

Contact

If you have any concerns about your Hysteroscopic polypectomy and need to speak to someone, please telephone:

Harbourside Gynaecology Centre

Main reception: **0300 019 2584**

Royal Bournemouth Hospital

Gynaecology nurse practitioner: **0300 019 6392**

Jigsaw Gynaecology: **0300 019 5194**

You can leave a message on the answer phone and your call will be returned as soon as possible.

If you are worried about your symptoms out of office hours, please contact your General Practitioner or NHS **111**

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To ask for this leaflet in larger print, please contact the patient experience team on **0300 019 8499** or email uhd.patientexperienceteam@nhs.net.

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Hysteroscopic polypectomy

This leaflet is to explain
a hysteroscopic polypectomy
procedure.

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What is a hysteroscopic polypectomy?

The procedure you are planned to have is called a hysteroscopic polypectomy. This involves passing a small telescopic instrument (hysteroscope) through the neck of the womb (cervix) to clearly see the polyp and remove it. The polyp will be removed by an instrument attached to the hysteroscope.

Before your treatment it is important you eat and drink as normal and we recommend you **take paracetamol and/or ibuprofen one hour before your appointment**. You should still attend your appointment if you are having your period.

Why do I need this procedure?

You have a polyp in your womb which may have been diagnosed by an ultrasound scan or previous hysteroscope. Endometrial polyps are usually benign, but to be sure, they should be removed.

What should I do when I get home?

To reduce the risk of infection we advise that you use sanitary towels instead of tampons and avoid sexual intercourse, baths, and swimming for two weeks after the procedure. You can shower as normal.

You should be able to return to work and other commitments by the next day.

When will I get my results?

We will write to you with the histology results of the polyp in approximately four weeks' time or you may be sent a follow-up appointment to see the doctor. Due to confidentiality, we are unable to give results over the telephone.

What should I do if I need to cancel my appointment?

If you are unable to keep this appointment, please telephone the department you are due to attend so that we can offer this appointment to someone else. When you call, we may be able to offer you an alternative date, or we will write to you with a new appointment.

Please note that due to the type of treatment you are having, if you are still having periods, a pregnancy test may be required and, if you are pregnant, we will postpone your treatment. You should not have unprotected sexual intercourse since the start of your last normal (natural) menstrual period because we would be unable to rule out that you are pregnant and would not proceed with your treatment. Please use a reliable method of contraception for every episode of intercourse.

What happens during the procedure?

A local anaesthetic is injected into the cervix, which is like the injection you may have had at the dentist. A hysteroscope is then passed through the cervix. To give a clear view of the polyp inside your womb, fluid is run through the hysteroscope which can feel like you have wet yourself. During the procedure you may also experience some cramp 'period-like' pains which is why it is important you take the recommended painkillers one hour before your appointment. The polyp is removed by using an instrument attached to the hysteroscope.

The procedure usually lasts around 15 minutes.

What risks or complications are there?

Hysteroscopy is a minor procedure. When performed as an outpatient with a local anaesthetic there are fewer risks than as an inpatient under general anaesthetic. Occasionally, an outpatient hysteroscopy may be unsuccessful. This can be because the cervix cannot be dilated or the result of bleeding from the womb blocking the view. If this happens, the hysteroscopy will be stopped, and it will be rebooked to be done on another day under general anaesthetic (which means you will be asleep during the procedure).

Other risks include:

- infection (one in 100)
- heavy bleeding (one in 100)
- perforation of the womb (seven in 1000)
- damage to the internal organs (like bladder or bowel) which would require further surgery (two in 1000)

Please contact your GP or the gynaecology clinic you attended if you experience any of the following in the next six to eight weeks:

- fever
- heavy vaginal bleeding
- severe lower abdominal pain
- generally unwell

How will I feel afterwards?

You may get some crampy period-type pains which should settle quickly and over-the-counter painkillers such as paracetamol or ibuprofen will usually be enough to alleviate the pain. You may also get some spotting or fresh blood loss vaginally which might last a day or so. We can provide you with a sanitary towel.

When will I be able to go home?

After the procedure we ask that you stay in the department for a minimum of 15 minutes. It is advisable to have someone with you when you go home. If you have any queries, please ask one of the nursing team before you leave.

What are polyps?

Endometrial polyps are relatively common. They can be considered as a thickening of the lining of the womb in such a way that it forms a 'mushroom-like' fold which projects into the uterine cavity. Polyps can cause heavy periods (menorrhagia), bleeding between periods (intermenstrual bleeding), bleeding after sexual intercourse (post-coital bleeding), postmenopausal bleeding (PMB) or an excessive vaginal discharge which is often blood stained. Polyps can have no symptoms at all and are then usually found by a pelvic ultrasound scan done for another reason.

What will happen when you arrive?

The specialist will check your details, take a brief history of your symptoms, and explain the procedure in detail before asking you to sign a consent form. You will have the opportunity to ask any questions you may have before the procedure.

You will then be shown into a private changing room/area where you will need to undress from the waist down and change into a hospital gown. The changing room/area leads directly into the treatment room where you will be examined on a special couch that has comfortable leg supports. A speculum (an instrument used during smear tests) will be gently inserted into the vagina so that the cervix can be seen.