



York and Scarborough
Teaching Hospitals
NHS Foundation Trust

Pelvic examination under anaesthetic, hysteroscopy, and endometrial biopsy

Information for patients, relatives and carers

① For more information, please contact:

One of the telephone numbers on page 10 of this leaflet

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This leaflet contains information about pelvic examination, hysteroscopy and endometrial biopsy. It explains a little about what will happen before during and after your operation and tries to answer some of the questions you may have.

The doctors and nurses are there to help you. They will always make time to listen to you and answer your questions. If you do not fully understand anything about your operation, please ask.

What happens before my operation?

The nurses introduce themselves to you and explain what will happen to you during your stay. You will be asked about your present medicines, any allergies you may have, your arrangements for going home and who is to look after you.

Please bring your completed admission form with you. Please ask if there is anything about which you are uncertain or do not fully understand about your treatment. You will be asked to sign a consent form (reference FYCON15-1 Examination Under Anaesthetic, Hysteroscopy and Endometrial Biopsy). You sign to confirm that you agree to the procedure and understand the information given to you. The form will be kept in your patient notes, and you will also be given a copy for your own records.

Sometimes your doctor may suggest performing this procedure with local anaesthetic instead of a general anaesthetic. If this is the case, it is a good idea to take a pain killer such as paracetamol or ibuprofen one hour before the procedure.

What happens before surgery?

You will be required to change into a theatre gown and one of our dressing gowns. You may prefer to bring your own but it must be clean as you are going into an operating theatre area.

You will be taken to the operating theatre where your identity will be checked as part of our safety procedures.

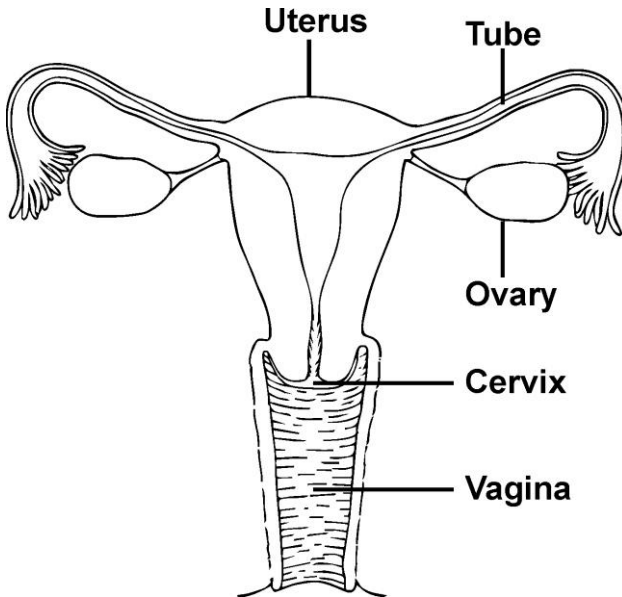
If you are having a general anaesthetic, your anaesthetist will speak to you before your operation to discuss any concerns you may have and check when you last had something to eat or drink. The anaesthetist will also discuss any risks or complications associated with the anaesthetic.

You should also be given a leaflet with more information about anaesthetics.

What happens during my operation?

The surgeon will examine your vulva, vagina and cervix. Hysteroscopy involves examination of the inside lining of the womb (uterus) under direct vision. We are better able to see polyps or abnormal cells, which can then be removed or sampled. During endometrial biopsy, your cervix will be gently stretched open to allow the lining of your womb to be scraped.

Diagram of the Female Reproductive System



The diagram above shows the female reproductive tract. During a hysteroscopy, the thin telescope is passed gently through the cervix and into the womb.

Are there any risks involved in having these operations?

Frequently patients experience discomfort, pain, bleeding, or mild infections afterwards (5 in 10) and this can be treated with pain killers or antibiotics.

There is a small risk that the cervix may be damaged during the procedure and occasionally this may require a small stitch to stop it from bleeding.

There is a very small risk that one of the surgical instruments may perforate your womb accidentally. If this occurs, you may **stay in hospital overnight** for observation, and take a short course of antibiotics (1 in 250). Occasionally (2 in 1000) a small cut called a laparoscopy is required to inspect the abdominal cavity for any damage.

