

# Outpatient Hysteroscopy (OPH) (See and Treat)

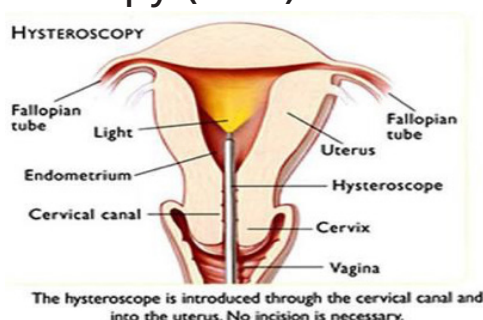
Gynaecology

## Introduction

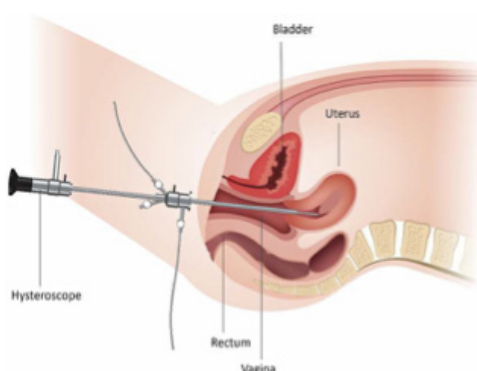
This leaflet has been designed to give you information as you have been offered an appointment in Outpatient Hysteroscopy (OPH) or in the Fast Track clinic. The leaflet will explain how to prepare for the appointment.

Please do not hesitate to speak to the medical or nursing team when you come for your appointment, if this leaflet does not cover all your questions.

## What is outpatient hysteroscopy (OPH)?



Hysteroscopy is a procedure to examine the inside of the uterus (womb) by using a fine tube-like instrument (telescope) called a hysteroscope. The hysteroscope is inserted through the vagina and cervix (neck of the womb) into the uterus (womb).



The hysteroscope is attached to a camera and a light cable to enable the doctor to examine the inside of the womb for any abnormalities. The hysteroscope has special channels to allow fluid to pass into the womb to expand the womb and aid the view.

**The prevention of infection is a major priority in all healthcare and everyone has a part to play.**

- Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available
- If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111
- Keep the environment clean and tidy
- Let's work together to keep infections out of our hospitals and care homes.

## Why may I require an outpatient hysteroscopy (OPH)?

You may have been referred for OPH for one of the following reasons:

- Bleeding after the menopause (The change)
- Irregular bleeding whilst you are on hormone replacement therapy (HRT) after 6 months of using HRT
- Bleeding in between periods
- Heavy or irregular bleeding that has not improved with medication
- If you are considering having an operation to make your periods less heavy (Endometrial ablation)
- Locating a 'lost' or stuck contraceptive device (Coil)
- If you have experienced unexplained miscarriages
- Fertility concerns
- To investigate something seen inside the uterus on an ultrasound scan, such as a polyp or fibroid or thickened lining of the womb
- To rule out cancer of the lining of the womb.

Please note that if you have been referred to a rapid access clinic for a different reason than any of the above, then an OPH is unlikely to be required. Please then ignore this leaflet, but attend your appointment as indicated on your appointment letter.

## What other procedures may be performed at my outpatient hysteroscopy or rapid access clinic visit?

It may be possible for a minor procedure to be done at the same visit, such as:

- Ultrasound scan performed abdominally or trans vaginally
- Endometrial sample (biopsy from the lining of the womb). This is done by passing a thin tube through the cervix. You may experience severe period-like pain during the procedure, but the pain should not last long
- Fitting or replacement of an intrauterine device (IUS or IUCD)
- Polyp removal (polyp is a skin tag that looks like a small grape inside the uterus which is formed as a result of the overgrowth of the lining of the uterus)
- Small fibroid removal – Fibroids are knots in the muscle of the womb that are non-cancerous. They sometimes bulge like a polyp into the lining of the womb and your doctor may advise removal to help with your symptoms.

Additional leaflets related to the procedure will be given to you in clinic as appropriate.

It is possible, however, that some of these investigations may already have been performed prior to this visit and will not be required again at this visit.

## What happens about gaining my consent to treatment?

The choice about which treatment is best for you will be made together with your doctor. This will be based on the risks and benefits of the treatment and your individual circumstances.

