

## Gynaecology and reproductive medicine

# Diagnostic hysteroscopy (under general anaesthetic)

## Information for patients

### Introduction

This leaflet explains what a hysteroscopy operation involves and what to expect afterwards. If you have any questions about the information below, please contact us using the numbers on page 3.

**It is very important that you are not pregnant during the procedure. We strongly advise that you use a reliable form of contraception or do not have sex from the date of your last period until after your operation. If there is a chance that you may be pregnant, your procedure will be cancelled.**

**Before your appointment, please arrange for someone to escort you home afterwards as it will not be safe for you to drive or travel alone on public transport.**

### What is a hysteroscopy?

It is a minor operation performed under a general anaesthetic. It involves inserting a slim camera called a hysteroscope into the uterus (womb) via the vagina and cervix (neck of the womb). A warm solution of saline (salty water) is introduced into the uterus to help provide a clear view.

The procedure takes approximately 10-20 minutes to complete.

### Why do I need to have a hysteroscopy?

A hysteroscopy is a simple way of identifying the causes of heavy periods or any other abnormal bleeding not associated with having a period. Benign (non-cancerous) growths such as polyps can be identified and treated at the same time. Often a small sample of tissue (biopsy) is removed from the lining of the uterus to provide further assessment and diagnosis.

If you are bleeding on the day of your procedure, it will generally be ok to proceed. However, you may need a further procedure if you are bleeding heavily.

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## Are there any risks and complications involved in having a hysteroscopy?

As with any procedure performed under a general anaesthetic, there are risks but these are small. Major surgery carries a risk of a blood clot forming in the leg but this risk is rare and can be treated. We will give you compression stockings to wear during the procedure to help reduce this risk.

Specific to this procedure:

- **risk of infection**

Any procedure where surgical instruments are passed through the cervix into the uterus also increases the risk of infection within the uterine cavity or fallopian tubes. If you are at particular risk of infection we may give you antibiotics during your procedure or ask you to start a course of antibiotics a few days beforehand and continue taking them for five days afterwards.

- **perforation (making a hole) in the uterine cavity**

This is a rare complication (less than 1 per cent of cases). However, if the surgeon thinks there is a hole, they may need to perform a laparoscopy (inserting a camera through a small cut in the belly button) to check this and repair it, if necessary. In very rare circumstances, you may need an open cut to your abdomen (stomach) to repair the injury. We will also give you a short course of antibiotics.

## What will happen after the procedure?

You may experience some vaginal bleeding or spotting for a few days. You must not use tampons or have sex during this time as this will increase your chances of getting an infection. However, it is perfectly safe to bathe or shower as you would normally.

You may experience mild tummy or pelvic discomfort, similar to period pain, for about two days. You can take painkillers if needed. It is normal to feel a bit tired for a day after a general anaesthetic.

## When can I return to work?

You may be able to return to work the next day. This will depend on the type of work that you do. Please discuss this with your hospital doctor.

## When should I contact my GP?

Contact your GP if you experience:

- severe pain which is not eased with over the counter pain relief
- a raised temperature or fever (over 38°C)
- continuous bleeding (more than seven days) which is heavier than a period
- offensive smelling or greenish vaginal discharge

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## Are there alternatives to a hysteroscopy?

For some patients an ultrasound scan with a biopsy in the gynaecology clinic (known as a pipelle endometrial biopsy) may provide enough information about the endometrium (lining of the uterus).

## Contacting the hospital

If you have any questions, please contact us on the numbers below:

- **St Mary's Hospital**

Lillian Holland ward: 020 3312 5019

- **Queen Charlotte's & Chelsea Hospital**

Victor Bonney ward: 020 3313 7128

## How do I make a comment about my visit?

We aim to provide the best possible service and staff will be happy to answer any of the questions you may have. If you have any **suggestions** or **comments** about your visit, please either speak to a member of staff or contact the patient advice and liaison service (**PALS**) on **020 3313 0088** (Charing Cross, Hammersmith and Queen Charlotte's & Chelsea hospitals), or **020 3312 7777** (St Mary's and Western Eye hospitals). You can also email PALS at [imperial.pals@nhs.net](mailto:imperial.pals@nhs.net) The PALS team will listen to your concerns, suggestions or queries and is often able to help solve problems on your behalf.

Alternatively, you may wish to complain by contacting our complaints department:

Complaints department, fourth floor, Salton House, St Mary's Hospital, Praed Street  
London W2 1NY

Email: [ICHC-tr.Complaints@nhs.net](mailto:ICHC-tr.Complaints@nhs.net)

Telephone: **020 3312 1337 / 1349**

## Alternative formats

This leaflet can be provided on request in large print or easy read, as a sound recording, in Braille or in alternative languages. Please email the communications team:  
[imperial.communications@nhs.net](mailto:imperial.communications@nhs.net)

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