



Preparing for a hysteroscopy

What is a hysteroscopy?

A hysteroscopy is an operation to look at the inside of your womb (uterus). A narrow telescope (called a hysteroscope) lets your surgeon look at the inside of your womb. This telescope is passed through your vagina and the entrance to your womb (cervix) so doesn't require any cuts to be made in your skin. This procedure can be carried out either at an outpatient clinic or at a hospital.

What type of anaesthetic will I have?

Your gynaecologist might be able to do this procedure in the clinic using a smaller hysteroscope. If so, a local anaesthetic injection can then be used to numb the entrance to your womb (cervix).

If you have the procedure done in a hospital operating theatre you may be given:

- a **general anaesthetic** – anaesthetic drugs make you unconscious, so you are completely unaware throughout your operation
- a **local anaesthetic** to numb your cervix
- a **spinal anaesthetic** – an injection in your lower back to numb your lower body
- you may also be offered **sedation** (medicine to relax you).

The medical team will discuss with you which option is most appropriate for you based on your health, age and type of procedure.

How long will I be in hospital for?

You should be able to go home the same day.

Before the operation

- Consider what you can do to improve your health before the operation. Stopping smoking, reducing alcohol consumption, eating more healthily and exercising have all been shown to help patients recover more quickly after surgery. Ask your GP practice about lifestyle support available to you. Don't worry if your surgery is at short notice and you don't have time to make changes beforehand. It is still helpful to consider these in case you need further surgery.
- If you have existing medical conditions (eg diabetes, high blood pressure, chest or heart disease) check with your GP that your medication is up to date and as effective as it can be. This can help prevent delays to your surgery and give you the best chance of your operation and recovery going well.



Preparing for surgery | Hysteroscopy

- You should take your normal medication to the hospital. The staff will advise you on how to take it on the day of the operation.
- Remember to wear any hearing aids and take some spare batteries.
- It is normal to feel anxious about an operation. To help you relax before and after your surgery think about bringing some headphones and music with you, or something to read. Consider learning some breathing exercises or relaxation techniques.
- On the morning of your operation (or the previous evening), you should have a bath or shower, as this can help to reduce the risk of infection.
- The hospital will advise you on when to stop drinking and eating (the day of the operation). If you drink plenty of water before this time, you will certainly feel better and may even reduce complications.
- Make sure you have some over-the-counter painkillers (to take as advised by the hospital or clinic) and sanitary towels available at home. Although recovery from a hysteroscopy is not usually painful, you may experience some discomfort similar to period cramps.
- If you are having a general anaesthetic, spinal anaesthetic or sedation for your procedure, you should arrange for an able-bodied adult to take you home and be with you the first night at home after surgery. If you have others you care for, you should arrange appropriate help for them too.
- You should be able to drive 24 hours after your anaesthetic or sedation, provided you feel well enough to do so.
- You should consider taking one or two days off work to recover.



After the operation

- Recovery after a hysteroscopy is usually quick.
- You may feel a bit drowsy or unsteady at first.
- It is normal to experience some discomfort and cramping like period pains.
- You may have some light bleeding or spotting for a few days.

Research has shown that on the first day after a hysteroscopy:*



2 in 3
women reported
feeling drowsy



2 in 3
women reported
feeling thirsty



just over 1/3
of women had
moderate pain



less than 1 in 10
women had
severe pain

*Walker EMK et al. Patient reported outcome of adult perioperative anaesthesia in the United Kingdom: a cross-sectional observational study. *Br J Anaesth* 2016;**117**:758–766.

Recovering at home

- If you've had a general anaesthetic you may feel tired afterwards for a day or two as your body recovers. It's a good idea to take things easy and not make too many plans for the few days after you get home.
- If you have discomfort or period/cramp-like pains, you should take painkillers as instructed by the hospital.
- You should avoid having sex for a week, or until any bleeding has stopped, to reduce the chance of infection.
- The light bleeding or spotting can last for up to a week. You should avoid tampons and use sanitary towels instead to reduce the risk of infection.
- Most people will need to take one or two days off work. You can self-certify for this, but you can ask for a fit (sick) note to cover this period from the hospital.
- You can start driving again after 24 hours if you feel well enough to do so.

Things to look out for at home

You should contact your GP or the hospital where you had your surgery if:

- you have severe pain that is not helped by regular painkillers
- if you are having to change sanitary towels more frequently than normal
- you pass bright red or large clots of blood
- you develop a foul-smelling vaginal discharge
- you have a high temperature/fever over 38°C.

These symptoms may occur if you have developed an infection and may need further treatment, usually with antibiotics.

If you feel very unwell you should go to your nearest accident and emergency department as soon as possible.



Additional resources available online

Royal College of Anaesthetists

- Preparing for surgery: Fitter Better Sooner toolkit and animation (bit.ly/RCoAPI-FBS)
- You and your anaesthetic (bit.ly/RCoAPI-YAYA)
- Your spinal anaesthetic (bit.ly/RCoAPI-YSA)
- Caring for someone who has had a general anaesthetic or sedation (bit.ly/RCoAPI-Carer)
- Risks associated with your anaesthetic (bit.ly/RCoAPI-Risk)
- Patient information series (bit.ly/RCoAPI-leaflets)

NHS Choices

- Hysteroscopy (bit.ly/2JVu76O)

Royal College of Obstetricians and Gynaecologists

- Outpatient hysteroscopy (bit.ly/2M4JWLh)





Royal College of Anaesthetists



Tell us what you think

We welcome suggestions to improve this leaflet. If you have any comments that you would like to make, please email them to patientinformation@rcoa.ac.uk

This leaflet has been reviewed by the RCoA Patient Information Group (which includes lay members) and by the RCoA Professional Standards Advisory Group.

Royal College of Anaesthetists

Churchill House, 35 Red Lion Square, London WC1R 4SG

020 7092 1500 | patientinformation@rcoa.ac.uk | www.rcoa.ac.uk/patientinfo

 @RCoANews

 RoyalCollegeofAnaesthetists

First Edition 2018

This leaflet will be reviewed within five years of the date of publication.

© Royal College of Anaesthetists (RCoA)

This leaflet may be copied for the purpose of producing patient information materials. Please quote the original source. If you wish to use part of this leaflet in another publication, suitable acknowledgement must be given and the logos, images and branding removed. For more information, please contact us.