We must seek your consent for any procedure or treatment beforehand. Your doctor will explain the risks, benefits and alternatives where relevant before they ask for your consent. If you are unsure about any aspect of the procedure or treatment proposed, please do not hesitate to ask for more information.

## What are the benefits of these investigations?

These tests enable the doctor to investigate the problems you are experiencing without the need for a general anaesthetic (you being put to sleep) and if required, can be performed at one visit without causing undue distress. This in turn reduces the amount of hospital visits needed and relieves unnecessary anxiety caused by waiting for appointments and results.

## Are there any risks to having these procedures?

Although it is unlikely that complications will occur, we would like to inform you of the following possibilities:

- Pain during or after OPH is usually very mild and similar to period pain which will respond to simple pain relief medications. Occasionally, women experience severe pain for which the doctor will prescribe additional pain relief
- Feeling, or being sick or fainting affects a small number of women and usually passes quickly. Let your healthcare professional know if you are feeling unwell
- Bleeding during and following the procedure is usually like a light period and settles in a few days. It is recommended that you use sanitary pads, not tampons, to reduce the chance of infection. If the bleeding gets worse once you are home, contact the clinic or your GP during office hours. If outside office hours, contact your nearest emergency department (ED)
- Infection is uncommon (1 in 400 women). This may present as a smelly discharge, fever or severe pain in your tummy. If you develop these symptoms, contact the clinic or your GP urgently during office hours or ED outside of these hours
- Failed or unsuccessful outpatient hysteroscopy; occurs if it is not possible to pass the hysteroscope inside the uterus. Usually, this happens when the cervix is tightly closed or scarred. If this happens, your doctor will discuss the alternative options for you
- Perforation of the uterus (a small hole in the wall of the womb), rarely; a small hole is accidentally made in the wall of the uterus. This could also damage nearby structures. The risk of this happening is less than 1 in 1000 in diagnostic hysteroscopy procedures; however, it is slightly more common if someone has a polyp or fibroid removed at the same time. It may mean that you have to stay in hospital overnight. Usually, nothing more is required, but sometimes, you may need a further operation to repair the damage under a general anaesthetic.

## What are the alternatives to outpatient hysteroscopy (OPH)?

There may be other things to consider when deciding whether OPH is the right choice for you such as:

- If you faint during your periods because of the pain
- If you were not able to tolerate a previous vaginal examination or speculum examination
- If you have had previous traumatic experience that might make the procedure difficult for you
- If you do not want the procedure when awake

The alternatives to OPH in these cases are:

- Inpatient hysteroscopy (performed under general anaesthesia) usually as a day case procedure in theatre
- You may choose not to have a hysteroscopy at all, although this may make it more difficult for your doctor to find the cause of your symptoms and to offer the right treatment for you. They may recommend a scan or endometrial sample and, or, may ask you to come back if your symptoms continue.

## What if I choose to do nothing?

If you do nothing, the cause of your problem will remain unknown and further treatment to help may not be available without a diagnosis.

If you do not wish to proceed with outpatient hysteroscopy, you need to speak to whoever referred you to the hysteroscopy clinic (GP or Hospital).

## What should I do before my appointment?

You should eat and drink as normal. There is no need to fast before your appointment; it is recommended that you do eat something.

It is recommended that you take pain relief such as 400mg of ibuprofen or 1 gram of paracetamol (ensuring that you are not allergic to these medications) at least 1 hour before your appointment.

Bring a list of medications that you are taking with you.

You may wish to have a friend or family member accompanying you.

You may prefer to get a lift or taxi to your appointment.

## Can I still have an outpatient hysteroscopy if I am bleeding?

It is best to keep your appointment. Sometimes, it can be difficult to do the examination if you are bleeding heavily. If you have heavy bleeding or any concerns, please ring and speak to us on the phone number given on page 9.

## Do I need to use contraception?

The procedure must not be performed if you are pregnant. To avoid this possibility, it is important to use contraception or avoid sex between your last period and your appointment.

You may be offered a urine pregnancy test on arrival at your appointment.

If you are attending for a coil change, please use condoms or abstain from intercourse for at least 7 days prior to your appointment. This is to prevent risking an unwanted pregnancy.

## What will happen during my appointment?

You may see several healthcare professionals at this visit. The whole clinic visit could take up to 2 hours even though the procedure or treatment may only take 10-30 minutes.

If you are attending a Gynaecology rapid access or Fast track clinic to investigate post-menopausal bleeding, you will be having an ultrasound scan and are asked to attend with a full bladder. Please enquire with the receptionist whether you are planned for a scan on arrival.

