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Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

HYSTEROSCOPY

The Procedure Explained Information and Consent Form

Please bring this booklet with you

Hysteroscopy information

You have been advised by your GP or hospital doctor to have an investigation known as a hysteroscopy.

This procedure requires your formal consent.

If you are unable to keep your appointment, please notify the Post-Menopausal Bleeding Scheduling Office on **Tel 01633 234583** as soon as possible. This will enable the staff to give your appointment to someone else and they will be able to arrange another date and time for you. Please bring this booklet with you when you attend.

An appointment for your Hysteroscopy has been arranged at:-

**The Ambulatory Unit
Nevill Hall Hospital
Brecon Road
Abergavenny
NP7 7EG**

Telephone 01873 733239

Please telephone the Post-Menopausal Bleeding Scheduling Office if this is not convenient or you would like to discuss any aspect of the procedure before your appointment. This booklet has been written to enable you to make an informed decision in relation to agreeing to the investigation and whether you wish sedation to be used.

At the back of the booklet is a consent form.

The consent form is a legal document therefore please read it carefully. Once you have read and understood all the information including the possibility of complications and you agree to undergo the investigation, please sign and date the consent form. You will notice that the consent form is carbonised, keep a copy for your records, so please fill it in whilst it is still attached to this booklet.

If however there is anything you do not understand or wish to discuss further do not sign the form but bring it with you and sign it after you have spoken to a Health Care Professional.

Why do I need to have a Hysteroscopy?

You have been advised to undergo this investigation to help find the cause for your symptoms, thereby facilitating treatment, and if necessary to decide on further investigations.

The main reasons for this investigation include:-

1. Abnormal uterine bleeding
2. Thickened lining of the womb

What if I have heavy bleeding at the time of the appointment?

You have been referred due to post-menopausal bleeding, it is important that you attend for the appointment given even if you are bleeding.

What is a Hysteroscopy?

In clinic we carry out a test called hysteroscopy. A hysteroscopy allows the doctor to look into the womb using a fine telescope called a hysteroscope. The hysteroscope is passed gently through the neck of the womb (cervix). We use saline to help pass the hysteroscope into the womb. The neck of the womb may need dilatation before the procedure. You may need a local anaesthetic into the cervix prior to this.

The doctor will then take a sample of tissue from the womb lining (a biopsy). Sometimes simple skin tags (polyps) are found in the womb and it may be possible for these to be removed during the hysteroscopy. Photographs can be taken for record and documentation purposes.

Every effort will be made to ensure we respect your dignity throughout your stay.

Preparation

We advise that you have a good meal, either breakfast or lunch depending on the time of your appointment and to take 1g Paracetamol and 400 mg Brufen (if you have no allergies or intolerances) prior to your procedure.

What about my medication?

Routine Medication

Your routine medication should be taken. Please bring a list of these with you when you attend along with your reading glasses, if you need any.

Anticoagulants/Allergies

Please telephone the unit as soon as you receive the appointment if you are taking Warfarin or other blood thinners including Aspirin, Clopidogrel or Apixaban for further instructions. You will need an up-to-date INR if you are on warafarin.

Please telephone for information if you think you have a latex allergy.

How long will I be in the Hysteroscopy Department?

Overall you may expect to be in the Hospital for 1-2 hours, unless you feel unwell and we require you to be observed a little longer.

What happens when I arrive?

When you attend the Hysteroscopy clinic the Clinician will ask you questions about your problems and any concerns that you have been having. If you have not already had an ultrasound scan, the Consultant will firstly perform an internal transvaginal scan. This involves insertion of a probe inside the vagina to get a clear image. The probe is covered with a sheath. **(Please inform the clinician if you have a latex allergy)**

If you are contacted by the Radiology Department to arrange an ultrasound scan with their Department and they are unable to offer you an appointment before the date we have arranged with you, then do not worry as both will be done at the Post-Menopausal Bleeding Clinic appointment. Depending on the results of the ultrasound scan performed prior or in clinic will determine if a hysteroscopy is needed for a more in depth look inside the womb (uterus) and to determine if further treatment is needed.

