

INFORMATION FOR PATIENTS
OUTPATIENT HYSTEROSCOPY

This information is available in other formats on request. Please contact Coverdale Suite on 01423554479 to arrange

Why have I been referred for outpatient hysteroscopy (OPH)?

You may have been referred for OPH for one of the following reasons:

- bleeding after the menopause (postmenopausal bleeding), to investigate something seen inside the uterus (womb) on an ultrasound scan, such as thickening of the lining of the womb, an endometrial polyp or fibroid.
- heavy or prolonged periods.
- bleeding between your periods.
- irregular bleeding while on hormonal treatment.
- removal of your coil when the threads are not visible at the cervix.
- fertility concerns.
- following a miscarriage.

The purpose of your appointment is to find the cause of your problem and plan or undertake treatment, if needed.

What is OPH?

An OPH is a procedure that involves examining the inside of your uterus (womb) with a thin telescope-like device, called a hysteroscope, through your cervix. The procedure is performed in the Coverdale Suite, which is located on the first floor.

Please inform us before your hysteroscopy visit if you are taking any blood thinning medications. We will plan with you whether you should temporarily stop or continue these medications.

To perform OPH, a written consent is required. It is important that you understand what is involved and have an opportunity to ask any questions you might have.

You cannot have this procedure if you are, or think you might be pregnant, or if you were pregnant in the last 6 weeks. If you are of childbearing age, and are sexually active, you must be on a reliable contraception. Please avoid sex between your last period

and your appointment. You may be offered a urine pregnancy test on arrival at your appointment.

Keeping my appointment if I am still bleeding from the vagina?

It is best to keep the appointment although sometimes it can be difficult to do the procedure if there is too much bleeding. If you have any concerns, please contact the Coverdale Suite.

What are the risks associated with outpatient hysteroscopy?

Risks of an OPH are minimal, but include the following:

- inability to pass the hysteroscope through the cervix.
- crampy abdominal discomfort.
- bleeding.
- fainting when you stand up after the procedure (rare).
- infection to the lining of the womb (rare).
- injury to the neck of the womb (rare).
- perforation of the womb- this is rare, and the risk is lower when the procedure is performed in outpatient environment.

The risks will be discussed further with you before you sign the consent form.

If you are in too much discomfort, please make the clinician aware as the procedure can be stopped at any time.

Pain relief options

We advise taking simple pain relief, such as Paracetamol/Ibuprofen, unless you are allergic to these. Take one dose 1 hour prior to your appointment. You can eat and drink as normal before the appointment. Most people find outpatient hysteroscopy mildly uncomfortable and tolerate the procedure very well.

Pain relief options are available to make the experience as positive for you as possible.

- Instillagel. This is an anaesthetic gel that is inserted into the vagina and/or in the womb if needed.

- Entonox. This is gas and air that is typically used in childbirth. It can be used from the outset.
- Pentrox. This is an inhalable analgesic that can be used via a special inhaler (the green whistle). It acts quickly and you remain awake. If you are someone who finds gynaecology procedures extremely uncomfortable, using Pentrox from the outset may be advisable.
- Local anaesthetic block. These are injections of local anaesthetic, which are injected into the cervix, if needed, to pass an instrument or a coil.

During the appointment

When you come to the clinic, the clinician will discuss your problem, explain the procedure, and answer any questions you may have before the procedure is performed. There may be an ultrasound scan appointment prior to your OPH and the scan results will be reviewed before your OPH to guide further planning. Sometimes you may not need a hysteroscopy. You might need only a consultation with a specialist clinician and a vaginal examination with a speculum.

If hysteroscopy is required, we will ask for your written consent. You may withdraw your consent at any time.

We will invite you to remove clothing below the waist. Privacy and dignity are always maintained. You will lie on a couch with your legs in leg rests and a sheet covering your lower half.

During the hysteroscopy, a hysteroscope is gently passed through your cervix (neck of the womb) to see and assess the inside of your womb. There will be no cuts or stitches. Sometimes a speculum may be used to visualise your cervix. Saline (salty water) will be used to enable better vision within the womb, and you may be aware of this trickling out of the vagina.

The hysteroscope projects the images of the inside of your uterus onto a screen, where the clinician can see the details and you

can also watch the screen, if you choose to. Photographs of the inside of your uterus are taken and kept in your healthcare notes.

If no problems are found, you may not need any follow-up appointments. If needed, any further treatment will be discussed with you.

Sometimes, another procedure can be done during the same visit, such as:

- Endometrial biopsy – taking a sample from the lining of the uterus. This may be done through the hysteroscope or after inserting a speculum and passing a thin tube through your cervix.
- Polyp removal-either through the hysteroscope or with a larger hysteroscope (called a MyoSure procedure).
- Small fibroid removal.
- Fitting an intrauterine device - this may be a hormonal coil (IUS), such as a Mirena®, or a copper coil (IUD).
- Removal of an IUD or IUS from the womb if the threads are not visible.

After the procedure you can stay in the outpatient clinic's rest area for as long as you need and you will be offered refreshments and pain relief if you need it.

How will I feel afterwards?

Most women feel able to go back to their normal activities on the same day.

You may get some cramping or lower abdominal pain for several hours. Rarely this can last for a few days.

You may also have some spotting or fresh (bright red) bleeding that may last up to 1 week. We suggest that you use sanitary pads and avoid tampons, to reduce the risk of infection.

If your pain does not get better with pain relief, or you develop unusual vaginal discharge, or heavy bleeding 7 to 10 days after

the procedure, please contact your GP or the Coverdale Suite. If you have very heavy bleeding or severe pain, go to your nearest emergency department (A&E).

You can shower as normal. You should avoid swimming, taking a bath, using tampons, and having penetrative sex while you are still bleeding.

Results

We will write to you with the results of any tissue obtained/removed at your procedure within 2 to 4 weeks. We will contact you with a telephone call or letter, as agreed at your consultation, if any further advice or appointments are needed.

Who works in the outpatient hysteroscopy clinic?

Practitioner-This may be a Consultant, Doctor, or a specialist nurse. Sometimes it may be a clinician in training (a qualified nurse or a doctor), and they will carry out the procedure.

Support staff- they will support you during the procedure and can provide refreshments and pain relief afterwards if you need them.

You are welcome to bring a relative or a friend to support you.

As we are a training hospital, medical or nursing students, or staff from different hospitals may be present. Please tell us if you would prefer not to have students at your consultation.

Alternatives to outpatient procedure

You and the practitioner will have the opportunity to discuss options for investigations and treatment in the clinic appointment. Please ask, if you want any further advice about any alternatives that might be suitable for you, including the option of no investigation or treatment.

Other useful information

Please allow 1 to 2 hours for your appointment, especially if you have a coordinated ultrasound scan and hysteroscopy appointment.

The nature of the gynaecological care means that intimate examinations are often necessary. We understand that for some people, particularly those, who may have anxiety, or who have experienced trauma, physical or sexual abuse, such examinations can be difficult. If you feel uncomfortable, anxious, or distressed at any time before, during or after an examination, please let a member of the team know. If you find this difficult to talk about, you may wish to communicate your feeling in writing.

Further information

Look at these trusted websites for further information about hysteroscopy.

www.rcog.org.uk/en/patients/patient-leaflets/outpatient-hysteroscopy

www.nhs.uk/conditions/hysteroscopy

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