

Examination under Anaesthesia

With Cystoscopy, Hysteroscopy and Curettage

Patient Information

Introduction

This booklet is for women who following discussion with their doctor have been recommended to have an examination under anaesthesia. Your doctor will be happy to answer any other questions you have which are not answered by this information. This booklet does not replace the discussion between you and your doctor but helps you understand more about what is discussed.

Why do I need to have this procedure?

Following your diagnosis of cervical cancer, your doctor needs to know if this has spread beyond your cervix (the neck of your womb). The best way to do this is to perform a physical examination whilst you are asleep (anaesthetised). At the same time your bladder will be examined with a small telescope to see if there has been any spread of the cancer. This examination of your bladder is called cystoscopy. It is occasionally necessary to use a telescope to see if the cancer has originated from or spread to the lining of your womb. This examination of your womb is called hysteroscopy. The results of these investigations will help the medical staff to decide on the best course of treatment to recommend to you. All of these procedures will be explained on the consent form.

What will happen during the investigation?

Whilst you are asleep your doctor will use a speculum to examine your cervix. This is the instrument used during a routine smear test. She or he will then manually feel your cervix by inserting a finger into your vagina, and will also feel the cervix from behind by inserting a finger into your rectum (back passage). This will allow your doctor to assess the size of the cancer and also to see if there has been any spread into your vagina. Finally if this has not already been done in a previous test, a small piece of the cancer will be removed and will be taken to a laboratory for further tests. This is called a biopsy.

What is cystoscopy?

Cystoscopy is when, under general anaesthetic, a small telescope (about half a centimetre wide) is inserted into your urethra (the tube which drains urine from the bladder when you go to the toilet.) Your bladder is then filled with fluid and the surface is examined using a light on the end of the telescope.

Your surgeon will then look for anything unusual. Before you were put to sleep you will have been asked for permission to remove samples for

further investigation, if this is needed.

What is hysteroscopy?

Hysteroscopy is when, under general anaesthetic, a small telescope is inserted through your vagina and cervix and into your womb. Your womb is then filled with a small amount of fluid and the surface lining is examined using a light on the end of the telescope. Your surgeon will then look for anything unusual and will ask your permission before you are given the anaesthetic to remove a sample for further investigation if this is needed.

A tissue sample or biopsy may be taken by scraping the lining of the womb with an instrument called a curette. This procedure is called curettage. The sample taken is then sent to a laboratory and studied in detail to find out more about your cancer.

What is the benefit of having these investigations?

These investigations will give your medical team a much better understanding of the type and size of your cancer and also if it has spread to other parts of your body. This information will help them to plan the best possible treatment for you and decide whether surgery, radiotherapy or chemotherapy, or some combination of them, are best for you. Your doctor will discuss this with you after the tests and will be happy to answer any questions that you have.

What are the alternatives to this procedure?

Your doctor has suggested this procedure as the best possible way to find out more information about your cancer. Alternatives vary from patient to patient and there may be no suitable alternatives in your case. Your doctor will answer any questions and discuss any alternatives further.

What are the risks?

Any procedure involving a general anaesthetic has some risks. Risks associated with these procedures can be:

- Infection. This could occur in your pelvis, bladder or chest. If this does occur it would need treating with antibiotics.
- Bleeding following the operation. In serious cases a blood transfusion and possibly another operation could be required. Some spotting of blood for a few days after the procedure is normal.

- There is also a small risk of damage to the bladder and/or womb, including a puncture. If this did occur a further operation could be required.

If you have any concerns about this then speak with your medical team. Your medical team take every care to ensure that you are as safe as possible and the majority of patients experience no problems.

What will happen after the investigation?

When the operation is over you will wake up and be taken to the recovery area. A nurse will stay with you until you are fully awake.

When you are awake you will be taken to the ward where you can wait until you have fully recovered. You will probably feel quite drowsy for several hours.

You may have a drip in your arm. This will give you fluids and will stay in until you feel ready to drink. You may also have a catheter in your bladder, although this is not likely, which will drain urine directly from your bladder into a small container. This means that you will not need to worry about going to the toilet to empty your bladder whilst you are drowsy and perhaps feeling sore. If you have a catheter this will normally be removed the next day in a simple and painless procedure.

When will I feel well enough to go home?

Most patients feel well enough to go home on the same day as the investigation. However, you will still be under the influence of the anaesthetic and should not drive or sign any legal documents for 24 hours. It is likely that you will have a small amount of bleeding for a few days following the procedure. If this happens, or if you begin your period, you should use sanitary pads and not tampons. You should find you are able to resume your normal activities the next day, including going back to work. Your doctor will tell you when to resume your sexual life, but sometimes it has to wait until the definitive treatment is done. However, any concerns you have should be discussed with your doctor or nurse.

It is important that you make a list of all medicines you are taking and bring it with you to all your follow-up clinic appointments. If you have any questions at all, please ask your surgeon, oncologist or nurse. It may help to write down questions as you think of them so that you

have them ready. It may also help to bring someone with you when you attend your outpatients appointments.

For details of local cancer support groups and organisations, please ask your gynaecology nurse.

Glossary of medical terms used in this information:

Anaesthetic: a drug that causes a loss of feeling or sensation.

Biopsy: a procedure in which a small piece of tissue is removed and examined under a microscope.

Catheter: a flexible tube used to drain fluid from the bladder.

Urethra: the tube which drains fluid from the bladder when you go to the toilet.

Local sources of further information

You can visit any of the health/cancer information centres listed below:

Birmingham Women's NHS Foundation Trust

Health Information Centre
Birmingham Women's Healthcare NHS Foundation Trust
Metchley Park Road
Edgbaston
Birmingham B15 2TG
Telephone: 0121 627 2608

Heart of England NHS Foundation Trust

Health Information Centre
Birmingham Heartlands Hospital
Bordesley Green
Birmingham B9 5SS
Telephone: 0121 424 2280

Cancer Information and Support Centre
Good Hope Hospital
Rectory Road
Sutton Coldfield B75 7RR

Telephone: 0121 424 9486

Sandwell and West Birmingham Hospitals NHS Trust

The Courtyard Centre
Sandwell General Hospital (Main Reception)
Lyndon
West Bromwich B71 4HJ
Telephone: 0121 507 3792
Fax: 0121 507 3816

University Hospital Birmingham NHS Foundation Trust

The Patrick Room
Cancer Centre
Queen Elizabeth Hospital
Edgbaston
Birmingham B15 2TH
Telephone: 0121 697 8417

Walsall Primary Care Trust

Cancer Information & Support Services
Challenge Building
Hatherton Street
Walsall WS1 1YB
Freephone: 0800 783 9050

About this information

This guide is provided for general information only and is not a substitute for professional medical advice. Every effort is taken to ensure that this information is accurate and consistent with current knowledge and practice at the time of publication.

We are constantly striving to improve the quality of our information. If you have a suggestion about how this information can be improved, please contact us via our website: <http://www.birminghamcancer.nhs.uk>.

This information was produced by Pan Birmingham Cancer Network and was written by Consultant Surgeons, Clinical Nurse Specialists, Allied Health Professionals, Patients and Carers from the following Trusts:

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