NHS
University Hospitals Sussex
NHS Foundation Trust

Your visit to the Outpatient Hysteroscopy Clinic

Department of gynaecology

Patient information

What is this information about?

This information is about having a hysteroscopy as an outpatient. If you have a procedure as an outpatient, it is done at the hospital, but you do not usually have to stay overnight afterwards.

This information explains:

- what an outpatient hysteroscopy is
- why you may need a hysteroscopy
- which other minor procedures you may have at the time of your hysteroscopy
- what you should do to prepare for your hysteroscopy
- what to expect during and after your hysteroscopy
- the side effects that people may get from having a hysteroscopy
- what you must do if you due to have a hysteroscopy and are taking blood thinning (anticoagulant) medication
- where you can find further information and support.

Why have I been given this information?

You have been given or sent this information because a clinician (a healthcare professional who might be, for example, a doctor, nurse specialist or surgical care practitioner) thinks that having a hysteroscopy could help to find out what may be causing your symptoms and may enable you to have a procedure to treat your condition at the same time.

Reading this information can:

- help you to decide if an outpatient hysteroscopy is right for you
- help make sure that you know what to expect before, during and after your hysteroscopy

- help to make sure that your hysteroscopy is as safe as possible and is effective in diagnosing and treating your condition
- help to make sure that you recover as quickly as possible after your hysteroscopy and know where to find further support if you need it.

What is an outpatient hysteroscopy?

An outpatient hysteroscopy is done by a clinician. It lets them see the inside of your womb (uterus) using a device like a thin 'telescope' with a light and camera built-in to it. The clinician passes this through your vagina and the entrance to your womb (the neck of your cervix) into your womb.

They can see if there is anything which is not usual inside your uterus that may need further checks or tests or to be treated.

We offer you the option of having an outpatient hysteroscopy as this means that you do not have to have a general anesthetic.

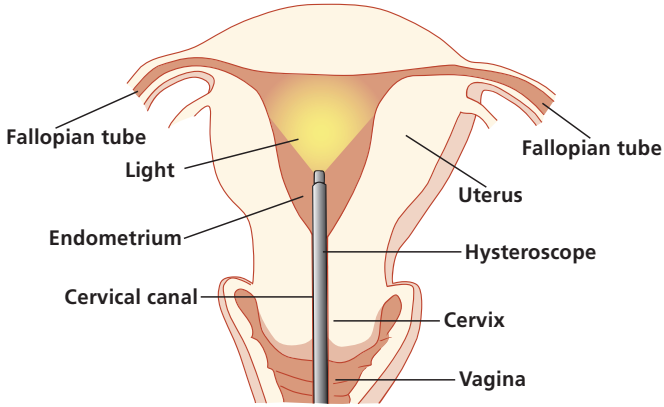
- If you have an outpatient hysteroscopy you will have your hysteroscopy in the clinic and be awake during it. An Outpatient hysteroscopy usually takes 10 to 15 minutes. Your entire appointment will be 30 to 40 minutes. This is so the clinician can speak with you first

You will usually be able to go home soon after your hysteroscopy.

- If you have a general anaesthetic you will be 'asleep' (unconscious) during your hysteroscopy. You need to stay in hospital for longer after your hysteroscopy if you have a general anaesthetic. General anaesthetics are not right for everyone and an outpatient hysteroscopy can be a safer option for people with some medical conditions.

Be aware,

you will be fully involved in deciding whether an outpatient hysteroscopy is right for you.



The hysteroscope is introduced through the cervical canal and into the uterus. No incision is necessary.

Illustration showing a hysteroscope positioned in the womb.

Why do I need a hysteroscopy?

You may have been referred (sent) for a hysteroscopy because you have:

- heavy periods
- bleeding in-between your periods
- bleeding at times that are not usual for you caused by hormone treatment
- bleeding after your menopause (post-menopausal vaginal bleeding)
- fertility concerns
- had an ultrasound scan which has found something unusual.

Might I have any other procedures done during my hysteroscopy?

Yes. While we are doing your outpatient hysteroscopy we may do other small procedures at the same time. We will tell you what we intend to do. After talking about this with you, we will ask for you to agree to it (give your consent) before we do the hysteroscopy.

These procedures may include:

- fitting a hormone releasing intrauterine device (IUD).
- taking an endometrial biopsy (a sample from the lining of the womb).
- removing:
  - a polyp (an overgrowth of the lining of the womb).
  - a small fibroid (benign growths of muscle and fibrous tissue).
  - a coil from the womb when the threads are not visible.

You are having your hysteroscopy appointment so that we can:

- find out the cause of your symptoms
- plan or give you treatment.

How should I prepare for my hysteroscopy clinic appointment?

Do

✓ **eat, drink and take any regular medications as normal** on the day of your procedure unless you have been advised otherwise

✓ **take some pain relief medication about an hour before your appointment.** This can help to reduce any discomfort you may feel during your hysteroscopy. Take pain relief medication such as ibuprofen or paracetamol. Follow the instructions on the packet about how much to take.

