as your expected period date, please call the hospital number on the appointment letter to change your appointment date as soon as possible.
- **Unprotected sexual intercourse:** Please ensure you refrain from unprotected sexual intercourse after your last menstrual period.
- **Pregnancy:** If you are, or think you may be pregnant, you should not have the hysteroscopy. Please contact the hospital number on the appointment letter before your appointment for further advice.

What can I expect after the operation?

- **Cramping:** You may experience some cramping for a day or two, for which you may require some simple painkillers, such as paracetamol. Follow the dosage instructions.
- **Bleeding:** There is usually a bloodstained discharge lasting up to a week. Until it has stopped, avoid sexual intercourse and the use of tampons.
- **Infection:** If you should develop an unpleasant, smelly discharge or the bleeding becomes heavier, this might indicate an infection. If this happens, you will need some antibiotics from your GP.
- **Work:** You should be able to go back to work after a few days. If required, a sick certificate for one week can be provided for your employer. You will need to ask the nurses for this when you arrive on the ward so that the certificate can be prepared in time for your discharge later in the day.
- **Sex:** You can resume sex when you feel ready and comfortable. We would advise that you wait until any bleeding or discharge has completely stopped.
- The effects of a general anaesthesia may take some time to wear off after operation.

Follow up appointment

Please keep any appointments made for you. These will either be given to you on leaving the ward or sent in the post.

Contact us

If you have any concerns or questions regarding your operation, you can contact us on:

Fertility patients: **0118 322 7286**

Gynaecology patients: **0118 322 7191**

Cat 6 office (Gynaecologist Patient Pathway Co-ordinators): **0118 322 8964** or email rbb-tr.cat6@nhs.net

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

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