

Having a Hysteroscopy and Endometrial Biopsy

This information has been written to explain your operation, and the benefits and risks. The medical and nursing staff will be happy to answer any questions you may have.

Why do I need to have a hysteroscopy and endometrial biopsy?

You have been suffering from abnormal/unusual menstrual bleeding (periods) or from bleeding after the menopause. A hysteroscopy and endometrial biopsy will find out why this is happening.

What is involved?

The main ways of looking for reasons for your abnormal menstrual bleeding are:

1. Endometrial biopsy - taking a sample of tissue (biopsy) from the lining of the womb.
2. Hysteroscopy - inspecting the cavity of the womb, using a fine telescope (hysteroscope) inserted through the cervix. The procedure is performed under general or local anaesthesia and takes approximately 20 minutes.

What are the benefits of having a hysteroscopy and endometrial biopsy?

The procedure is carried out to find what might be wrong - not to put something right. It is a diagnostic procedure; it will not alter symptoms. However, it is the best way of finding out what the problems may be.

By looking at the lining of the womb, the doctor can find out if there are any polyps, fibroids or suspect cancerous tumours present. In order to care for you in the future, it is very important that this procedure is carried out.

Often a tissue biopsy (endometrial biopsy) is taken from inside the womb and sent away to be looked at under a microscope. The results of this can take about 2 weeks.

What are the risks and consequences associated with having a hysteroscopy?

Most operations are straightforward, however as with any surgical procedure there is a small chance of side-effects or complications.

Women who have had previous surgery on the womb (caesarean section, myomectomy) or cervical surgery (cone biopsy) have a slightly increased risk of complications.

Common risks

- Vaginal bleeding and discharge.
- Pain: pelvic or shoulder.

Rare but serious risks

- A risk of the telescope making a small hole in the womb (7 in every 1000 procedures). However, even if this did happen, you would usually only have to stay in hospital overnight for observation, and take a short course of antibiotics.
- An exceptionally rare risk of damage to other internal organs, which would require further surgery.
- Pelvic infection.

Very rarely the doctor is unable to see clearly in the cavity of the womb.

If you are worried or would like further details about these risks, please speak to your consultant.

Are there any extra procedures which may become necessary during the procedure?

In the rare event of the telescope making a small hole in the womb, it may be necessary to carry out a laparoscopy or laparotomy (a cut in the lower part of your tummy). Very rarely blood transfusion may be necessary.

Getting ready for the operation

You will be asked to attend the pre-operative assessment clinic. A nurse will discuss the operation with you. You may need to undergo some routine tests before your operation, eg. heart trace (ECG), x-ray, blood test.

You will be asked some routine questions about your general health, the medicines you take at the moment and any allergies you have.

You will be asked to sign a consent form to say that you understand what you have come into hospital for and what the operation involves.

Smoking cessation

Smoking greatly increases the risk of complications during and after surgery, so the sooner you can stop the better. Even a few days before your operation can help to improve healing and recovery afterwards. Contact the NHS Fresh Start Stop Smoking Service on 01332 224019 for free help and advice, or contact your GP.

It is advised that you do not start smoking immediately after the surgery as this can make you dizzy and possibly faint but also make you feel sick and actually vomit.

On the day of the operation

You will be asked not to have anything to eat, chew or smoke for at least **6 hours** before your operation. You should have nothing to drink for **3 hours** before surgery. You will be advised of the actual times at your pre-operative assessment appointment.

You will be asked to have a bath or shower before coming into hospital (if possible).

You will be given a theatre gown to wear. A porter will walk you to the anaesthetic room.

What sort of anaesthetic will I have?

Your operation is usually carried out under a general anaesthetic (you will be asleep throughout), although some women may be suitable to have the operation awake with a local anaesthetic.

The anaesthetist will visit you before your operation and discuss the anaesthetic with you.

What should I expect after the operation?

If you have had a general anaesthetic, you will have your pulse, blood pressure, breathing and wounds checked regularly by a nurse.

It is usual to feel drowsy for several hours. You will be given oxygen through a facemask until you are more awake.

Anaesthetics can sometimes make people feel sick. The nurse may offer you an injection if the sick feeling does not go away, this will help to settle it.

You may have a drip running into a vein in your arm/hand until you are eating and drinking again.

Going home

The operation is usually performed as a day case, which means there will be no overnight stay.

You must not drive or go home by public transport. Therefore, you must make arrangements for someone to collect you. It is not appropriate to go home unaccompanied in a taxi. Please note: hospital transport and ambulances are not normally available for day patients.

You will need a responsible adult at home with you for 24 hours.

You should rest quietly at home for the rest of the day and be aware that it could take 2 - 3 days before the weariness wears off.

DISCHARGE INFORMATION AND AT HOME ADVICE

For 24 hours after a general anaesthetic, you must not:

- Drive a car or any other vehicle or cycle.
- Operate any machinery/domestic appliance or go back to work.
- Do any strenuous exercise.
- Drink alcohol. Please drink plenty of fluids, but not too much tea or coffee. A light diet is advised.
- Lock yourself in the bathroom or toilet or make yourself inaccessible to the person looking after you.
- Make any important decisions or sign any important documents.
- Be responsible for looking after small children.
- Watch too much television, read too much or use a computer.

Pain relief

Many patients do not have any pain afterwards. However, you may feel a mild pain in your lower abdomen for the first day or so. If so, please take some Paracetamol - do not exceed the stated dose. Please make sure you have an adequate supply at home.

Bleeding

You may have some vaginal bleeding for a few days afterwards. This should not be heavier than a period and should gradually get less, becoming a brown discharge before it stops.

If the bleeding or pain is worse than described above, or if you develop a temperature, please contact your GP who will either treat you or refer you back to the hospital.

Sexual intercourse

You should not have sexual intercourse until the discharge subsides. Your next period may be heavy or light, early or late - anything irregular is not abnormal.

Returning to work

You may return to work as soon as you want and feel able.

Driving

You must not drive for at least 24 hours following your operation. Your insurance company may refuse to meet a claim if they feel you have driven too soon. It is also advisable to contact your insurance company with regards to cover following a general anaesthetic.

Follow-up appointment

Please hand your discharge letter to your GP's surgery within the next 2 - 3 days.

If an outpatient appointment is needed, an appointment will either be sent to you through the post or given to you before you are discharged home.

If an outpatient appointment is not needed, you should see your GP in 6 weeks time for a check-up.

Please show this sheet to your GP if you need to see him/her.

References

RCOG Consent Advice No. 1. Diagnostic hysteroscopy under general anaesthesia. Royal College of Obstetricians and Gynaecologists, London. October 2004

If you have any queries, or require further information
please contact Ward 209 on 01332 787209.

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general health care advice and information.
Telephone 0845 4647 or visit the website at www.nhsdirect.nhs.uk

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