

## How to comment on my treatment?

We aim to provide the best possible service and staff will be happy to answer your questions. However, if you are not happy and the ward or department have not been able to address your queries or concerns you can contact PALS for support in liaising with the relevant staff to take it forward.

You can contact the Patient Advice & Liaison Service at:

Worthing Hospital on Tel: 01903 285032  
Email: [uhsussex.palsworthing@nhs.net](mailto:uhsussex.palsworthing@nhs.net)

St Richards Hospital on Tel: 01243 831822  
Email: [uhsussex.palschichester@nhs.net](mailto:uhsussex.palschichester@nhs.net)

The Trust is also keen to know if this leaflet gives the information that you need in a way that is easy to understand. Please tell us if you think we can improve it by calling 01903 205111 ext 84038 or by emailing [uhsussex.communicationsgroup@nhs.net](mailto:uhsussex.communicationsgroup@nhs.net)

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## Hysteroscopy Clinic Patient Information

### Hysteroscopy Clinic

## Your referral

You have been referred to the hysteroscopy clinic because of unexpected bleeding or because of the findings during a recent ultrasound scan. Your symptoms suggest you may have a gynaecological problem. The purpose of this clinic is to identify the cause of your problem and plan or undertake treatment (if needed) in just one visit under local anaesthetic.

Ideally, your appointment should be scheduled for when you are not on a period or the last couple of days as long as the bleeding is light.

If you have irregular periods or are expecting heavy bleeding at the time of your appointment, your period could be suppressed with hormonal medication (Norethisterone acetate 5mg which is taken three times a day) until you come to see us. Please perform a pregnancy test to check that you are not pregnant prior to starting this medication. Your GP will be able to check that you do not have any contraindications to taking this medication and prescribe it for you.

It is important to use contraception before your visit, as we cannot perform the procedure if there is any chance of pregnancy. You will also **be asked to provide a urine specimen prior to the procedure** to exclude pregnancy.

You should eat and drink as normal prior to the procedure and it is advisable not to miss a meal before attending.

If you are taking **blood thinning** medication this will need to be stopped prior to the procedure.

The advice will vary depending on the medication you are taking. Further details are on page 7 of this leaflet. Advice should be sought a minimum of 7 days prior to your procedure from your Coagulation Clinic, GP or through the secretary on the number at the back of this leaflet.

## Advice regarding Anti-Coagulation Medication

Hysteroscopy is a low risk procedure, however if you are on blood thinning medication this risk is increased. Please see the advice below:

### 1. LMWH (Dalteparin, Enoxaparin, Tinzaparin)

Prophylactic dose: last dose no less than 12 hours prior to procedure.

Therapeutic dose: last dose no less than 24 hours prior to procedure.

### Fondaparinux (FXa inhibitor)

Last dose should be given no less than 24 hours prior to procedure.

### 2. WARFARIN (Aim for INR 1.5 or less)

Ideally warfarin should be stopped 5 days prior to the procedure\*\*

### 3. DOACs (Rivaroxaban, Apixaban, Dabigatran and Edoxaban)\*\*

\*\*Please contact your coagulation clinic directly for more specific advice on WGH on Ext 85211 or SRH on Ext 33584.

Restart 12-24 hours post procedure as guided by the hysteroscopist or coagulation clinic.

### 4. ANTI-PLATELET AGENTS

#### Low dose Aspirin i.e. 75mg

No need to routinely stop this before appointment.

#### Clopidogrel, Prasugrel, Ticagrelor

Discontinue 5 days pre-procedure if possible. If your coronary stent was inserted within 1 year discuss with your cardiologist.

**If you have had a thromboembolic event within last 6 weeks, recurrent VTE or metallic cardiac valve please contact us for further advise.**

## How to contact us:

If you need to cancel or change your appointment or have any other queries, please contact:

Worthing Hospital: 01903 205111 ext.83748

St Richard's Hospital: 01243 788122 ext.31432

## What complications can happen?

**Pain** after hysteroscopy is usually mild period like pain. It is usually controlled with simple painkillers such as ibuprofen and paracetamol.

**Bleeding** is usually lighter than a period which should settle within a week. It is important to use sanitary towels and not tampons during this time to reduce the risk of infection. If your bleeding does not settle and is getting worse, you will need to seek advice from your doctor.

**Infection** is rare (1 in every 100 procedures) and may cause an unpleasant smelling vaginal discharge or persistent bleeding. This is easily treated with antibiotics.

**A vasovagal** reaction (fainting) rarely occurs (1 in 100 procedures) during the time when a hysteroscope is passed through the cervix. You may feel sick and sweaty or have the feeling of fainting. These symptoms are usually short lasting and settle quite quickly when lying flat.

**Perforation** is very rare (less than 1 in 1000 procedures) and is when the instruments used puncture (perforate) the wall of the womb with possible damage to a nearby structure such as the bladder or bowel. If this were to happen, you may need to stay in hospital overnight for close observation and very occasionally you may require a further operation to investigate or repair the damage.