✓ **have a comfortably full bladder** as we may require a urine sample prior to your consultation.

Do not

✗ take any pain relief medicine that you are allergic to.

✗ take more than the recommended dose if you are already taking pain relief medication for another reason.

- **contraception.** You must not have a hysteroscopy if there is any chance that you are pregnant. To avoid this, it is important to use contraception or avoid sex between your last period and your appointment.
- **stop taking any blood thinning (anticoagulant) medication. Be aware,** the instructions for when to stop taking this varies and depends on which medication you are taking. Follow the detailed instructions for the medication that you are taking which appears later in this information.
- **contact the department to let us know if you have any concerns because you are having heavy bleeding** when your appointment is due. It is usually still best for you to have your appointment, but heavy bleeding can make it difficult to do a hysteroscopy.
- **arrange for a relative or friend to come with you to your appointment** for support, to take you home, or both.
    - You may be able to drive home after your procedure, but some people need extra pain relief. This may make it unsafe for them to drive.
    - You may be able to return to work later that day if you are feeling well.

Please watch this video for more information on how to prepare and what to expect:

Outpatient hysteroscopy procedure – how to prepare and what to expect.
www.youtube.com/watch?v=fIJ9OAMjJCg

or scan the QR code:

QR code to Outpatient hysteroscopy procedure

Can I have a hysteroscopy if I am pregnant?

No. If you are pregnant or there is a chance that you may be pregnant you cannot have a hysteroscopy. All women of reproductive age will require a urine pregnancy test before your hysteroscopy. Your hysteroscopy will be cancelled if it is possible that you may be pregnant. Therefore, it is important to use contraception or avoid sex between your last period and your appointment.

What can I expect during my hysteroscopy appointment?

1. At the start of your appointment, you will meet with the doctor or nurse specialist who will be doing your hysteroscopy. They will ask you some questions. This is also a good time for you to ask any questions or talk about any concerns that you have. It is important that you are involved in decisions about your care and treatment.

2. After the doctor or nurse specialist has spoken with you and explained what is involved in having a hysteroscopy, they will ask you if you agree to having it done (if you 'consent' to it). They will ask you to sign a consent form to show that you consent if you have not already done this in a previous appointment.
   It is important that you understand what you are agreeing to. If you do not understand anything about the procedure do ask.
3. After you have given your consent, you will be asked to remove the bottom half of your clothing behind a curtain cubicle and to cover yourself with a paper sheet.
4. You will then have to lie down on a special couch on which you will have your hysteroscopy.
5. You will be offered pain relief. This may be either:
   - a local anesthetic which is injected into your cervix to make the area numb
   - a medication called Penthrox which you breathe in from an inhaler device. It quickly lessens the pain you feel and can be used at any time during the procedure.
6. The hysteroscopy will then start.
   You will be talked through what is happening and able to see on a monitor along with the doctor or specialist nurse if you would like to. Pictures will also be taken as a record for your medical notes.
   As well as the doctor or nurse specialist who will do the hysteroscopy there will be a nurse and a healthcare assistant present. They are there to support you and to help the person doing your hysteroscopy.
7. The doctor or nurse specialist will insert the hysteroscope through your cervix to give a clear view of the inside of your womb.
   A fluid (saline solution) is used to allow them to see clearly the inner lining of your womb. You may feel wet as it comes back out.

Be aware:

Your doctor or nurse specialist may use a speculum if you are having a local anesthetic, an endometrial biopsy or any treatment at the same time. A speculum is a device which opens the passage of your vagina enough to let us see your cervix.

You are awake when you have your hysteroscopy, if at any time you feel unable to cope with what is happening do inform the staff. They will stop the procedure.

Sometimes hysteroscopies do not go as they should. We may not be able to see what we need to because we cannot pass the hysteroscope through your cervix into your uterus. This can be due to a tightly closed (stenosed) or scarred cervix. This is known as a 'failed' or 'unsuccessful' hysteroscopy. If you have had a 'failed' hysteroscopy your clinician will talk with you about options including having a hysteroscopy under a general anaesthetic or other ways to investigate your condition further.

What are the possible risks from having a hysteroscopy?

Like all medical procedures, having a hysteroscopy can have risks associated with it. **These may include:**

Pain. This can be either during or after the hysteroscopy. Any pain you may get is usually mild and like period pain. Simple pain relief such as paracetamol or ibuprofen can help with this. Some women can have severe pain and analgesia can be given in clinic, please do let the team know.

Feeling or being sick or fainting. This can affect a small number of women but usually settles quickly.

Bleeding. This is usually very mild and lighter than a period. It usually settles within a few days Try to use sanitary towels rather than tampons if you get this sort of bleeding.

Infection. It is unusual to get an infection. If you get one the symptoms may includea smelly discharge from your vagina, fever or pain.

Damage to the wall of the uterus (uterine perforation). This is rare and happens in less than 1 in 1000 hysteroscopies procedures. It is slightly more usual if someone has a polyp or fibroid removed at the same time.

