

Hysteroscopy (general anaesthetic) Information leaflet

What is a hysteroscopy?

Hysteroscopy is an investigation to assist us in making a diagnosis.

What does the operation involve?

You have been advised to have a hysteroscopy with resection of either a polyp or fibroid. This will involve a general anaesthetic. Under the anaesthetic, the doctor will gently dilate the cervix (neck of the womb) passing a telescope from the vagina through the cervix to view the inside of womb. (This is similar to an outpatient hysteroscopy, which you may have had under local anaesthetic.)

This fine telescope enables the surgeon to inspect the lining of the womb. If the polyp/fibroid is confirmed, this will then be resected (cut away).

Any sample of tissue from the womb will be sent to the pathology department for examination under the microscope. Your doctor will write to you and your GP with the laboratory results at a late date.

Risks of the procedure

This is a safe operation, which is performed very frequently. However, you should be aware of a few recognised risks.

There is a small risk of infection and you may be given a course of antibiotics if a large amount of tissue is removed.

There is less than 1 in 100 chance of perforation of the uterus (making a hole in the wall of the womb). This is not usually serious, but if a perforation is suspected you may require a laparoscopy. This is an examination of the abdomen with a similar telescope through a cut near your umbilicus (belly button). This would be done under the same anaesthetic.

In about 1 in 1000 operations a perforation of the womb is followed by damage to another organ, such as the bowel or bladder. If this occurs, you would need a more major operation (a laparotomy), this is an incision into the abdomen to repair the damage. This would also be done under the same anaesthetic. You would then be transferred from the Day Surgery Unit and admitted to the main hospital for a few days.

There is a very small possibility that the surgeon is unable to visualise the lining of the womb. In this case a further plan would be discussed with you after the procedure.

These complications would have been discussed with you at the time of signing your consent form.



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Following your surgery:

- You may experience some vaginal bleeding; you may also notice a brown discharge. Depending on the size of your polyp/fibroid that was resected these symptoms may last from a few days up to a month.
- If you have been prescribed a course of antibiotics please take as instructed.
- Whilst you continue to bleed or have a brown discharge do not have sexual intercourse, and use external sanitary towels only not tampons, to reduce the risk of infection and to allow healing to take place.
- Do not 'douche' (wash out) or use any internal vaginal products.
- You may have a quick bath/shower after 24 hours, thereafter daily.
- You may experience some mild to moderate pain. This can be relieved by taking painkillers. If on discharge you are given 3-5 days supply of painkillers, these may be taken as prescribed; otherwise Paracetamol or similar pain relieving medication is appropriate.

We will write to you and your GP with the results from this investigation.

If your procedure is straightforward you will not routinely return for an outpatient appointment and will be returned to the care of your GP.

Contact your GP or GP out-of-hours service if:

- You have severe abdominal pain.
- Any vaginal bleeding your experience increases to more than you would consider being a heavy period.
- The loss contains large clots of blood.
- You develop a smelly and/or offensive discharge.

Should you have any queries regarding your appointment or procedure please contact the Rylon Clinic on 02031287079 or contact@rylonclinic.com