

## Specific complications of this procedure?

**Making a hole in the womb with possible damage to a nearby structure.** This is rare and happens if one of the instruments makes a small hole in the womb or cervix (risk: less than 8 in 1000). If this happens, you may need to stay in hospital overnight for close observation in case you develop complications. Sometimes a further operation will be needed (risk: less than 1 in 1000).

**Failed procedure,** where it is not possible to insert the hysteroscope through the neck of the womb and inside the womb. This is rare.

## How will I feel afterwards?

You may get some crampy period type pains which usually settles quickly. Simple painkillers will usually be enough if this lasts for longer.

You may also get some spotting or fresh blood loss.

## Going home

After the procedure you will be able to rest and have a cup of tea in comfortable surroundings. It is advisable to have someone with you when you go home.

## At home

You will need to rest for the remainder of the day.

You may continue to get some spotting or fresh blood loss for the next day or so.

If you do require further pain relief, we suggest simple painkillers such as paracetamol every 4 hours (maximum of 8 tablets in 24 hours).

## Other Information

Before you leave the clinic you will be told whether the hospital needs to see you again. In this case an Out-patient Department appointment will be made.

Finally, please remember if you have any worries or concerns following your appointment please contact:

One Stop Clinic 0121 623 6978  
Monday - Friday 8.30 - 4.30,

*otherwise*

Ward 8, Birmingham Women's Hospital  
on 0121 627 2758.

## Questionnaires

Before and when you attend the clinic you may be asked to complete feedback and research questionnaires so that we can continually strive to improve our services.

## Research & Audit

As part of our ongoing research and audit, we would like to include your details and findings from the clinic appointment on a specialised computer database.

This confidential database may be used for future research and audit projects. Part of these projects would be looking at the long-term benefits of these specialised services. This may involve contacting you in the future by postal questionnaires.

We hope that you are happy with this but if you have any objections then please let the staff know when you attend the clinic.

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# “One-Stop” “See & Treat” Hysteroscopy Clinic

Patient Information

## Your first visit

- You have been referred to the "One-Stop" "See & Treat" Hysteroscopy Clinic' by your doctor because of unexpected vaginal bleeding.
- The purpose of the clinic is to identify the cause of your problem and start treatment (if necessary) in just one visit ("One-Stop").
- You may be asked to have an ultrasound scan before seeing the doctor. This will be done in a different department but in the same hospital.
- You will be seen and examined by a Consultant, Registrar or Nurse Hysteroscopist, who may advise you to have a hysteroscopy.
- If an abnormality is found, you may be offered a treatment at the same time, i.e. removal of a polyp/fibroid ("see and treat"). This may be done with or without the use of a local anaesthetic.
- If you have any queries before your visit, please telephone 0121 623 6978

## Why do I need a hysteroscopy?

Your symptoms suggest you may have a gynaecological problem but the exact cause has not been found so far. A hysteroscopy will help to find out if you have one of the following conditions:

- Fibroids – a fibroid is an overgrowth of the muscle of the womb.
- Polyps- a polyp is a small skin tag that looks like a small grape on a stalk.

It is common not to find any abnormality. This can be reassuring that there is nothing seriously wrong. Other treatments can then be considered and will be offered.

## What are the benefits of the procedure?

A hysteroscopy will normally allow the doctor to make an accurate diagnosis and offer appropriate treatment at the same visit.

## Are there any alternatives to the procedure?

It may be appropriate to try and find the cause of your symptoms using a scan and by performing a biopsy using a small tube placed through the cervix (neck of the womb). Sometimes it is not possible to place the small tube into the womb, or to get enough tissue.

It is important to realise that a scan and biopsy cannot identify all conditions and a hysteroscopy may still be recommended even if your results are normal. Your doctor can discuss the options with you.

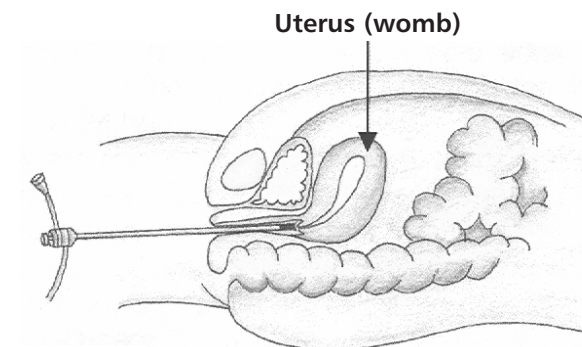
## What will happen if I decide not to have the procedure?

Your doctor will only recommend a hysteroscopy if it is entirely necessary. Choosing not to have the procedure is entirely your choice but then you may be denying the right treatment for you.

## What does the procedure involve?

A hysteroscope is a small telescope that is passed through the neck of the womb to see the insides. It is usually performed in less than ten minutes. Your doctor may perform a vaginal examination.

Fluid is used to pass the hysteroscopy to give a clear view. This can give you an impression of being wet. You may also experience some crampy "period like" pains. This is short-lasting. If polyps/fibroids are seen these can be removed by using additional instruments (figure 1)



**Figure 1.**  
**A hysteroscope is passed into the womb to allow the surgeon to examine the lining of the womb**

## What risks or complications can happen?

There is a very small risk that the instruments used could puncture the wall of the womb. However, because this procedure is viewed on a television monitor as it is performed, and the doctor can see exactly what is happening, this risk is very small.

**Pain**, this happens with every operation. Pain after hysteroscopy is usually mild (similar to "period-like" pain) and is usually controlled with simple painkillers.

**Bleeding**, which is usually mild (similar to a period), settles within a few days. It is important to use sanitary towels, not tampons.

**Infection**, which may cause an unpleasant-smelling vaginal discharge or persistent bleeding. Infection is rare and is easily treated with antibiotics.