

# Hysteroscopy

**Endometrial Biopsy | D&C | Polypectomy | TCRE |  
Excision of Fibroid | Endometrial Ablation |  
Mirena Insertion**

Gynaecology Department

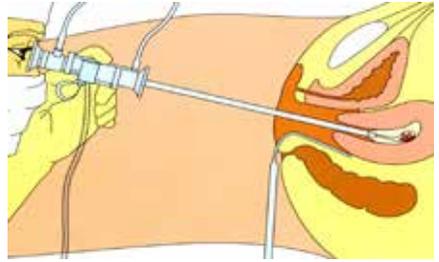


Patient information leaflet

## What is a Hysteroscopy?

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A hysteroscopy is a procedure which involves a fibre-optic camera being passed up the vagina, through the cervix and into the lining of the uterus (womb). Some gas is then inserted to help with the visibility, the inner wall of the uterus can then be examined and this is done under a general anaesthetic.



## Why do I need a Hysteroscopy?

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Some ladies who have been through the menopause experience a bleed (PMB), which needs to be investigated. Other patients have a change in the duration or intensity of menstrual bleeding.

## What is an Endometrial Biopsy (pipelle)?

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This involves a straw like instrument being passed through your vagina and cervix to take a biopsy from the inner wall of your uterus.

## D&C

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This involves an instrument being passed through your vagina and Cervix to take 'scrapings' from the inner wall of your uterus. The opening of the cervix is expanded slightly during this procedure.

## Polypectomy

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This procedure involves the surgical removal of a polyp (growth) from the inner wall of the uterus of vagina. An instrument is passed through the vagina and cervix to allow the polyp to be removed.

## Excision of Fibroid

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Fibroids are non-cancerous growths, usually found in the inner wall of the uterus. They can cause heavy periods. Small fibroids can be removed during the hysteroscopy.

## TCRE

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This involves a surgical instrument being passed through your vagina and cervix to cut away the lining of the womb. This procedure is intended to stop the lining (endometrium) thickening during the menstrual cycle, reducing the heaviness of periods. In many cases it can stop periods altogether.

## Endometrial Ablation

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The first part of this procedure is the same as a 'Hysteroscopy'. Endometrial ablation destroys and removes the uterine lining with an electrosurgical instrument or laser which is inserted through the camera into the lining of the uterus. The procedure is intended to destroy all or most of the tissue that is responsible for menstrual bleeding (the endometrium). After the procedure, you may never bleed again, or if you do, your bleeding should be reduced. Most patients experience a satisfactory reduction in bleeding. This treatment is not appropriate for those women still wanting to have children.

The post-op advice is the same as the 'hysteroscopy' advice. The uterine lining will slough off like a period within 7-10 days following the procedure. You will have a pinkish and watery vaginal discharge for the first 2 weeks.

## Insertion of Mirena Coil

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A Mirena coil consists of a small, plastic T shape frame, which is inserted into the womb. This carries progesterone hormone in a sleeve around its stem and has 2 fine threads attached to the base. The progesterone hormone, Levonorgestrel, is released gradually into the uterus suppressing its formation and reducing and eventually stopping the menstrual bleed. The Mirena coil is also a contraceptive device.

## Are there any alternatives?

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A hysteroscopy is usually recommended to discover the cause of abnormal vaginal bleeding. Some problems, such as polyps or fibroids, can be diagnosed on an ultrasound scan. However, a hysteroscopy allows the surgeons a clearer view of the uterine wall. Also, many problems diagnosed during a hysteroscopy can be treated at the same time, such as the additional procedures described above.

Please do not have unprotected sex during the month before your surgery.

## After your procedure

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### **Bleeding/discharge**

You may notice a small amount of bleeding or brownish discharge, particularly if you have had a biopsy or a polypectomy. You are advised to use sanitary towels rather than tampons until your next period.

If your loss is persistent (longer than a week) or becomes smelly, or heavy with big blood clots, contact your G.P. surgery or us as you may require a course of antibiotics.

### **Will it hurt?**

You may experience some shoulder tip pain, which is due to trapped gas from the operation. This will gradually diminish but pain relief and peppermint water/sweets along with gentle mobilization will be helpful. You may have some abdominal discomfort (period type pain), you will be given painkillers to take home with you to keep you comfortable.

### **Washing**

You may shower as normal, but avoid using perfumed bath products or talcum powder until your bleeding has stopped.

We advise you not to have a hot bath until your bleeding has stopped following the operation, as it can induce bleeding. However it is absolutely fine for you to have a shower.

## **Sexual intercourse**

You may have penetrative sex once your bleeding has stopped, providing you are comfortable.

## **Driving**

You must not drive for 24 hours following your anaesthetic.

## **Work**

You may return to work as soon as you feel able to do so. However, you are advised not to work on the day following your surgery to allow recovery from your anaesthetic.

## **Follow-up appointment**

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It is not usually necessary to have a hospital appointment following your surgery. However, we advise that you see your own G.P. in 6 weeks for a check-up.

If you do require an Outpatient's Appointment, it will be sent to you.

## **Potential complications**

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There is a small risk of the instruments used in this procedure piercing a hole in the wall of the uterus. This is known as a perforation. If this complication arises, the surgeons may need to make a cut in your lower abdomen to repair the damage.

## **Resources**

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### **The National Endometriosis Society**

- Suite 50, Westminster Palace Gardens, 1-7 Artillery Row, London SW1P 1RL.
- **Telephone:** 020 7222 2776

### **Women Who Bleed**

- **Website:** <http://groups.msn.com/WomenwhoBleed>
- Support group/online community for women who have heavy periods due to bleeding disorders (e.g. von Willebrands, Haemophilia, Glanzmans thrombo).

## **Menstrual Blood Loss**

- **Website:** [www.menstrual-blood-loss.com](http://www.menstrual-blood-loss.com)
- Online information on menstrual blood loss and menstrual problems.

## **Haemophilia Society**

- **Website:** [www.haemophilia.org.uk](http://www.haemophilia.org.uk)
- The haemophilia Society gives information and support on haemophilia, von Willebrand's and other related bleeding disorders.

## **References**

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### **Mardeno Patient Atlas – Diagram**

- Obstetrics & Gynaecology 2002-2004 1st edn © 2002 Mardeno Medical Systems B.V

### **Coping with Heavy Bleeding**

- [www.womenshealthlondon.org.uk/leaflets/bleeding.html](http://www.womenshealthlondon.org.uk/leaflets/bleeding.html)
- Patient question and answer for current users of Mirena Schering Health Care Ltd [productssafety@schering.co.uk](mailto:productssafety@schering.co.uk)

## **Current hysteroscopy leaflets**

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### **Heavy Periods? You don't have to live with it anymore**

Gynecare Womens Health Solutions ©ETHICON 2001

### **MEA – A treatment for heavy periods Patient Information**

- **Website:** [www.microsulis.com](http://www.microsulis.com)

### **Hydo ThermaAblator – Your period doesn't have to be a sentence**

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## Contact details

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For further information or advice please contact us.

### Day Surgery Unit

**Telephone:** 01483 571122 **ext** 6977 (Monday–Friday)

### Surgical Short Stay Unit

**Telephone:** 01483 571122 **ext** 6828 (Monday–Friday)

### Gynaecology Department

**Telephone:** 01483 571122 **ext** 4173 (Answer phone, Monday–Friday, 9am–5pm)

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## PALS and Advocacy contact details

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Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

**Telephone:** 01483 402757

**Email:** rsc-tr.pals@nhs.net

**Opening hours:** 9.00am–3.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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