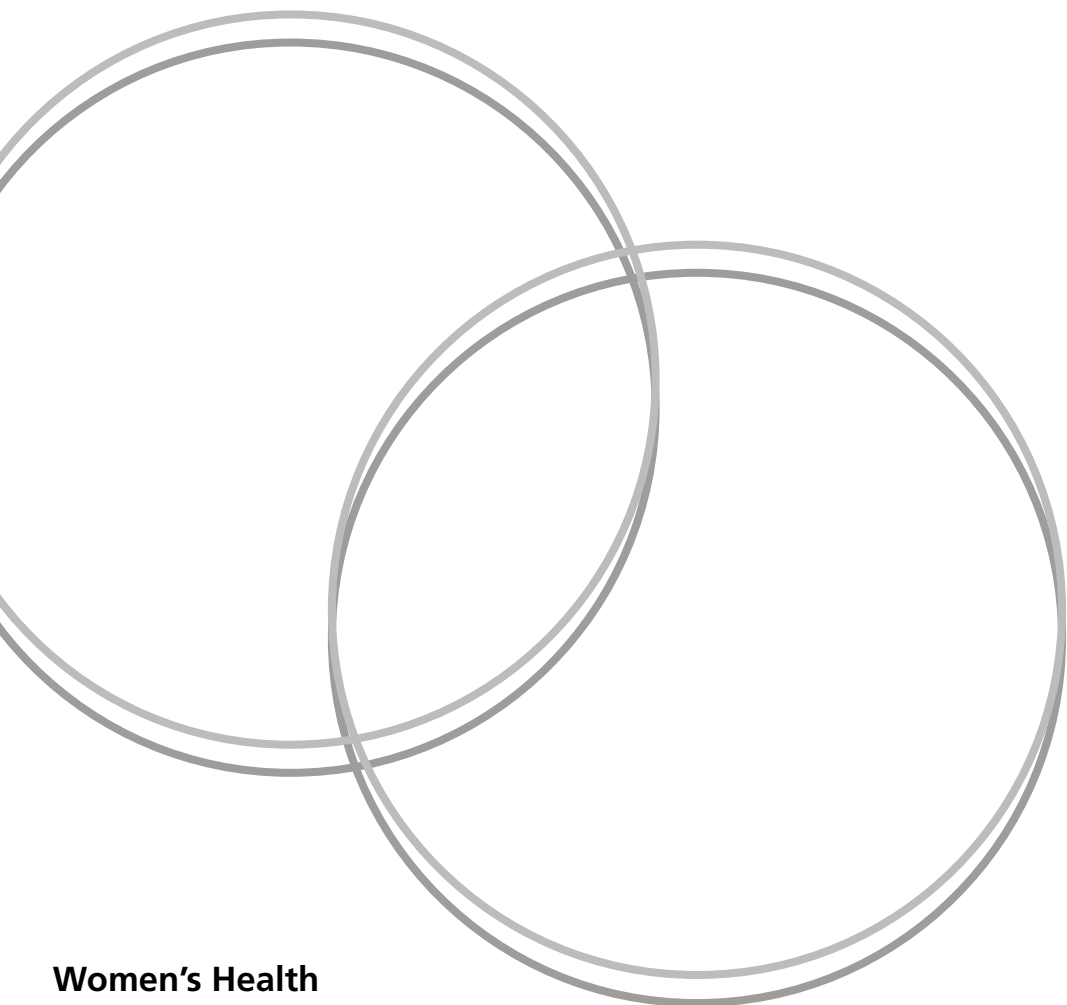




Oxford University Hospitals  
NHS Foundation Trust

# Hysteroscopy

Information for patients



Women's Health

This leaflet is for women who have been advised to have a hysteroscopy. It outlines the common reasons doctors advise this investigation, how a hysteroscopy is carried out, potential risks as well as benefits, and what to expect afterwards.

## **What is hysteroscopy?**

Hysteroscopy is a simple investigation that involves looking into the uterus (womb) with a telescope called a hysteroscope.

