**Women’s Health Dept, Hereford County Hospital**

**Patient information leaflet: HYSTEROSCOPY**

It has been agreed that it would be of benefit to perform a hysteroscopy

under general anaesthetic.

**What is a Hysteroscopy?**

A hysteroscopy is a diagnostic test which looks inside the uterus (womb) this allows the surgeons to look for abnormalities within the cavity of the womb.

A hysteroscopy is performed under a short, light general anaesthetic as a day case procedure and takes about 15 minutes. Once you are asleep the surgeon looks at the cervix with a speculum in a similar way to when you have a smear taken. The cervix is gently dilated (stretched open) and a fibre optic telescope (hysteroscope) is inserted. A camera is attached to this and your surgeon can have a good look at the inside of the womb.

**What other procedures can be performed at the same time?**

In most circumstances a biopsy will be taken from the side of the womb by performing a dilatation and curettage (D+C or scrape). This will be sent to the laboratory for assessment in order to exclude any serious cause for bleeding. If a polyp is found it may be possible to remove this at the same time.

If the cervix is inflamed or bleeds easily on contact your surgeon may cauterise the cervix.

Your surgeon may have discussed with you the idea of inserting a ‘Mirena’ Intrauterine system which is a progesterone loaded coil. There are several reasons it may be recommended:

* It is a very effective form of contraception
* It tends to make periods lighter and, sometimes, non existent so it is a good treatment for heavy periods.
* If you have had abnormal cells on a biopsy the Mirena can help these abnormalities to resolve

There may be some irregular bleeding for a few months after a Mirena is inserted until it is fully bedded in but otherwise rarely causes any significant side effects. If you are keen to have this you should discuss it fully with your surgeon.

**What happens after surgery?**

You should be fit to go home a few hours after the surgery is complete. Your surgeon will explain to you what was found and what further arrangements need to be made.

You may get some bleeding for a few days. You should use pads rather than tampons.

You may get some mild period cramp type pains please have some pain killers available at home similar to the ones that you would use for period pains or headaches.

**How long will it take me to recover from the operation?**

You should be fit to go back to work within one or two days of the surgery. You should not drive or operate machinery for the first 24 hours after the anaesthetic. The day after surgery you should not drive or operate machinery.

Swimming and other sporting activities can be resumed a week from surgery.

**Does the operation carry any particular risks?**

All surgical procedures carry some risks but with hysteroscopy the rare but serious risk is making a hole in the uterus which causes bleeding. If your surgeon thinks that this may have happened he may wish to look inside your stomach with a telescope through the tummy button (laparoscope) and occasionally have to perform an operation to stitch the bleeding point. During a routine hysteroscopy this complication occurs no more that 1 in 1,000 operations.

**Contact numbers for urgent medical advice:**

Day Case unit: 01432 364185

Women’s Health: 01432 364110

Hereford County Hospital: 01432 355444. Ask for your consultant’s secretary.

Further information can be obtained from NHS Direct: 0845 606 4647

Women’s Health te4lephone no: 01432 364110