

# Having a hysteroscopy and biopsy as an outpatient

## Department of Gynaecology

Information for Patients

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### Introduction

This information leaflet has been given to you to help answer some of the questions you may have about having a hysteroscopy. If you have any questions or concerns, please do not hesitate to speak with your doctor or nurse.

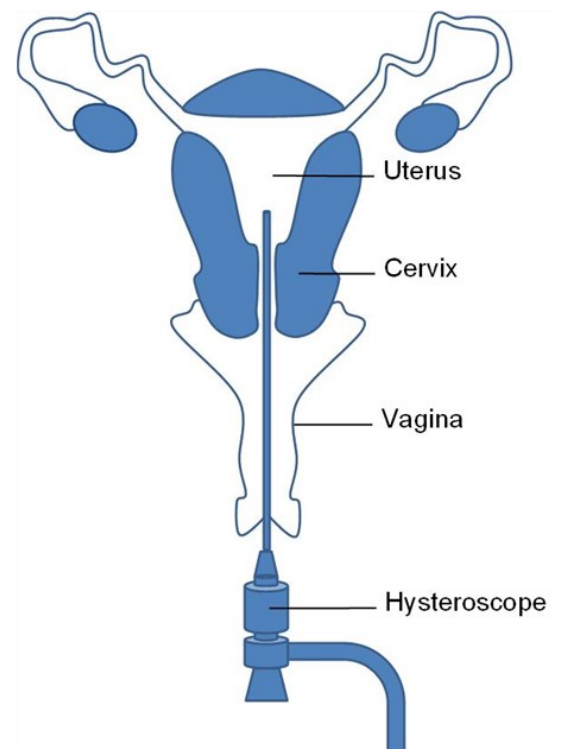
### What is a hysteroscopy?

A hysteroscopy uses a small telescope with a camera attached (hysteroscope) to look inside the womb (uterus).

### Why do I need a hysteroscopy?

We may do a hysteroscopy to try and find the cause of various problems such as:

- heavy or irregular bleeding
- bleeding between periods
- bleeding after sex
- bleeding after menopause (postmenopausal bleeding)
- irregular bleeding whilst taking hormone replacement therapy (HRT)
- Unusual fluid or mucus (vaginal discharge) that hasn't improved after other treatment



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- scar tissue in the uterus
- fertility problems

**These problems may be due to:**

- Thinning of the lining of the womb (uterus)
- Fleishy growths (polyps) in the lining of the womb. These are usually harmless (benign)
- Growths (fibroids) in the muscle wall of the womb. These are usually harmless (benign)
- Heavy periods around the time of the menopause
- In a very small number of cases, thickening of the womb lining is related to pre-cancerous or cancerous changes

## Are there any risks?

As with any procedure, there are possible risks. These include:

- Cramps or pain during or after the procedure
- Infection. This happens in around 2 to 5 out of every 100 women having a hysteroscopy
- Damage to the womb (uterus) or neck of the womb (cervix). This happens in around 1 in every 2000 women
- Heavy bleeding. This happens in around 1 out of 400 women.
- Dizziness - this will usually settle on its own.

## Pain

Research shows that having a hysteroscopy without a general anaesthetic is the safest way. It avoids the complications and recovery time that come with a general anaesthetic.

Most women have some discomfort but prefer this to the effects of a general anaesthetic. 9 out of 10 women have either little or no pain but 1 woman in 10 have more significant pain.

There are steps that can help reduce the discomfort that you might feel. These include:

- Simple pain killers taken 60 minutes before the procedure. We would recommend taking 400mg Ibuprofen in tablet form if you can take aspirin-like non-steroidal pain-killers. Or, you can take 1000mg of Paracetamol. Both can be taken together if you wish.
- Inhaling Entonox gas. This is the gas that is used when women are in labour
- In some cases, local anaesthetic in or around the cervix can be helpful especially if stretching the cervix is needed. This is not used often as it is not usually needed. It can cause unpleasant side effects such as your heartbeat becoming more noticeable (palpitations), feeling sick (nausea), shaking and flushing.

If you are very concerned about the chance of the examination being too painful please talk to the doctor or nurse who is going to do the hysteroscopy. They will make sure that your particular concerns are taken into account in planning and doing the procedure mainly if you:

- have had significant pain with gynaecological examinations or smears.
- have a tendency to fainting.
- if you have had any earlier experience that might make the procedure difficult for you.
- if you do not wish to have this examination when awake.