## **Why is hysteroscopy performed?**

Hysteroscopy is used to investigate abnormal vaginal bleeding, such as bleeding after the menopause, heavy periods, and bleeding between periods.

It is also used when abnormalities of the uterus are found during an ultrasound scan. These include: thickening of the lining of the uterus known as the endometrium; polyps (fleshy tissue protruding from the endometrium); and fibroids (swellings that arise from the muscle of the uterus).

Hysteroscopy may also be advised when the uterus appears to have an abnormal shape.

## **How is hysteroscopy carried out?**

The hysteroscope is very narrow and is passed through the cervix into the cavity of the uterus. As the uterus is usually 'folded up', a saline fluid is introduced to 'open up the womb' so that the doctor can have a clear and direct view of the inside of the womb. Sometimes the cervix needs to be dilated using special dilating instruments to allow the hysteroscope to pass through.

Small polyps, fleshy tissue that protrudes (sticks out) from the lining of the womb, can be removed during a hysteroscopy.

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Fibroids can also be removed, if they protrude into the cavity of the uterus, using a special hysteroscope with an electrical loop, known as a resectoscope.

A Hysteroscopy can be completed in the Outpatient Department. In some cases, after consultation a Hysteroscopy can be done in the operating theatre under general anaesthetic, usually as a daycase procedure.

The risks and complications are lower when a Hysteroscopy is done as an Outpatient procedure rather than under anaesthesia.

## **What are the benefits?**

Hysteroscopy enables the inside of the uterus, known as the endometrial cavity, to be seen and appropriate treatment to be carried out under direct vision.

## **What are the risks?**

Problems during hysteroscopy are rare. Problems that can happen are:

- In 1 in 130 women a hole (known as a perforation) is made in the wall of the uterus, either during the stretching (dilatation) of the cervix, or more rarely, during the insertion of the hysteroscope. This seldom causes any damage to other organs within the tummy cavity (abdomen) but does prevent the cavity of the uterus from being viewed. In the unlikely event that perforation does occur, the procedure would have to be abandoned.
- Significant bleeding is very uncommon as the muscular wall of the uterus contracts and blocks off any blood vessels that may be opened during the procedure.
- Pelvic infection is a rare complication of this investigation. Antibiotic treatment is effective in treating any infection.
- Although the procedure is performed with equipment that has been sterilised there is always the risk of an infection. If during the next five days you experience any of the following, please see your GP:
  - A smelly vaginal discharge
  - Heavy prolonged bleeding
  - A temperature
  - Feeling generally unwell/off colour

## **What happens after the hysteroscopy?**

You may experience some bleeding afterwards. This bleeding can last a few days. During this time we would advise you to only use sanitary towels or a panty-liner and not to insert tampons, to minimise the risk of infection.

You can shower as normal. Most women feel able to continue other normal daily activities on the same day.

We would recommend that you avoid intercourse until the bleeding has settled. You should also avoid physical activities such as swimming until the bleeding and discomfort has settled and to reduce the risk of infection while the area affected is healing.

If needed, you can take pain relief such as 1g Paracetamol every 4 to 6 hours and/or 400mg Ibuprofen every 6 to 8 hours. This medication is safe to take, as long as you are not allergic to this medication or have been advised not to take by your Doctor.

If in any doubt, please seek advice from your GP or the contact numbers included within this leaflet.

## Questions or concerns

If you have any questions or concerns, please contact:

### **Gynaecology Ward and Triage**

Tel. **01865 222001** or  
**01865 222002**

(24 hours a day, 7 days a week).

### **Horton Women's Day Unit**

Tel: **01295 229088**

(9:00 am to 5:00 pm, Monday to Fridays)

### **NHS 111**

When you need fast advice but it is not a 999 emergency, you can call this service for free from landlines and mobile phones.

Tel. **111**

(24 hours a day, 7 days a week).

## Further information

The following website contains further information about this procedure: <http://www.nhs.uk/Conditions/Pages/bodymap.aspx>

## Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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Oxford University Hospitals NHS Foundation Trust  
[www.ouh.nhs.uk/information](http://www.ouh.nhs.uk/information)



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