In the consulting room, the doctor will enquire details of your problem. It is a good idea to make a note of the dates of the bleeding and bring that with you on the day. The doctor will discuss your ultrasound scan results and advise you on what examinations or procedures are recommended.

## What happens during the procedure?

You will be made comfortable on the examination couch and asked to place your legs in rests.

There are likely to be up to three healthcare professionals with the doctor to help support you and assist throughout the procedure.

A speculum (the same type of instrument used for smear tests) may be inserted into your vagina to obtain a view of the cervix (neck of the womb). The cervix is cleaned and the hysteroscope is gently passed through the cervix to view the uterus lining (endometrium).

An alternative to inserting a speculum is a vaginoscopy where the hysteroscope is passed into the vagina to locate the cervix, the decision will be made with you and the doctor as to which option best meets your needs.

For some women, the cervix can be tightly closed. This means the cervix will not allow the hysteroscope to pass through. In this situation, the doctor performing the hysteroscopy will, with your consent, inject local anaesthetic into the cervix to freeze or numb it before inserting the hysteroscope. Everything will be explained to you at each stage.

Fluid (saline solution) is used to view the lining of the uterus and you will feel wet.

You may experience some low abdominal cramps (period-like pain) whilst the hysteroscopy is being performed.

Following removal of the hysteroscope, the doctor may take an endometrial sample as described on page 3.

If a polyp is found, it may be removed at the same time. (The doctor will inform you of this and proceed with your consent to remove it).

During the OPH, you can watch the procedure on a screen if you wish. Photographs of the findings inside your uterus are often taken and kept in your healthcare notes.

## What happens immediately following the procedure?

Most women will feel fine to get dressed. We recommend that you wait in the seating area for 10-15 minutes after the procedure to ensure you feel well enough before leaving the building. However, if you are feeling well in yourself, you may decide to go home without waiting.

## What happens next?

Both you and your GP will be notified by letter of any results of samples or biopsies taken at the clinic visit. A management plan will also be included.

If no problems are found, you may not need any follow-up appointments.

## Will my outpatient hysteroscopy (OPH) hurt?

- For most women, OPH is quick, safe and carried out with little pain or discomfort. However, everyone's experience of pain is different and some women will find the procedure very painful. If this is the case, make your healthcare professional aware as the procedure can be stopped at any time if you wish
- Your healthcare professional may offer you a local anaesthetic injection into your cervix to help with discomfort and pain.

## What can I expect after a hysteroscopy and sample collection?

Most women tolerate the procedure well and are able to walk, travel by bus or drive home following the procedure.

You may experience some period-like cramps for a few hours following the hysteroscopy. If needed and if you are not allergic, you may take pain relief such as 400mg ibuprofen every 8 hours or 1gm paracetamol every 4 hours.

You can expect vaginal discharge and/or bleeding of varying amounts for up to one week. To reduce the risk of infection you are asked to use sanitary towels rather than tampons.

You can shower as normal.

Normal physical activity and sexual intercourse can be resumed when any bleeding and discomfort is settled.

You should contact the clinic, GP or the nearest emergency department if you develop any of the following problems:

- A temperature accompanied by increased unexplained pain not relieved with painkillers
- Increased discharge, which is smelly and unpleasant
- Heavy bleeding.

## Finally

If you have any questions or concerns about the visit or procedure do not hesitate to ring the Gynaecology Assessment Unit during 09:00 until 16:00 Monday to Friday:

New Cross Hospital: 01902 307999 ext. 8363

## References and useful websites:

National Institute for Health and Care Excellence (NICE) guideline NG88, Heavy Menstrual Bleeding: Assessment and Management: [www.nice.org.uk/guidance/ng88/informationforpublic](http://www.nice.org.uk/guidance/ng88/informationforpublic).

RCOG/BSGE outpatient hysteroscopy leaflet, December 2018

[www.rcog.org.uk/guidelines](http://www.rcog.org.uk/guidelines) - Best practice in Outpatient hysteroscopy: RCOG Green top guideline no.59: March 2011

[www.rcog.org.uk](http://www.rcog.org.uk) – Royal College of Obstetricians and Gynaecologists.

[www.patient.co.uk](http://www.patient.co.uk) – patient UK

## English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

## Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

## Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

## Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਆਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

## Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

## Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。