You should bring your signed consent form which will be confirmed by the Hysteroscopist.

The Investigation

The nurse will ask you to lie on the couch. The examination takes 20-30 minutes to complete, and you will be fully awake. Some patients experience discomfort. If you find the procedure uncomfortable, please discuss this with the clinician.

During the procedure samples (a biopsy) may be taken from the lining of the womb for analysis in our Laboratory. These will be retained. Any photography will be recorded in your notes.

Local anaesthesia

You will be offered local analgesia. This depends on the type of procedure. This can be either a LA gel or a local anaesthetic injection into the cervix before insertion of the telescope and/ or dilatation of the cervix before insertion of the telescope and polyp removal.

Risks of the procedure

Hysteroscopy is classified as an invasive investigation and because of that it has the possibility of associated complications. These occur extremely infrequently; we would wish to draw your attention to them and so with this information you can make your own decision. The Clinician who has requested the test will have considered this very carefully before recommending that you have it and as with every medical procedure the risk must be compared to the benefit of having the procedure carried out. The risks are small but can be associated with the procedure itself.

Frequent risks

Frequent risks include:

- Pain
- Infection
- Feeling faint/fainting
- Bleeding from the site of the biopsy or polyp removed. Typically minor in degree, such as bleeding, may either simply stop on its own, or if it does not, will be controlled with treatment.
- Failed procedure due to patient discomfort

Serious risks

- Serious risks include:
- The overall risk of serious complications from diagnostic hysteroscopy is approximately two women in every 1000 (uncommon)
- Damage to the uterus, including perforation (uncommon)
- Damage to bowel, bladder or major blood vessels (rare)
- Failure to gain entry to uterine cavity and complete intended procedure (uncommon)
- Infertility (rare)
- Three to eight women in every 100 000 undergoing hysteroscopy die as a result of complications (very rare).

Any extra procedures which may become necessary during the procedure

Laparoscopy or laparotomy in the event of perforation.

Hysteroscopy, polypectomy

What is a polyp?

A polyp is a protrusion from the lining of the womb in to the uterine cavity caused by an abnormal multiplication of cells. Some polyps are pedunculated (look like a grape) and are attached to the womb by a stalk and some are sessile polyps which attach directly onto the womb without a stalk. Polyps when found are generally removed or sampled by the Clinician, and will be sent for histology, as they may grow and cause problems.

Polypectomy

Removal of the polyp may be done immediately or at a second appointment. This decision will be made by your Consultant. A polyp may be removed in one or two ways, using electrical diathermy or mechanical device, MyoSure. This device is passed via the hysteroscope into your womb and removes the polyp by mechanical means.

After the procedure

You will be allowed to rest in the recovery area, and any necessary observation made. Before you leave the Department, the Nurse or Clinician will explain the findings and any medication or further investigations required. The Clinician will also inform you if you require further appointments.

Discharge instructions following hysteroscopy

Occasionally afterwards you may experience period type pain. This should be relieved by Paracetamol/Brufen tablets, which will be given to you in the clinic if you have not already taken tablets and need them. When your Nurse feels that you have recovered enough she will discharge you from the Unit to the safety of your relative/friend as you will need someone to take you home following the procedure.

When you are at home

You may experience some spotting or blood loss that will require a pad to be worn. You may also want to take painkillers, e.g. the recommended dose of Paracetamol. To reduce the risk of infection we advise you for one week not to:-

- Have sexual intercourse
- Go swimming
- Use tampons
- Sitting in a bath
- Watch out for offensive smelling discharge, flu like symptoms, heavy bleeding which may indicate infection

When will I get the results?

When the results of the tissue sample from your womb (biopsy) have been received, the Clinician will write to you and your General Practitioner and suggest any further treatment needed. In some cases the sample will be reported as inadequate, this is a normal finding.

