Patient and Carer Information

Hysteroscopy and Endometrial Biopsy

The procedure

Hysteroscopy is an examination of the inside of the womb using a fine camera. This can be carried out under general anaesthetic or local anaesthetic. This will have been discussed with you by your doctor in advance of your procedure.

Endometrial biopsy is usually carried out when you have a hysteroscopy under a general anaesthetic. This also enables the surgeon to take a sample of the lining of the womb. This is an investigation to help the doctor find out what the problem is. It is not necessarily a treatment so it may not help your symptoms.

What are the reasons for doing this?

Hysteroscopy and endometrial biopsy are usually performed to investigate the cause of irregular bleeding and possible assessment and removal of polyps.

Are there any alternatives?

You and your doctor will probably have discussed any other suitable treatments before now. However please ask if you want any further advice about any alternatives that might be suitable for you, including the option of no treatment.

What are the risks?

Risks following the surgery are minimal, but include a small risk of perforating the uterus. Other complications are a risk of bleeding and infection. These and other rarer complications will be discussed with you before you sign your consent form.

What anaesthetic will be used?

You will meet the anaesthetist before your operation and will have a chance to ask any questions you might have about your anaesthetic.

Blood clot prevention

Without preventative measures, there is a risk of blood clot in the leg (deep vein thrombosis or DVT) in all surgical patients of around 15% - 25%. Please discuss the risks of this particular operation with your surgeon. You will be given additional information about the measures we take to reduce this risk.

Consent

You will be asked to give your consent to this treatment following further discussion with medical or nursing staff. It is important that you understand what is involved and you will have an opportunity then to ask any questions that you might have. A sample of the consent form may be provided for you to read so that you are familiar with the form. Please do not sign this sample – it is for your information only.

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Plan ahead for discharge home

If you think you may have any difficulties, please discuss these at your pre-operative assessment appointment. Please ensure that you have asked your nurse or doctor when your expected discharge date will be.

You may experience period like lower abdominal pain which should be relieved by mild pain killers like paracetamol.

Following your procedure you may have some vaginal bleeding. We advise you use sanitary towels and not tampons as this will reduce the risk of infection.

If you have gone through the menopause then you may not have any more bleeding once the initial post procedural bleeding has stopped.

If you are still having periods then your next one may be heavier than normal. We advise against any sexual activities until your bleeding/discharge has stopped.

Contact your GP if

- You have severe pain
- You develop a fever
- Your wound appears red and lumpy or starts to leak fluid
- You develop leg pain and swelling, difficulty walking, or if your leg becomes warmer than usual, or reddish / purplish in colour.
- You develop unexplained shortness of breath, chest pain and / or coughing up blood

Further Information

If you require further information or advice please contact the ward you have been on
Ward phone number
Other sources of useful information can be found at:
NHS Direct 0845 4647
NHS Choices http://www.nhs.uk/Pages/HomePage.aspx
Harrogate and District NHS Foundation Trust website www.hdft.nhs.uk
Patient Experience helpline 01423 555499 (Monday – Friday 9.30am – 4pm). E-mail:
thepatientexperienceteam@hdft.nhs.uk

If you require this information in an alternative language or format (such as Braille, audiotape or large print), please ask the staff who are looking after you.

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