**Failed procedure** means that it has not been possible to carry out the procedure. This is rare and your doctor will discuss alternative steps with you.

## How will you feel afterwards?

You will be in the clinic for 1-2 hours. It is advisable to have someone with you when you go home. You may return to work and normal activities over the next few days. Further advice will be provided after your appointment.

## What is a Hysteroscopy?

A hysteroscopy is a procedure using a thin telescope that allows us to see into the inside of the uterus (womb). It will enable the doctor to make an accurate diagnosis and offer any appropriate treatment at the same visit.

A hysteroscopy will help to find out if you have one of the following conditions:

- Fibroids - an overgrowth of muscle of the womb, which is a benign (non cancerous) condition
- Polyps - a small skin tag that looks like a small grape on a stalk, which is an overgrowth of the lining of the womb
- Retained coil - a coil, which is in the womb with strings not visible, making it difficult to remove.
- Retained placental tissue following a miscarriage or delivery

It is not uncommon that no abnormality is found and this is reassuring that nothing is seriously wrong. A small biopsy (sample) of the uterine lining may be taken to confirm this by histology (examination under the microscope). The results will be sent by letter to you and your GP within the next 4 weeks.

The doctor may offer you an intrauterine system (IUS) also known as a coil which is inserted inside the womb. An IUS such as a Mirena coil can remain in place for up to 5 years and be used for contraception, to help manage heavy periods and to protect the endometrium as part of hormone replacement therapy. Alternative treatment options will also be discussed with you at the time of your appointment.

## Are there alternatives to having a hysteroscopy?

It is important to realise that a scan and biopsy cannot diagnose all abnormalities and that these are sometimes inconclusive. If abnormal symptoms persist 1 in 5 women would still require a hysteroscopy even if the biopsy result is normal or if the scan is inconclusive. NICE recommends a hysteroscopy as the first line investigation for heavy menstrual bleeding.

Whilst most women are able to proceed with an outpatient procedure a few will require general anaesthetic (day case surgery where you have an anesthetic to go to sleep). This is your choice, 1 in 100 women will have the procedure under general anaesthetic. If you are sure that you do not wish to have an outpatient procedure please call our Booking Team who will arrange an appointment with a consultant to discuss a general anaesthetic approach.

### **Prior to attending for your appointment:**

**To relieve some of the discomfort that may be caused by the procedure. We strongly recommend that you take pain relief such as:**

- **Ibuprofen 400 mg and Paracetamol 1g (2x500 mg tablets) 30 minutes before your appointment time.**

If you are unable to take Paracetamol or Ibuprofen you could try a low dose of codeine this can be purchased combined with Paracetamol or Ibuprofen.

### **What to expect at your appointment:**

#### **Staff in clinic**

The Consultant, Associate Specialist or Specialist Registrar is supported in clinic by two trained nurses and a health care assistant (HCA).

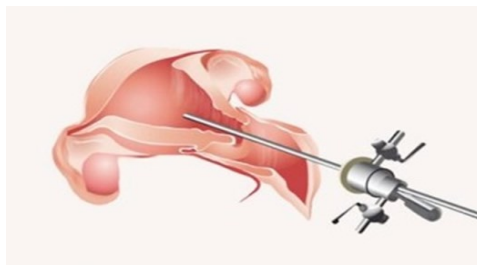
The HCA will measure your blood pressure, height, weight and ask you to provide a urine specimen to exclude pregnancy. They will be with you throughout the procedure for reassurance.

As a teaching hospital we do have students and junior doctors in training within our clinics. If this is a problem please inform the staff in clinic.

#### **Examination**

An internal inspection may involve a local anaesthetic gel being applied to the vulva, vagina or cervix to make the procedure more comfortable and involves a digital and speculum examination, similar to when you have your cervical screening test (smear).

### **Diagram of hysteroscope**



### **Vaginal speculum**



### **Use of local anaesthetic**

The doctor may use either local anaesthetic gel or injections or both during your procedure and this will be discussed with you at the time. Gel is used for superficial vaginal discomfort and injections are used when the cervix requires dilatation or when a procedure such as removal of a polyp or fibroid is performed.

### **What does the procedure involve?**

The clinic Doctor will discuss your symptoms with you prior to taking a written consent for the procedure. You will change into a hospital gown and then be made comfortable in the examination chair which positions you for ready the procedure.

A speculum may be inserted into the vagina prior to a hysteroscope being passed through the cervix to give a clear view of the inside of the uterus. No incisions are necessary. Fluid is used to open up the cavity and this may give you the feeling of being wet. Most women will not experience any discomfort, however some may have crampy 'period like' pains which is short lasting. If no problems are found the actual procedure will take about 5-10 minutes and a small biopsy may be taken if required.

If a fibroid or polyp is found this can be removed by using additional instruments and an injection of local anaesthetic may also be given to make you more comfortable. This will be sent for histology (where the tissue is looked at under a microscope) and a letter with the results will be sent to you and your GP within 4 weeks.