Hysteroscopy, D&C and endometrial biopsy

If you are considering a hysteroscopy, D&C and or an endometrial biopsy, this leaflet will give you information about the procedures and your recovery.

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What is a hysteroscopy?

A hysteroscopy is a procedure used to look at the inside of your uterus (womb). It is done using a hysteroscope which is a narrow ‘tube like’ telescope. The telescope is very slim and is carefully passed through the vagina and cervix and into your uterus.

A hysteroscopy is a common procedure done routinely as either an outpatient procedure or a day case.

What is it used for?

A hysteroscopy helps to give a clear diagnosis of the problems you are experiencing, such as abnormal vaginal bleeding, discharge or unexplained pelvic pain. It also helps to confirm if you have one of the following conditions:

- Fibroids – an overgrowth of the muscle of the uterus
- Polyps – a small skin tag which looks like a small grape on a stalk
- Endometrial cancer – cancer of the womb lining
- Adhesions (internal scar tissue) of the uterus
- Fertility problems

How is it performed?

Hysteroscopy is generally carried out in an Outpatient Clinic Area and usually takes approximately 10-15 minutes. Local anaesthetic is given to ease any discomfort. This means you will be awake and in control throughout the procedure.

A narrow telescope (camera) is passed along the vagina, through the cervix and into the uterus. The uterus is gently dilated using saline fluid to enable the surgeon to have a clear view. Fine instruments can be passed down the telescope (camera) to perform a biopsy or remove polyps.

Sometimes it is necessary to perform a hysteroscopy under general anaesthetic as some women are either unable to tolerate the procedure or need further treatment. This will involve admission to hospital as a day case if you are fit and well or you may require an overnight stay.

Endometrial biopsy

Treatment carried out during hysteroscopy may include a biopsy of the endometrium (lining of the uterus). This involves taking a small sample from the endometrium using a small plastic tube (pipelle) which is inserted into the uterus and the tissue is taken using
suction into the plastic tube. This can be uncomfortable but only lasts a few seconds. A nurse will be at your side throughout for support and reassurance.

**D&C (Dilation & curettage)**

The D stands for Dilation which means gently opening the neck of the uterus a little wider, and the C stands for Curettage which means that the thin covering of the inside of the uterus is partially removed using a gentle scraping action.

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**Consent, complications and risks**

You will need to sign a consent form before the procedure. It is important that you understand what is going to be done, why it is being offered, what alternatives there are and the risks and benefits to you in short and long term. The overall risk of serious complications from diagnostic hysteroscopy is approximately 2 women in every 1000 (uncommon).

- **Bleeding** (common) – this is usually very mild and similar to a period. Should it become very heavy and painful you should seek medical advice straight away.

- **Infection** (common) – this may cause an unpleasant smelling vaginal discharge but is easily treated with antibiotics

- **Perforation** – i.e. making a hole in the wall of the uterus with the surgical instruments (uncommon). This may require a further procedure.

- **Damage to the bowel, bladder or major blood vessels** (rare). This will require extra procedures for repair.

- **Infertility** (rare)

- **3 - 8 women in every 100,000 undergoing hysteroscopy die as a result of complications** (very rare)

- **Failed procedure** – Failure to gain entry into the uterine cavity and complete the intended procedure (uncommon). This means the procedure may need to be repeated at a later date; your gynaecologist will discuss this with you.
Recovery

You are advised not to drive yourself to or from the appointment.

After local anaesthetic

You will be required to stay in the clinic area for a further 20 minutes after the procedure where you will be offered a hot drink and be observed by the nurse as some women feel faint/light headed afterwards. You are advised to go home and rest and take pain relief if needed. It is also advisable to have a responsible adult with you for about 24 hours if possible.

After a general anaesthetic

A general anaesthetic can temporarily affect your co-ordination so you are advised not to drink alcohol or drive for 48 hours after the operation.

When you go home

It is normal to have some light bleeding for several days after a hysteroscopy depending on what was actually done. Please use sanitary pads rather than tampons. Sexual intercourse can be resumed after the bleeding has stopped or after approximately 10 days.

You should be able to return to work 1 – 2 days after your procedure.

It can take longer to recover if:

- you have a long term medical condition such as diabetes as healing may be slower and you may be prone to infection
- you smoke – you may be at increased risk of getting a chest or wound infection
- you are overweight – you can be at higher risk of complications such as thrombosis or infection
- There were any complications during the procedure
- If you have concerns about your recovery please talk with your GP.
**When should I seek medical advice?**

While most women recover well, complications can occur – as with any operation. You should seek medical advice from your GP, the hospital where you had your operation, or ShropDoc if you experience:

- **Burning and stinging sensation when you pass urine or you need to pass urine more frequently:** this may be due to a urine infection and you may need antibiotics.

- **Heavy or smelly vaginal bleeding or bleeding which starts again:** if you are also feeling unwell and have a temperature (fever), this may be because of an infection or a small collection of blood at the top of the vagina. Treatment is usually with a course of antibiotics. Occasionally you may need to be admitted to hospital for the antibiotics to be administered intravenously (into a vein). Rarely, the collection of blood may need to be drained.

- **Abdominal pain that gets worse:** if you are feverish, vomiting or don’t want to eat, this may be caused by damage to your bowel or bladder. You will need to be admitted to hospital.

- **Painful, red, hot, swollen leg:** this could be caused by a deep vein thrombosis (DVT). If you have chest pain, shortness of breath or cough up blood, this could mean that the clot has travelled to your lungs. You need emergency medical help.

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**Follow up**

If you have had a biopsy taken or polyps removed, the tissue is then sent to the laboratory for examination. You will be notified of the results by post and any further follow up will be made as appropriate in the Gynaecology Outpatient Clinic.

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**References:**

- RCOG 2008  Diagnostic hysteroscopy under general anaesthetic. Consent Advice no.1.
- RCOG 2011  Best practice in outpatient hysteroscopy GG.59
Other sources of information

NHS Choices
The UK's biggest health website, certified as a reliable source of health information:
www.nhs.uk

Patient UK
Evidence based information on a wide range of medical and health topics.
www.patient.co.uk

Patient Advise and Liaison Service (PALS)
PALS will act on your behalf when handling patient and family concerns, they can also help you get support from other local or national agencies. PALS, is a confidential service.

Princess Royal Hospital, Tel: 01952 282888
Royal Shrewsbury Hospital, Tel: 0800 783 0057 or 01743 261691
Website: www.sath.nhs.uk

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