Having an inpatient hysteroscopy and endometrial biopsy

This information has been written to explain your operation, and the benefits and risks. The medical and nursing staff will be happy to answer any questions you may have.

Why do I need to have a hysteroscopy and endometrial biopsy?
You have been suffering from abnormal/unusual menstrual bleeding (periods) or from bleeding after the menopause. A hysteroscopy and endometrial biopsy may help identify why this is happening.

What is involved?
The main ways of looking for reasons for your abnormal menstrual bleeding are:

- Endometrial biopsy - taking a sample of tissue (biopsy) from the lining of the womb.
- Hysteroscopy - inspecting the cavity of the womb, using a fine telescope (hysteroscope) inserted through the cervix. The procedure is performed under general or local anaesthesia and takes approximately 20 minutes.

What are the benefits of having a hysteroscopy and endometrial biopsy?
The procedure is carried out to find what might be wrong - not to put something right. It is a diagnostic procedure; it will not alter symptoms. However, it is the best way of finding out what the problems may be.

By looking at the lining of the womb, the doctor can find out if there are any polyps, fibroids or suspect cancerous tumours present. In order to care for you in the future, it is very important that this procedure is carried out.

Often a tissue biopsy (endometrial biopsy) is taken from inside the womb and sent away to be looked at under a microscope. The results of this can take about 2 weeks.

What are the risks and consequences associated with having a hysteroscopy?
Most operations are straightforward, however as with any surgical procedure there is a small chance of side-effects or complications.

Common risks
- Vaginal bleeding and discharge.
- Pain: pelvic or shoulder.
Rare but serious risks

- A risk of the telescope making a small hole in the womb (7 in every 1000 procedures). However, even if this did happen, you would usually only have to stay in hospital overnight for observation, and take a short course of antibiotics.

- An exceptionally rare risk of damage to other internal organs, which would require further surgery.

- Pelvic infection.

If you are worried or would like further details about these risks, please speak to your consultant.

Are there any extra procedures which may become necessary during the procedure?
In the rare event of the telescope making a small hole in the womb, it may be necessary to carry out a laparoscopy or laparotomy (a cut in the lower part of your tummy). Very rarely a blood transfusion may be necessary.

Are there any alternative treatment options?
Your consultant has recommended this procedure as being the best option. There are no alternative procedures or treatments available. However, there is always the option of not receiving any treatment at all. The consequence of this is, that your consultant may not be able to identify why you are having abnormal/unusual bleeding, and therefore not be able to offer a diagnosis or treatment options. If you would like more information please speak to your consultant or one of the nurses caring for you.

Getting ready for your operation
You will be provided with information about how to prepare for your operation, either by staff on the ward or during a clinic appointment. A nurse will discuss the operation with you. You may need to undergo some routine tests before your operation, eg. heart trace (ECG), x-ray, blood test. You will be asked some routine questions about your general health, the medicines you take at the moment and any allergies you have.

You will be asked to sign a consent form to say that you understand what you have come into hospital for and what the operation involves.

Smoking cessation
Smoking greatly increases the risk of complications during and after surgery. The sooner you stop the better. Even a few days before your operation can help to improve healing and recovery afterwards. For help and advice contact your GP.

On the day of the operation
For a time before certain types of anaesthetic you will need to stop eating, drinking and chewing gum. This will be explained to you and you may also be given a booklet about this. If you have any questions please contact the hospital - telephone number on your admission letter.

You will be asked to have a bath or shower before coming into hospital (if possible).

You will be given a theatre gown to wear. A porter will walk you to the anaesthetic room.
What sort of anaesthetic will I have?
Your operation is usually carried out under a general anaesthetic (you will be asleep throughout), although some women may be suitable to have the operation awake with a regional anaesthetic. The anaesthetist will visit you before your operation and discuss the anaesthetic with you.

What should I expect after the operation?
If you have had a general anaesthetic, you will have your pulse, blood pressure, breathing and wounds checked regularly by a nurse.

It is usual to feel drowsy for several hours. You will be given oxygen through a facemask until you are more awake.

Anaesthetics can sometimes make people feel sick. The nurse may offer you an injection if the sick feeling does not go away, this will help to settle it.

You may have a drip running into a vein in your arm/hand until you are eating and drinking again.

Going home
The operation is usually performed as a day case, which means there will be no overnight stay.

You must not drive or go home by public transport. Therefore, you must make arrangements for someone to collect you. It is not appropriate to go home unaccompanied in a taxi. Please note: hospital transport and ambulances are not normally available for day patients.

You will need a responsible adult at home with you for 24 hours.

You should rest quietly at home for the rest of the day and be aware that it could take 2 - 3 days before the weariness wears off.

**DISCHARGE INFORMATION AND AT HOME ADVICE**

<table>
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<tr>
<th>For 24 hours after a general anaesthetic, you must not:</th>
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<tr>
<td>• Drive a car or any other vehicle or cycle.</td>
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<tr>
<td>• Operate any machinery/domestic appliance or go back to work.</td>
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<td>• Do any strenuous exercise.</td>
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<td>• Drink alcohol. Please drink plenty of fluids, but not too much tea or coffee. A light diet is advised.</td>
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<td>• Lock yourself in the bathroom or toilet or make yourself inaccessible to the person looking after you.</td>
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<td>• Make any important decisions or sign any important documents.</td>
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<tr>
<td>• Be responsible for looking after small children.</td>
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<td>• Watch too much television, read too much or use a computer.</td>
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Pain relief
Many patients do not have any pain afterwards. However, you may feel a mild pain in your lower abdomen for the first day or so. If so, please take some Paracetamol - do not exceed the stated dose. Please make sure you have an adequate supply at home.

Bleeding
You may have some vaginal bleeding for a few days afterwards. This should not be heavier than a period and should gradually get less, becoming a brown discharge before it stops.

*If the bleeding or pain is worse than described above, or if you develop a temperature, please contact your GP who will either treat you or refer you back to the hospital.*

Sexual intercourse/penetration
You should not have sexual intercourse/penetration until the discharge subsides. Your next period may be heavy or light, early or late - anything irregular is not abnormal.

Returning to work
You may return to work as soon as you want and feel able.

Driving
You must not drive for at least 24 hours following your operation. Your insurance company may refuse to meet a claim if they feel you have driven too soon. It is also advisable to contact your insurance company with regards to cover following a general anaesthetic.

Follow-up appointment
Please hand your discharge letter to your GP’s surgery within the next 2 - 3 days.

If an outpatient appointment is needed, an appointment will either be sent to you through the post or given to you before you are discharged home.

If an outpatient appointment is not needed, you should see your GP in 6 weeks time for a check-up.

References
RCOG Consent Advice No. 1. Diagnostic hysteroscopy under general anaesthesia. Royal College of Obstetricians and Gynaecologists, London. October 2004

Please show this sheet to your GP if you need to see him/her.

If you have any queries, or require further information please contact Ward 209 on 01332 787209.