

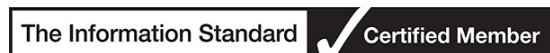
Patient Information for Consent

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OG04 Hysteroscopy

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COVID-19 (Coronavirus)

On 11 March 2020 the World Health Organization confirmed COVID-19 (coronavirus) has now spread all over the world (this means it is a 'pandemic'). Hospitals have very robust infection control procedures. If you catch the coronavirus, this could affect your recovery and might increase your risk of pneumonia and even death. Talk to your healthcare team about the balance of risk between waiting until the pandemic is over (this could be many months) and going ahead with your procedure. If your procedure is routine (rather than urgent), your doctor may recommend a delay.

Please visit the World Health Organization website: <https://www.who.int/> for up-to-date information.

What is a hysteroscopy?

A hysteroscopy is a procedure to look at the inside of your uterus (womb) using a small telescope (hysteroscope) (see figure 1). It is common for a biopsy (removing small pieces of tissue from the lining of your womb) to be performed at the same time.

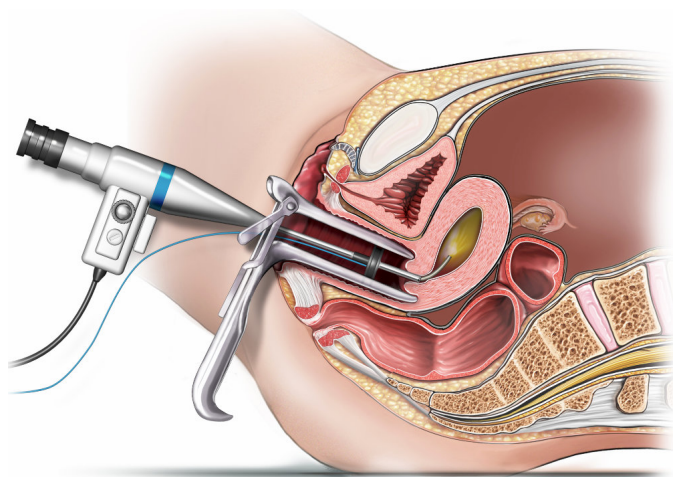


Figure 1
A hysteroscopy

Your gynaecologist has recommended a hysteroscopy as it is good for finding out the cause of abnormal bleeding from your womb, especially heavy periods and bleeding after menopause. However, it is your decision to go ahead with the procedure or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, ask your gynaecologist or the healthcare team.

What are the benefits of a hysteroscopy?

Your symptoms suggest you may have a gynaecological problem but the exact cause has not been found so far. A hysteroscopy will help to find out if you have one of the following conditions.

- Fibroids, where the muscle of your womb becomes overgrown.
- Polyps – A polyp is an overgrowth of the lining of your womb that looks like a small grape on a stalk.

- Endometrial cancer – By performing a biopsy of the lining of your womb, endometrial cancer (a malignant growth in the lining of your womb) can be diagnosed.
- Abnormally-shaped womb, which is sometimes associated with abnormal uterine bleeding or miscarriages.

If your gynaecologist finds the cause of your symptoms, they will discuss the appropriate treatment with you.

It is common not to find a problem. You can then be reassured that there is nothing seriously wrong. Other treatments can then be considered.

Are there any alternatives to a hysteroscopy?

It may be appropriate to try to find the cause of your symptoms using a scan and by performing a biopsy using a small tube placed across your cervix (neck of your womb). Sometimes it is not possible to place the small tube into your womb, or to get enough tissue.

Your gynaecologist may recommend a sono-ultrasound (also called sono-hysterogram) where an ultrasound probe is placed in your vagina and your womb is filled with a saline solution.

It is important to realise that these alternatives cannot identify all conditions and a hysteroscopy may still be recommended even if your results are normal. Your gynaecologist will be able to discuss the options with you.

What will happen if I decide not to have the procedure?

Your gynaecologist may recommend a scan and biopsy to find out more information but this may not accurately find out the cause of your symptoms. Choosing not to have the procedure may make it more difficult for your gynaecologist to decide on the best treatment for you.

