



Northumbria Healthcare
NHS Foundation Trust

Outpatient Hysteroscopy (OPH)

**Information for you attending a Gynaecology Appointment in
Abnormal Uterine Bleeding Clinic, Rapid Access Clinic or
Myosure® Clinic**

Issued by obstetrics and gynaecology

About this information

This information is for you, as you have been offered an appointment in the abnormal uterine bleeding clinic, rapid access clinic or attending for Myosure®, as you need or might need a hysteroscopy as an outpatient.

It may also be helpful if you are a partner, relative or friend of someone who has been offered this procedure.

Why have I been referred for an outpatient hysteroscopy (OPH)?

You have been referred for an OPH because of one of the following reasons:

- rapid access clinic - bleeding after the menopause (postmenopausal bleeding) only*
- very heavy periods
- bleeding in between periods
- irregular bleeding whilst on hormonal replacement treatment
- removal of a coil when the threads are not visible at the cervix
- fertility concerns
- following a miscarriage
- to investigate something seen inside the uterus on an ultrasound scan, such as an endometrial polyp or fibroid.

*If you have been referred to a rapid access clinic for a different reason, then an OPH is unlikely to be required. Please then ignore this leaflet, but attend your appointment as indicated.

What is an outpatient hysteroscopy?

Outpatient hysteroscopy (OPH) is a procedure carried out in the outpatient clinic that involves examination of the inside of your womb (uterus) whilst you are awake. This is done by passing a thin, telescope-like device, called a hysteroscope, that is fitted with a small camera, through the neck of the womb (cervix). The cervix is first visualised with a speculum (the device used when having a smear), but an alternative may be vaginoscopy (looking at the cervix first only with the hysteroscope).

This test helps assess for problems inside your uterus, which might need further investigation or treatment.

The procedure takes around 10-15 minutes, but can take longer if you are having any additional procedures.

What happens during my appointment?

You may see several healthcare professionals in the same appointment. Therefore, although your procedure might only take 10-15 minutes, the whole visit may take up to 1-2 hours.

- If you are attending a rapid access clinic appointment to investigate post-menopausal bleeding, you will be having an ultrasound scan. Therefore, we ask if you can attend with a full bladder. If you have recently had a scan, another scan may not be required. Please wait to be instructed as to whether you can go to the toilet after you arrive.
- If you are attending an abnormal uterine bleeding clinic or Myosure®, appointment, your scan should have taken place on another day, or will be arranged later for you. You do not need to attend with a full bladder.

You will then meet your healthcare professional who will take a history about your symptoms and concerns, review your ultra-sound scan (if you have had one), confirm if an OPH is indicated and discuss the procedure. If an OPH is recommended to help with any investigations, we will ask you for your verbal consent first.

You are provided with a private changing room with access to a toilet, to change into a gown before your procedure. When the OPH is performed, there will be 2 or 3 healthcare professionals in the room, to help support you and assist throughout the procedure. They will help you get positioned on a special couch but will keep you covered as much as possible.

During the procedure the healthcare professional will look inside your uterus on a screen, which you can also watch if you wish. Sometimes photographs are taken to keep in your medical records.

The procedure risks will be discussed with you, and you will have the opportunity to ask any questions. If you feel uncomfortable, anxious or distressed about having an intimate examination, please raise this concern with your healthcare professional. They will be able to help support you or offer an alternative.

After the procedure, there is an area for you to recover for as long as you need.

What are the possible risks with outpatient hysteroscopy?

- **Pain during or after** is usually mild and similar to period pain. Simple pain killers are helpful. On occasion, pain may be severe. If it is too painful then the procedure can be stopped at any time if you wish.
- **Feeling or being sick, or fainting** can affect a small number of women and this usually passes quickly.
- **Bleeding** is usually mild, like a watery light period. Use sanitary towels rather than tampons afterwards. If bleeding does not settle and gets worse, contact your healthcare professional or nearest emergency department.
- **Infection** is uncommon (1 in 400 women). It may present as a smelly discharge, fever or severe pain in the tummy. If you develop any of these symptoms contact your healthcare professional.
- **Failed/unsuccessful** procedures occurs if it is not possible to pass the hysteroscope inside your uterus. This might be because of pain or a tightly closed or scarred cervix.
- **Damage to the wall of the uterus (perforation)**. This is a small hole accidentally made in the wall of the uterus and could cause damage to nearby tissues. The risk of this happening is less than 1 in 1000. If this occurred you might have to stay in hospital overnight. Usually no further treatment is needed, but very rarely you may need an operation.

How should I prepare for my appointment?

You should eat and drink normally. You do not need to fast before your appointment, in fact it is recommended that you do eat something.

It is recommended that you take pain relief. We suggest 400mg ibuprofen or 1g paracetamol (if you are not allergic to them) or whatever you find useful for period pain, at least 1 hour before your appointment.

Bring a list of your medications.

You may wish to have a friend or family member accompanying you. You might prefer to get a lift or taxi to your appointment.

Please arrive with a urine sample, or ask for a specimen container when you arrive at reception, as a urine pregnancy test may be required before your procedure.

Please wear clothes and underwear that you are comfortable to use a sanitary pad with. We recommended sanitary towels rather than tampons for any vaginal bleeding afterwards. You will be asked to change into a hospital gown during the procedure. Slip on shoes are the easiest to get on and off.

Do I need to use contraception?

