

Patient Advice and Liaison Service (PALS)

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Large print and other languages

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এই তথ্যগুলো সহজে পড়া যায় অথবা বৃহৎ প্রিন্টের মত বিকল্প ফরম্যাটে পাওয়া যাবে, এবং অনুরোধে অন্য ভাষায়ও পাওয়া যেতে পারে। আরো তথ্যের জন্য আপনার ক্লিনিক্যাল টিমের সাথে কথা বলুন।

Na żądanie te informacje mogą zostać udostępnione w innych formatach, takich jak zapis większą czcionką lub łatwą do czytania, a także w innych językach. Aby uzyskać więcej informacji, porozmawiaj ze swoim zespołem specjalistów.

Macluumaadkaan waxaa loo heli karaa qaab kale, sida ugu akhrinta ugu fudud, ama far waa weyn, waxana laga yabaa in lagu heli luuqaado Kale, haddii la codsado. Wixii macluumaad dheeraad ah, kala hadal kooxda xarunta caafimaadka.

Bu bilgi, kolay okunurluk veya büyük baskılar gibi alternatif biçimlerde sunulabilir, ve talep üzerine Alternatif Dillerde sunulabilir. Daha fazla bilgi için klinik ekibinizle irtibata geçin.

ہم میں ہڈی کے اس جے، سی۔ یٹکس اے ایک بایوسد ایم سٹیٹراف لیدابتم تامل عم ہی
ٹنرپ اڑب ای ناس آ اور درخواست پر متبادل زبانوں میں بھی دستیاب ہو سکتی ہیں۔ مزید
معلومات کے لیے، اپنی کلینکل ٹیم سے بات کریں۔

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All our patient information leaflets are reviewed every three years.

Patient information

Hysteroscopy under anaesthesia



What is hysteroscopy?

Hysteroscopy is a procedure that allows your doctor to look inside your womb by using a thin telescope. The telescope is thin, ranging from 3mm to 10mm in diameter. Depending on what has been discussed with you, extra procedures such as taking a small sample from the lining of the womb, removal of polyps or fibroids, removal of contraceptive coil and sterilization can also be performed during hysteroscopy.

What happens during the hysteroscopy?

The procedure is performed under general or local anaesthesia. Your legs are placed in stirrups and the doctor will pass the hysteroscope through the neck of the womb via the vagina. The hysteroscope is connected to a camera and a TV screen. Fluid is used to expand the uterus, which allows the doctor to assess the inside of your womb and perform minor procedures. The volume of fluid is monitored diligently, reducing the risk of giving you too much fluid. Electricity/Cautery is utilized to perform some procedures; therefore it is important that you remove any metal that you may have on your body. (piercings/jewellery/rings).

What are the risks of hysteroscopy?

Hysteroscopy is a very safe procedure. However, there are some associated risks.

Frequent risks include:

- Infection (uncommon)
- Bleeding (mild)
- Pain (period-like cramps)

Serious risks include:

- The overall risk of serious complications from diagnostic hysteroscopy is approximately 2 women in every 1000 (uncommon)
- Damage to the womb (uncommon)
- Fluid overload (uncommon)
- Damage to bowel, bladder or major blood vessels (rare)
- Failure to gain entry to womb cavity and complete intended procedure (uncommon)

Depending on the extent of the injuries, you may require a laparoscopy (key hole surgery)/laparotomy (cut on your tummy) to repair the injuries.

Term	Numerical Ratio	Colloquial Equivalent
Very common	1/1 to 1/10	A person in a family
Common	1/10 to 1/100	A person in street
Uncommon	1/100 to 1/1000	A person in village
Rare	1/1000 to 1/10000	A person in small town
Very rare	Less than 1/10000	A person in large town

RCOG Clinical Governance Advice, *Presenting Information on Risk*

What happens after the hysteroscopy?

You will return to the ward to recover for a few hours. Unless there have been unexpected complications, most women are well enough to go home on the same day of the procedure. You would need to arrange for someone to drive you home. It is advisable to have a friend or family stay with you for the first 24 hours.

You may experience period-like cramps and mild bleeding, which should settle within 10 days. Take it easy for the first 2 days and take pain killers to help cope with the pain, as necessary. As it takes time for the anaesthetic to wear off, please do not drink alcohol, drive or operate machinery for 48 hours after your operation. You should be able to return to normal activities after 48 hours.

Contact your GP if you experience:

- 1) Excessive pain
- 2) Offensive vaginal discharge
- 3) Temperature or shivering.
- 4) Unusual excessive vaginal bleeding

References

1. <https://www.rcog.org.uk/en/guidelines-research-services/guidelines/consent-advice-1/http://www.ncbi.nlm.nih.gov/pubmed/12870384>
2. <http://www.ncbi.nlm.nih.gov/pubmed/11279391>
3. <http://www.ncbi.nlm.nih.gov/pubmed/10908775>