

WHAT SHOULD I LOOK OUT FOR AT HOME?

Vaginal bleeding and discharge

You might bleed from your vagina for 7 to 10 days following this procedure. This bleeding might be heavier than a normal period and can stop and start – these variations are normal.

Please contact us if you experience heavy bleeding (soaking a pad every one or two hours).

It is normal to have vaginal discharge for up to two weeks after the procedure.

Please contact your GP if this discharge becomes offensive smelling, as this might be a sign of an infection.

If you have had a general anaesthetic:

You might feel dizzy and tired when you go home after the procedure. Please rest for the remainder of the day and the following day to help you recover from the general anaesthetic.

The anaesthetic will take 24 to 48 hours to wear off, however, you do not need to stay in bed. Gently moving around your home will help your blood circulation and help to prevent blood clots.

A responsible adult must take you home and be with you for 24 hours after the procedure.

Sexual intercourse

Please do not have sexual intercourse for at least seven days after the procedure to help prevent an infection in the uterus or vagina.

Going back to work

Every patient reacts differently to the anaesthetic and there is no definite rule as to when you can return to work. It is advisable to have some rest to help you heal and to let the anaesthetic wear off properly.

Please do not return to work until you feel ready to do so. Most will be well for work within 24-48 hours from the procedure.

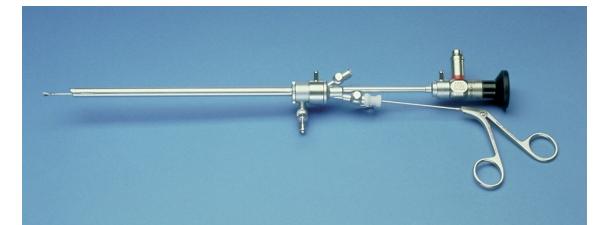
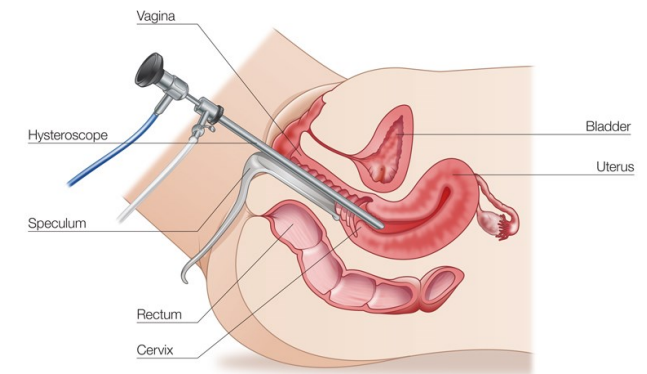
FOLLOW UP

You may require a hospital follow up visit and this will be discussed with you prior to your discharge after your surgery. If you develop problems or require advice following discharge you should initially contact your GP.



Patient Information Leaflet

HYSTEROSCOPY



USEFUL CONTACT NUMBER:

Department of Obstetrics & Gynaecology
Level 7 Kompleks Wanita & Kanak-kanak
University Malaya Medical Centre

Lembah Pantai

59100 Kuala Lumpur

Contact No: 03-79492059

WHAT IS HYSTEROSCOPY?

A hysteroscopy is a procedure which uses a fine telescope, called a hysteroscope, to examine the lining and shape of the uterus (womb cavity). It is performed either in the outpatient department or in theatre, normally as a day patient. The doctor or nurse looking after you will help you decide where to have the procedure.

The hysteroscope is very narrow and is passed through the cervix into the cavity of the uterus. As the uterus is usually 'folded up', a saline fluid is introduced to 'open up the womb' so that the doctor can have a clear and direct view of the inside of the womb.

Sometimes the cervix needs to be dilated using special dilating instruments to allow the hysteroscope to pass through. Small polyps, fleshy tissue that protrudes (sticks out) from the lining of the womb, can be removed during a hysteroscopy.

The tissue from the biopsy and the removed fibroid or polyp is then sent to the laboratory to be examined. The procedure takes between 10 and 30 minutes.

WHY DO YOU NEED A HYSTEROSCOPY?

A hysteroscopy can help to find the cause of problems relating to:

- heavy vaginal bleeding
- irregular periods
- bleeding between periods
- bleeding after sexual intercourse
- bleeding after menopause
- persistent discharge
- scar tissue in the womb
- infertility

In some cases, once a diagnosis has been made, the hysteroscope can also be used in the treatment of the problem. For example, problems that can be treated during a hysteroscopy are:

- removal of fibroids (growths in the uterus which are not cancer)
- removal of polyps (blood-filled growths which are not cancer)
- thickening of the lining of the uterus (the endometrium)
- removal of displaced intrauterine contraceptive devices
- removal of scar tissue

WHAT ARE THE RISK ASSOCIATED WITH A HYSTEROSCOPY?

There are risks associated with any procedure. Your doctor or specialist nurse will explain these risks to you before you sign the consent form. Please ask questions if you are uncertain. The most common risks or complications from this procedure include:

- Infection
- a perforation (hole) in your uterus – this is not common, but if it occurs you may need an operation (keyhole surgery or a laparotomy- cut on the abdomen) to repair the uterus
- damage to your cervix – this is not common
- difficulty seeing the cavity of the uterus
- heavy vaginal bleeding

IS THERE ANY ALTERNATIVE TREATMENTS?

An ultrasound can also be performed to look at the uterus, but it does not provide as detailed information as the hysteroscopy. Your doctor will discuss any alternative treatments with you if you are considering this procedure as a treatment option, for example for fibroids.

WHAT DO I NEED TO DO BEFORE THE PROCEDURE?

Your doctor or nurse will talk to you about where the hysteroscopy will take place. You will also be given advice on fasting and your medication.

The procedure may be carried out in the outpatient department or the day surgery unit.

Patients of childbearing age should ensure that there is no chance of pregnancy prior to the hysteroscopy.

You can do this by making sure you use barrier contraception (condoms or a diaphragm) from the first day of your last period before the hysteroscopy right up until the day of the appointment itself.

On the day of the procedure we will ask your permission to perform a pregnancy test – you will need to give a urine specimen for this. Your procedure will be cancelled if there is a possibility that you might be pregnant. The procedure may also not be performed if you are having a heavy period, as this can make it difficult to see inside the uterus.

If you are having the procedure in the outpatient department, you can eat and drink as normal and take your usual medicines. We recommend that you take some pain relief 15 minutes before your appointment – this will help to prevent any period-type pain afterwards. You will be awake during the procedure but do let the doctor know if you feel any discomfort.

Sometimes a hysteroscopy is performed in the day surgery unit using a general anaesthetic. This is medication that makes sure you are asleep during the procedure. If you have a general anaesthetic, you will be asleep for the entire procedure.

WHAT HAPPENS AFTER THE PROCEDURE?

When you wake up, you might feel some mild, abdominal (tummy) period-like pain or cramps. Some discomfort is to be expected after the procedure and we will give you pain relief for this. It is important that you take your pain relief on a regular basis for the first few days.



After a few days, you can gradually reduce the medicine until you do not need it any longer. Please contact your GP or go to A&E emergency department if you find the pain difficult to control.