Rarely a larger cut (laparotomy) to the abdomen is necessary to repair the damage to tissues. This could include bleeding from the uterus, bowels, bladder or urinary tract, blood vessels or any other structures damaged. A hysterectomy (removal of the womb) is required very rarely (1 in 1000). When the bowel is damaged, a colostomy may be required (1 in 10,000). If you have a larger cut, you will need to **stay in hospital for at least three nights**).

There is a small risk (about 1 in 250 cases) of the pelvis and fallopian tubes developing a serious infection following hysteroscopy. This is treated with antibiotics.

Very rarely nerve damage can develop after the procedure.

Very rarely again there is serious anaesthetic complications, and between 3-8 per 100,000 die as a result.

What are the benefits of the operations?

They help the surgeon to investigate any gynaecological problems you might have and check that you are healthy. The lining of the womb or any other tissue removed is sent to the laboratory for microscopic examination to determine the extent of any abnormality. Often this operation is performed as there is a condition such as a polyp within the womb, which can then be treated. Other investigations or treatments can be performed at the same time such as cervical screening (smear) if you are due or fitting/removing coils.

Are there any alternatives?

Hysteroscopy is the best way of obtaining information to help the doctors give you the best advice for managing your problems. This procedure can be performed in out-patients but you may not be suitable for this. Your doctor should be able to advise you regarding this option.

What happens after my operation?

After surgery, you will be taken to the recovery area where a nurse will monitor your progress. When the nurse is happy with your recovery, you will return to your trolley or bed in the ward area. When you are able to sit up you will be offered a drink.

When can I go home?

You will be able to go home with an adult who can look after you when it is felt you are ready.

Remember you must not drive yourself or use public transport if you have had a general anaesthetic.

A nurse will go through the discharge instructions with you and tell you about the care you need at home. The nurse will give you the necessary follow up papers and appointments. Please ask if you are unsure of any of the instructions.

How will I feel after my operation?

You may have some period like pains, and you may feel bruised. A warm drink, two paracetamol and a covered hot water bottle are often helpful. You usually have some vaginal discharge and bleeding. If it becomes heavy – rest. Use whatever sanitary protection you prefer, changing regularly.

Your first period after your operation may be heavier than usual.

How soon can I resume my normal activities?

Most people take a few days off work to help them recover from their operation. You will need help at home for a short period if you have small children.

You should not have sexual intercourse until any bleeding or discharge has stopped as it may cause heavy bleeding and infection.

For further information

www.womenshealthlondon.org.uk

www.nhs.uk

When and how will I receive the results?

Histology results (where the tissue is looked at under the microscope) can take three weeks or more. The operator performing the procedure should discuss with you how you would like to receive them. This is normally by letter but if they need to speak to you more urgently then they should clarify with you whether you are comfortable receiving a telephone call from them.

Who can I contact if I need any further information?

Gynaecology secretary telephone numbers – York

Miss Sanaullah, Miss Fahel, Mr Brewer, Mrs Hayden, Mr Broadhead:	01904 721682
Miss Ghosh, Miss Yasin, Mr Patel, Mr Freites, Dr Falconer:	01904 725549
Mr Evans, Miss Dean, Miss Edwards:	01904 726553
Miss Tang, Miss Merrick and Mr Hughes:	01904 725111
Waiting List Office:	01904 725132
Sexual Health Clinic York:	01904 721111

Gynaecology secretary telephone numbers – Scarborough

Miss Abdu:	01723 342083
Mr Ajayi, Mr Freites and Mr Patel:	01723 385248
Miss Verma, Miss Jordan, Mr Bukhari:	01723 342515
Miss Hayes, Mr Mokate:	01723 385047
Waiting List Clerk:	01723 342249

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:
Miss C Oxby, Consultant Gynaecologist and
Obstetrician, The York Hospital, Wigginton Road, York,
YO31 8HE or telephone 01904 721682.

Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email pals@york.nhs.uk.

An answer phone is available out of hours.

Leaflets in alternative languages or formats

Please telephone or email if you require this information in a different language or format, for example Braille, large print or audio.

如果你要求本資 不同的 或 式提供 , 電
或發電

Jeżeli niniejsze informacje potrzebne są w innym języku lub formie, należy zadzwonić lub wysłać wiadomość e-mail

Bu bilgileri değişik bir lisanda ya da formatta istiyorsanız lütfen telefon ediniz ya da e-posta gönderiniz

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