What happens before the procedure?

Your gynaecologist may arrange for you to have a pre-admission assessment. They will carry out several tests and checks to find out if you are fit enough for the procedure. If you have any questions about the procedure, you should ask the healthcare team at this visit.

Your gynaecologist may ask you to have a pregnancy test. Sometimes the test does not show an early-stage pregnancy so let your gynaecologist know if you could be pregnant.

Sometimes it may not be possible to perform the hysteroscopy if you are bleeding. Let the healthcare team know if you are likely to be bleeding at the time of the procedure.

What does the procedure involve?

The healthcare team will carry out a number of checks to make sure you have the procedure you came in for. You can help by confirming to your gynaecologist and the healthcare team your name and the procedure you are having.

The procedure can be performed under a local or general anaesthetic, or without any anaesthetic, and usually takes less than 10 minutes. Your gynaecologist may examine your vagina. They will pass the hysteroscope through your vagina, across your cervix and into your womb.

Your gynaecologist will inflate your womb using gas (carbon dioxide) or a fluid, so they can have a clear view. They can use instruments to perform a biopsy or remove polyps and small fibroids.

What should I do about my medication?

Let your doctor know about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

What complications can happen?

The healthcare team will try to make the procedure as safe as possible but complications can happen. Some of these can be serious and can even cause death (risk: less than 8 in 100,000).

The possible complications of a hysteroscopy are listed below. Any numbers which relate to risk are from studies of women who have had this procedure. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

Hysteroscopy complications

- Pain is usually only mild (similar to period pain) and easily controlled with simple painkillers such as paracetamol.
- Feeling or being sick. Most women have only mild symptoms and feel better within 1 to 2 days without needing any medication.
- Bleeding, which is usually little (similar to a period), settling within a week. It is important to use sanitary pads, not tampons.
- Infection, which may cause an unpleasant-smelling vaginal discharge or continued bleeding. Infection is easily treated with antibiotics.
- Blood clot in your leg (deep-vein thrombosis – DVT). This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the procedure and may give you injections, medication, or special stockings to wear. Let the healthcare team know straightaway if you think you might have a DVT.
- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs. Let the healthcare team know straightaway if you become short of breath, feel pain in your chest or upper back, or if you cough up blood. If you are at home, call an ambulance or go immediately to your nearest Emergency department.
- Making a hole in your womb with possible damage to a nearby structure, if one of the instruments makes a small hole in your womb or cervix (risk: less than 8 in 1,000). You may need to stay overnight for close observation in case you develop complications. You may need another operation (risk: less than 1 in 1,000).
- Failed procedure, if it is not possible to place the hysteroscope into your womb.

You should ask your doctor if there is anything you do not understand.

How soon will I recover?

After the procedure you will be transferred to the recovery area and then to the ward.

The healthcare team will tell you what was found during the hysteroscopy and discuss with you any treatment or follow-up you need.

You should be able to go home the same day. However, your doctor may recommend that you stay a little longer. If you do go home the same day, a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. Be near a telephone in case of an emergency.

Do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination. If you had a general anaesthetic or sedation, you should also not sign legal documents or drink alcohol for at least 24 hours.

To reduce the risk of a blood clot, make sure you follow carefully the instructions of the healthcare team if you have been given medication or need to wear special stockings.

You should be able to return to normal activities the next day. You may get some cramps and mild bleeding similar to a period. Rest for 1 to 2 days and take painkillers if you need them.

Let your doctor know if you develop any of the following problems.

- A high temperature.
- Heavy bleeding or an unpleasant-smelling discharge from your vagina.
- Your pain does not settle or increases and is not relieved by your medication.
- Pain in your lower leg.
- Breathing difficulties.

Do not drive until you are confident about controlling your vehicle and always check your insurance policy and with your doctor.

Lifestyle changes

If you smoke, stopping smoking will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

Summary

A hysteroscopy is usually a safe and effective way of finding out if there is a problem with your womb and, for some women, treating your symptoms. However, complications can happen. You need to know about them to help you to make an informed decision about the procedure. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Acknowledgements

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