A hysteroscopy can't take place if there is any chance of pregnancy. Therefore it is important to use contraception or avoid sex between your last period and your appointment.

If you are attending for a coil change please use condoms or abstain from intercourse for at least 7 days prior to your appointment. This will prevent risking an unwanted pregnancy if the type of coil is being changed or if the new coil can't be reinserted straightaway.

Can I still have an outpatient hysteroscopy if I'm bleeding?

Its best to keep your appointment, as your test is important. Sometimes it can be difficult to do the test if you are bleeding heavily. If you have any concerns please ring a speak to your healthcare professional.

Will outpatient hysteroscopy hurt?

For most women, OPH is quick and safe, and is carried out with little pain or discomfort. However, everyone's experience is different and some women will find the procedure very painful. If this occurs then the procedure can be stopped at any time if you wish. Sometimes it can be performed without a speculum (vaginostomy) or with a speculum and local anaesthetic. Entonox or 'gas and air' maybe available to use, if required.

What other procedures may be offered?

- Endometrial biopsy – taking a sample of cells from the lining of the uterus. This is done by passing a thin tube (or straw) through the cervix after the camera has been removed. You may experience severe period-like pain during this procedure, but the pain should not last long.
- Insertion of a hormone releasing intra-uterine device (for example, Mirena®)
- Removal of a coil from the uterus when the threads are not visible. This might require the use of a thin grasper inserted through the hysteroscope channel to hold onto the treads.

- Polyp or small fibroid removal. A polyp inside the uterus is a skin tag that looks like a small grape, sometimes on a stalk. Polyps are formed as a result of overgrowth of the lining of the uterus. Fibroids are knots in the muscle of the uterus that are non-cancerous (benign). They sometimes bulge like a polyp into the cavity of the uterus. Both polyps and fibroids may cause problematic bleeding, and removal might be recommended. This would normally be offered at a second appointment, unless you are specifically attending for a Myosure® procedure (see notes below).

Myosure® procedures

Myosure®, is a special type of hysteroscope which allows endometrial polyps (polypectomy) and some types of uterine fibroids (myomectomy) to be removed under direct visualisation. If you are attending specifically for a Myosure® procedure, written consent is taken before you attend. Your appointment time will include a pre-procedure assessment and time to administer any medications. You will be offered pain killers and an anti-sickness medication, as oral tablets or as a rectal suppository. Medications are usually given 30 minutes before the procedure, so that they have time to take effect.

The procedure is similar to a standard OPH, however the opening to the cervix often needs to be dilated (slightly widened) to allow the **Myosure®** hysteroscope to be passed. Once the hysteroscope is in place, a polypectomy can take only a few minutes. Sometimes a myomectomy is slightly longer.

What happens if the procedure can't be completed or you do not want an OPH to be performed?

Depending on the indication for performing the OPH, your healthcare professional may offer the procedure under a general anaesthetic (when you are put to asleep) or offer other follow-up surveillance tests, such as an ultrasound scan.

How will I feel after the procedure?

You may get pain like period cramps for 1-2 days. Any vaginal bleeding is likely to be spotting or a pink watery discharge, which may last up to 1 week. Any heavy bleeding or offensive discharge may suggest infection, so please seek advice from your general practitioner or healthcare professional.

You can return to most normal activities including work the day after your test. You should rest or complete only light duties for the remainder of the day.

Physical activity and intercourse can be resumed after any bleeding or discomfort has settled. You may take paracetamol (500mg-1g up to 4 times a day) and ibuprofen (200-400mg up to 3 times a day) if needed and not allergic to them.

When will I know the results?

The healthcare professional will explain the findings of the test in clinic on the same day. If a biopsy or polyp has been removed, you will be informed of the results in writing or in person with another appointment. Results in writing may take 2-4 weeks. If the results indicate that you need further investigations or treatment, then we usually invite you back to clinic to discuss this with you in person. The GP will also receive a copy of this letter.

What should I do if I have any problems?

Seek help if you have any of the following concerns

- If you have heavy bright red bleeding that continues for more than a few days.
- If you have severe pain, which is not relieved by pain killers.
- If you develop offensive vaginal discharge, that might indicate an infection requiring antibiotics.

If you experience any of these, you should seek advice from your GP, walk in centre, hospital where you had your procedure, NHS 111, or your local emergency department.

Contact details

Northumbria Healthcare Trust's main switchboard number is 0344 811 8111.

Wansbeck General Hospital

Gynaecology Outpatients - 01670 564 140

North Tyneside General Hospital

Gynaecology Outpatients – 0191 293 2111

Hexham General Hospital

Women's Health Unit – 01434 655 355

Northumbria Specialist Emergency Care Hospital

Emergency Gynaecology Unit (ambulatory Care) – 0191 607 2908

Alternatively you can ask to speak to your consultant's secretary.

Alternative Formats

If you would like a copy of this information in large print, another language, audio tape or other format please call the Contact Centre on 03 44 811 8118.

Other sources of information

NHS 111

NHS Choices

www.nhs.uk/pages/homepage.aspx

NICE (National Institute for Health and Clinical Excellence)

www.nice.org.uk

Patient Advice and Liaison Service (PALS)

Freephone: 0800 032 0202

Text: 07815 500015

Email: northoftynepals@nhct.nhs.uk

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General Enquiries 03 44 811 8111

www.northumbria.nhs.uk

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