

What should I look out for?

If you have any of the following see your GP as soon as possible or contact NHS 111:

- Heavy vaginal bleeding
- Offensive smelling discharge or bleeding
- Persistent lower abdominal or pelvic pain that is difficult to manage with simple painkillers.
- Temperature

If you are post menopausal and have been discharged from our care, please report any new episode of bleeding after six months. You are advised to contact your GP for further assessment.

Useful contacts

Harbourside Gynaecology Centre, Poole Hospital is open from Monday to Thursday, from 8:30am to 5pm and on Friday, from 8:30am to 3pm.

Phone numbers: **0300 019 2584** or **0300 019 5194**.

You can leave a message and your call will be returned as soon as possible.

Gynaecology Nurse Practitioners, Royal Bournemouth Hospital, Mon-Fri 8am - 4pm and ansaphone out of hours

Phone number: **0300 019 4725**.

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

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Hysteroscopy in the outpatient clinic

This leaflet is intended to give you information about your hysteroscopy and what to expect during and after the procedure

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What is a hysteroscopy?

A hysteroscopy is an examination procedure that is used to look inside the cavity of the uterus (womb). It is performed using a very fine telescope, called a hysteroscope, which has a camera at the end. The telescope is similar in size to the writing tip of a ballpoint pen. The camera transmits images to a monitor for the doctor or specialist nurse to be able to inspect the endometrium (womb lining).

Why might I need a hysteroscopy?

Your consultant may suggest this procedure to investigate symptoms such as postmenopausal bleeding, irregular bleeding problems, or to investigate causes of recurrent pregnancy loss. This examination can be used to inspect the womb lining for changes that may be causing your bleeding. Also, it is possible to see polyps (fleshy tags) that can be removed. Often the procedure will not change your symptoms but can give information to diagnose your problem.

Please note that due to the type of treatment you are having, if you are still having periods, a pregnancy test may be required. If you are pregnant, we will postpone your treatment. You should not have unprotected sexual intercourse after the start of your last normal (natural) menstrual period. This is 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 every time you have sexual intercourse.

How is this procedure performed?

A hysteroscopy is usually carried out in an outpatient clinic, which means that you will not need to stay in hospital overnight. The hysteroscope is introduced into the uterus (womb) through the vagina and the cervix (neck of the womb). Sterile salt water solution is fed through the hysteroscope to make it easier to pass it into the cervix and to help open the uterus (womb) to enable good views.

How can I prepare for this procedure?

A hysteroscopy can be a little uncomfortable and cause crampy stomach pains, therefore we recommend that you take some simple painkillers e.g paracetamol, and/or ibuprofen at least 1 hour beforehand. It is very important that you are not pregnant at the time of the procedure. Please use contraception from the first day of the period before your procedure, or for 3 weeks leading up to your procedure date if you do not have regular periods.

What happens during a hysteroscopy?

- You will be asked to change into a gown; removing your bottom clothes and underwear.
- You will be directed to lie on a special chair and place your legs in the supports.

- For your dignity, your lower half will be kept covered until the doctor or nurse specialist is ready to examine you.
- The hysteroscope will be passed into the uterus through the vagina and cervix. A speculum, the instrument used during cervical screening, may be gently inserted into the vagina.
- A small sample of the womb lining may be taken during the procedure. This can then be sent to the laboratory for testing.
- Polyps, if found, may be removed at this time, or you might need to come back another day.
- This is quite a wet procedure due to the water solution being fed through the scope and it can give you the feeling you have wet yourself.

What might I expect after hysteroscopy?

- You may experience crampy type lower abdominal pain, similar to period pain.
- You will have a watery discharge after the procedure.
- You may experience some bleeding, particularly if you have had a polyp removed, but this should not be heavy and should settle in a couple of days.

Getting back to normal.

- It is advisable to go home and rest immediately after the procedure.
- Avoid sex for a few days and use sanitary towels and not tampons until you are comfortable or until bleeding has stopped.
- If tissue samples have been taken, it can take a few weeks to get the results. These will be sent out by letter along with any further management plan, if required.
- Please understand that we are unable to give results over the telephone.

What are the risks and complications of a hysteroscopy?

According to research, the complication rate is far lower for diagnostic hysteroscopy procedures than for other operative procedures. However, there are potential risks and complications:

- **Bleeding** - This may require a blood transfusion and /or return to theatre. If severe a hysterectomy may be required.
- **Infection** - this will usually present as an offensive discharge and may require treatment using antibiotics
- **Perforation of the uterus** - if this occurs there may be a risk of damage to the bowel, cervix, urinary tract or major blood vessel. It may be necessary to check for injury using a laparoscope (keyhole surgery) or by laparotomy (incision in the abdomen). This occurs in 1-2:1000
- **Failure to gain entry to the uterus and complete the procedure.**