It happens when a small hole is accidentally made in the wall of the uterus. This could cause damage to nearby tissues. It may mean you have to stay in hospital overnight. Usually, the uterus will heal and does not need treatment. Some people with uterine perforation need further operation to check for any damage and to repair the uterus. This very rarely can include damage to bowel, bladder or major blood vessels.

What can I expect after a hysteroscopy?

- After the hysteroscopy your clinician will talk with you about whether any problems were found. If none are found, you may not need any further appointments (follow up).
- If an endometrial biopsy has been taken, or a polyp or fibroid removed, then you will be sent a letter with the results of the tests that are done on them (histopathology tests) when they are available. This usually takes around 4 to 6 weeks.

- Try to sit and rest for a few minutes after your appointment if you can and enjoy a drink before you go home.
- You may have some period like pain for 1 to 2 days. It is likely you will also have some 'spotting' or fresh (bright red) bleeding that can last up to a week.

These symptoms usually settle very quickly, and most women feel able to go back to their normal activities on the same day.

Try to avoid having sexual intercourse (vaginal sex) until the bleeding settles.

Are there any symptoms that I might get after my hysteroscopy that mean I should contact a healthcare provider such as my GP Surgery or NHS 111 for treatment or advice?

Yes. Do contact a healthcare provider straightaway if you have:

- severe pain in your tummy (abdomen)
- a high temperature (fever)
- offensive discharge. This is discharge from your vagina which is dark yellow, brown, green or grey and smells bad (a fishy or foul smell).

I would prefer a female healthcare professional to do my hysteroscopy. Who should I contact to arrange this?

Please phone the hysteroscopy coordinator when you get this information. The contact number is on your appointment letter and at the end of this information. Be aware, we may have to change the date of your appointment to make sure a female healthcare professional can see you.

What must I do if I am on blood thinning medication and I am due to have a hysteroscopy?

There is a low chance that having a hysteroscopy causes harmful blood loss, but the chance of this happening is greater if you are on blood thinning medication.

Please ensure you inform us prior to your appointment if you have:

- A deep vein thrombosis (blood clot) in the last 6 weeks
- A deep vein thrombosis (blood clot) related to cancer in the last 3 months
- A stroke in the last 12 months
- A heart attack in the last 12 months
- A cardiac stent inserted in the last 12 months
- If you are taking 2 blood thinners at the same time
- If you take a blood thinner because of a mechanical heart valve
- If you take warfarin and your INR range is 2.5 – 3.5; or 3 – 4
- If you are taking dabigatran (we will need to advise you as below).

Anticoagulation therapy guidance

Please see below the guidance for managing anticoagulation therapy prior to you attending for a procedure.

Apixaban /Edoxaban /Rivaroxaban:

- Take your last dose at least 48 hours before the procedure (i.e. two full days without your blood thinner)
- **Restart:** Day after the procedure.

Dabigatran:

Please contact us if you are taking dabigatran. We will advise you when to stop your blood thinner:

Group A (creatinine clearance >50ml/min):

- Take your last dose at least 48 hours before your procedure (i.e. **two full days** without your blood thinner).

Group B (creatinine clearance <50ml/min):

- Take your last dose at least 96 hours before your procedure (i.e. four full days without your blood thinner)
- **Restart:** Day after procedure (For both Groups A&B).

Warfarin:

**** Please contact your health care provider that monitors and manages your blood thinning medication as soon as you have a date for your procedure.** You should speak to them directly before stopping treatment as you may need heparin injections and advice on re-commencing treatment.

- You should stop taking warfarin 5 days before your appointment.
- The INR should be checked the day before / the day of your procedure and should be INR of 1.5 or less.
- If you take a blood thinner because of mechanical heart valves or your INR range is 2.5-3.5; or 3-4 you **will** need heparin injections before and after the procedure.
- **Enoxaparin/ Dalteparin/ tinzaparin injections:**
  - Take your last dose at least 24 hours before the procedure (i.e. one full day without your blood thinner)
  - **Restart:** Day after the procedure.

Clopidogrel:

You should stop taking these 7 days prior to your appointment unless you have had a stroke or myocardial infarction (heart attack) and/or cardiac stent insertion within the last 12 months.

Aspirin:

There is no need to stop aspirin before your procedure.

Who can I contact if I need any further information or support after I have read this information?

Thank you for taking the time to read this information.

If it has not answered all your questions, please call your unit to speak with the booking team.

If they are unable to answer your query, they will ask a clinical member of the hysteroscopy team to return your call. They may be working within a clinic but will call you back as soon as possible.

Please **do** contact us at the hospital where your appointment is booked:

Princess Royal Hospital, Haywards Heath.

Horsted Keynes

01444 441881 Ext. 65686

St Richard's Hospital, Chichester.

01243 788122 Ext. 31432

Worthing Hospital or Southlands Hospital

01903 205111 Ext. 83748

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This leaflet is intended for patients receiving care in Brighton & Hove or Haywards Heath

Ref. number: 848.4
Publication date: 07/2026 Review date: 07/2029

CPIG
carer and patient information group approved