

Having a hysteroscopy under general anaesthetic

Introduction

This leaflet is for women who have been advised to have a hysteroscopy under general anaesthetic. It outlines the potential benefits and risks of this operation, and explains what to expect during your recovery. Feel free to discuss any questions or concerns with your nurse when you come to hospital, or telephone us on 0118 3227181.

What is a hysteroscopy?

A hysteroscopy is an operation carried out to look inside the uterus using a thin telescope called a hysteroscope. The hysteroscope is inserted through the vagina and cervix.

Why is this operation necessary?

There are a number of reasons why your doctor may have advised you to have a hysteroscopy. These include:

1. To investigate heavy or irregular periods
2. To investigate bleeding after the menopause
3. To obtain a small sample (biopsy) for further, more detailed examination in the laboratory.
4. To remove polyps or fibroids from inside the womb (if this is necessary your doctor will discuss this with you)
5. It may have been impossible to carry out a hysteroscopy in the outpatient clinic

How is a hysteroscopy performed?

This operation is done under a general anaesthetic, which means you are asleep. The neck of the womb (cervix) is gently dilated before the hysteroscope is inserted. Fluid is used to help open up the uterus to allow the surgeon to see clearly. A biopsy can be sent for a detailed examination to our hospital laboratory.

The operation takes about 10-20 minutes and is usually performed as a 'day case' meaning you will be able to go home the same day.

What are the risks or potential complications of hysteroscopy?

The overall risk of serious complications from diagnostic hysteroscopy is approximately two women in every 1000.

Serious risks include:

- Damage to the uterus (uncommon)
- Damage to bowel, bladder or major blood vessels (rare)
- Failure to gain entry to uterine cavity and complete intended procedure (uncommon)
- Infertility (rare)
- Three to eight women in every 100 000 undergoing hysteroscopy die as a result of complications (very rare).

Frequent risks include infection and bleeding.

How should I prepare for my hysteroscopy?

Eating and drinking: You should not eat, suck sweets or chew gum for 6 hours before your admission. You can drink clear fluids up until 2 hours before surgery.

Clothing: Please bring in nightwear, dressing gown and slippers and a toilet bag just in case you need to be in hospital overnight.

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.

Sanitary pads: Because some women have a small amount of bleeding after the hysteroscopy we advise you to come with a sanitary pad to use after the test.

Pregnancy: You will have a urine pregnancy test on the day of surgery. This is because a hysteroscopy should not be carried out if you are pregnant.

What should I expect following hysteroscopy?

Some women experience period-like pains for a short length of time after the procedure. These are eased with normal painkillers such as ibuprofen or paracetamol. It's also quite normal to have some vaginal bleeding or discharge for up to a week following the procedure. If this becomes heavy or offensive smelling,

please contact your GP for further advice. We advise you to use a sanitary pad rather than a tampon for a week after your test.

The anaesthetic drugs stay in your system for up to 24 hours after your operation and over this period you may feel tired and drowsy. During this time you should not drive, operate machinery or appliances and you should not sign important documents or make major decisions. You should also arrange to have a responsible adult to look after you. Drink plenty of fluids and eat a light diet, avoiding alcohol.

You should be able to go back to work after a couple of days. If required, we can provide a sick certificate for up to one week for your employer. You will need to request this when you arrive on the ward so that it is prepared in readiness for your discharge from hospital.

We advise you to avoid sexual intercourse for about a week after the hysteroscopy.

Results

If a biopsy was taken, or a polyp was removed during your hysteroscopy, this will be examined in the hospital laboratory. We will write to you with your results. This can take up to 3 weeks.

Other sources of information:

NHS Website www.nhs.uk

Contact us

Sonning Ward 0118 322 8204 / 8458

For more information about the Trust, visit our website at www.royalberkshire.nhs.uk

This document can be made available in other languages and formats upon request.

Department of Gynaecology, July 2015

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