If you feel strongly that you will not be able to tolerate this procedure in outpatients, you may have the procedure under general or spinal anaesthetic if this is safe to do so. You may choose not to have a hysteroscopy at all, though this may make it more difficult for your healthcare professional to find the cause of your symptoms and to offer the right treatment for you.

## Before the procedure

- You should eat and drink as normal before your procedure. This will help you to avoid feeling lightheaded afterwards.
- Take simple pain relief (see 'Pain' section)
- Please bring a friend or relative that can drive you home after the procedure. We recommend that you do not drive for 24 hours.
- Contraception: it is important that there is no risk of you being pregnant at the time of your hysteroscopy. Please use effective contraception from the start of your period (if you still have them) before the procedure, up until the day of the procedure.
- If you are bleeding too much it may not be possible to see well enough to finish the procedure so you may need to come back for another appointment.

## During the procedure

Gynaecological and maternity (obstetric) care means that intimate examinations are often needed. We understand that for some people, particularly those who may have anxiety or who have had trauma, physical or sexual abuse, these examinations can be very difficult. If you feel uncomfortable, anxious or distressed at any time before, during, or after an examination, please let your healthcare professionals know.

If you find this difficult to talk about, you could write your feelings down. Your healthcare professionals are there to help. They can offer other options and support for you. Remember that you can always ask them to stop at any time. You can have another member of staff with you (chaperone). You can also bring a friend or relative if you wish

**Please follow the instructions on your appointment letter.**

- You may have an ultrasound scan before you have the hysteroscopy. This usually involves inserting an ultrasound probe directly into the vagina, so that we can see pictures of the womb and ovaries.
- The hysteroscope, a thin tube-like instrument, is passed through the vagina and neck of the womb (cervix) into the uterus (see diagram on page 1) . It has a video camera attached which sends pictures to a computer screen. Sterile salty water is run into your uterus to open it. This helps us to see the inner lining of your womb.
- The examination usually takes up to 5 minutes. You will be lying on your back with your legs raised in leg rests. The procedure can be uncomfortable and you may have dizziness or period-like cramps and pain although both of these usually settle quickly.
- We may need to insert a special tool into the opening of your vagina known as a 'speculum'. This lets us see the cervix. Sometimes the cervix will need to be stretched slightly with an instrument called a dilator, to let the hysteroscope to pass through. A local anaesthetic injection may be needed in the cervix if stretching is needed.
- We may take a tiny sample of the womb lining with a small sterile straw (called a pipelle biopsy). This will be tested under the microscope. You may have some 'period-like' cramps or sharp pains during this procedure but it does not usually last long.
- Most women find these procedures manageable but if you wish the doctor or nurse to stop at any time, please ask them to do so.

## After the procedure

- You may feel some 'period-like' pain for a few hours following the procedure. We recommend you take regular pain relief.
- You can carry out all your normal activities including work, lifting and exercise as long as you are comfortable.
- You may drive if you are comfortable doing so and have not had any local anaesthetic injections, but we recommend you do not drive for 24 hours.
- You may have some slight bleeding for about 48 hours. We recommend that you wear a panty liner or pad during this time.

### **You should contact your doctor (GP) if you start to get any problems such as:**

- a temperature
- increased and unexplained pain not helped by painkillers
- increased vaginal discharge, which is smelly and unpleasant.
- heavy bleeding

To reduce the risk of infection, please do not use tampons during your next period.

Do not have sex for 7 days or until the discharge/bleeding has stopped completely.

If the procedure is not successful, the doctor or nurse will discuss with you any further tests that may be recommended.

## Getting the results

Once the procedure is completed, the doctor or nurse will let you know the what they have seen inside your womb. If polyps or growths are found more treatment will be discussed to remove these.

They will write to you and your GP with the results of any tissue samples taken. If you are on a pathway to exclude cancer, you will be contacted within 3 weeks with the results. If not, you will be given the results in the following 4 to 6 weeks.

## What to do if you are unable to attend

It is very important that you attend your appointment. If you cannot attend **please let us know** so that your appointment time can be used by someone else and we can arrange another appointment for you.

**If your appointment is at Leicester General Hospital (LGH), please call 0116 258 4821.**

**If your appointment is at Leicester Royal Infirmary (LRI), please call 0116 258 6747.**

Please allow plenty of time for parking.

For maps and, bus and car parking information see [www.leicestershospitals.nhs.uk/patients/getting-to-hospital](http://www.leicestershospitals.nhs.uk/patients/getting-to-hospital) or ask for a leaflet.

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔  
على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

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Previous reference:

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