This will take approximately 4 weeks.

If you have any heavy bleeding or worries following your appointment, please contact us on the following numbers:-

Ambulatory Unit - 8.00am – 4.00pm

**Emergency Gynaecology Assessment Unit, The Grange University
Hospital Out of Hours – 01633 493557/493985**

General points to remember:-

- If you are unable to keep your appointment please notify the Post-Menopausal Bleeding Clinic as soon as possible.
- It is our aim for you to be seen and investigated as soon as possible after your arrival. However, the Department is very busy and your investigation may be delayed. If emergencies occur, these patients will obviously be given priority over the less urgent cases.
- The Hospital cannot accept any responsibility for the loss or damage to personal property during your time on these premises.
- Please bring with you a list of your current medications and your reading glasses.

PLEASE REMEMBER TO SIGN YOUR CONSENT FORM AT THE BACK OF THE BOOKLET AND BRING IT WITH YOU.

YOU WILL NEED TO BRING SOMEONE WITH YOU TO TAKE YOU HOME FOLLOWING THE PROCEDURE.

References

1. Hysteroscopy, Best Practice in Outpatient (Green-top Guideline No. 59) Published: 27/04/2011
2. Royal College of Obstetricians and Gynaecologists. *Obtaining Valid Consent*. Clinical Governance Advice No. 6. London: RCOG; 2008 [www.rcog.org.uk/womens-health/clinical-guidance/obtaining-valid-consent].
3. Royal College of Obstetricians and Gynaecologists. *Presenting Information on Risk*. Clinical Governance Advice No. 7. London: RCOG; 2009 [www.rcog.org.uk/womens-health/clinical-guidance/presenting-information-risk].
4. Jansen FW, Vredevoogd CB, van Ulzen K, Hermans J, Trimbos JB, Trimbos-Kemper TC. Complications of hysteroscopy: a prospective,, multicenter study. *Obstet Gynecol* 2000;96:266–70.

Patient identifier/label

Patient agreement to Gynaecology investigation or treatment:

Name of procedure: Hysteroscopy, Endometrial Biopsy & Polypectomy
Inspection of the uterine cavity with or without biopsy, photography,
removal of polyps. Biopsy samples will be sent to the lab.

Statement of patient/parent

You have the right to change your mind at any time, even after you
have signed this form).

I have read and understand the information the information in the
attached booklet, including the benefits and any risks.

I agree to the procedure described in this booklet and on the form.

I understand that you cannot give me a guarantee that a particular
person will perform the procedure. The person will, however, have
appropriate experience. When a trainee performs the examination it will
be undertaken under the supervision of a fully qualified practitioner.

Signature:

Name (print): Date:

If you would like to ask any further questions please do not sign the
form now. Bring it with you and you can sign it after you have talked
with a healthcare professional

Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure, if the patient/parent has signed the form in advance)

I have confirmed that the patient/parent understands what the procedure involves, including the benefits and any risks. The patient has no further questions and wishes the procedure to go ahead.

Signed: Date:

Name (PRINT):

Job title:

Statement of health professional (to be filled in by the health professional with appropriate knowledge of proposed procedure, as specified in consent policy). In response to a request for further information have explained the procedure to the patient/parent. In particular I have explained:

The intended benefits:

- To diagnose and treat a possible cause of your symptoms

Significant, unavoidable or frequently occurring risks:

- Endoscopy risks: Perforation, bleeding, pain, infection, failed procedure

I have also discussed what the procedure is likely to involve the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of those involved.

Signed: Date:

Name (PRINT):

Job title:

Statement of interpreter (where appropriate) I have interpreted the information above on the patient/parent to the best of my ability and in a way in which I believe she can understand.

Signed: Date:

Name (PRINT):

Job title:

Distribution: 1st COPY: HOSPITAL; 2ND COPY: PATIENT

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Local Health Board

**“This document is available in Welsh /
Mae’r ddogfen hon ar gael yn Gymraeg”.**