



Outpatient Hysteroscopy

Patient Information



What is an outpatient hysteroscopy?

A hysteroscopy is a way of examining the inside of the womb by passing a thin telescope through the vagina and cervix (neck of womb). Fluid is passed inside the womb at the time of the procedure to aid vision. It can be used to detect abnormalities of the womb, which may impact on fertility such as polyps, fibroids, uterine septum and scar tissue. A biopsy can be taken at the same time to assess for conditions such as inflammation, which may impact on fertility. It may be possible to remove small polyps at the time of hysteroscopy, however larger polyps, fibroids or a septum would need to be dealt with via a further procedure, usually under a general anaesthetic.

How will I feel during the procedure?

Most women experience mild discomfort (period like pain) with an outpatient hysteroscopy. We would recommend you take some over the counter painkillers (e.g. Paracetamol and Ibuprofen) two hours before the procedure to reduce discomfort. It is not unusual to feel a little damp during the procedure – this is the fluid running out. Some women can feel light headed or faint during the procedure. It is important to let the doctor or nurse know if this is the case. It may be necessary to stretch (dilate) the neck of the womb to allow the camera to pass. If this is necessary some local anaesthetic would be injected into the neck of the womb to reduce discomfort. If at any time you are finding it too uncomfortable please let the doctor undertaking the procedure know and the procedure will be stopped.



**Dr Amanda Jefferys -
Outpatient Hysteroscopy**



How long will it take?

The procedure will take approximately 10-15 minutes. We would ask that you arrive at the centre 15 minutes prior to your procedure when you will be asked to produce a urine sample for a pregnancy test. You will be asked to stay at the centre for 10-15 minutes after the procedure to make sure you feel well. It is a good idea to arrange for someone to pick you up after the procedure rather than driving home yourself in case you are experiencing any discomfort.

Can I continue to try to conceive prior to having the procedure?

The procedure can be undertaken at any time during the cycle. We would advise you to avoid trying to conceive in the cycle in which you have the hysteroscopy. We would not be able to undertake the procedure if there is a chance you could be pregnant. We will undertake a pregnancy test on the day of the procedure.

Studies into PGS

Many years ago, the PGS test was performed by a technique called FISH (fluorescent in situ hybridisation), which only looked at limited number of chromosomes in the embryo. These early studies were not effective at increasing the likelihood of a live birth. Technology has since improved and genetics labs are now able to use tests that detect all the chromosomes and are therefore more effective.

Recent studies using these new techniques showed that the chances of an embryo with a normal number of chromosomes producing a baby was more than 25% higher than those chosen based on the look of the embryo (morphology). While these results are extremely promising, they have not yet been replicated by other IVF centres. There needs to be further robust clinical and laboratory trials to assess whether or not PGS can significantly increase live birth rates. Although there are studies reporting improvements in IVF success rates using PGS, it is important to appreciate that there is other research suggesting that



chromosome testing is of no benefit. There is also data suggesting that PGS may be of no benefit to patients with less than 3 embryos suitable for biopsy, although this is always a discussion the embryologist will have with you on the day of biopsy.

What are the risks of the procedure?

The vast majority of women who undergo this procedure do not suffer any complications, however, as with any procedure there is a small risk of complications, these include:

- **Infection.** The risk of this is small (<1:400 cases). Signs of this include abdominal (tummy) pain, smelly vaginal discharge or feeling feverish / unwell. If you develop any of these symptoms after the procedure please contact the centre during working hours or the doctor on call for the centre out of hours.
- **Bleeding.** Bleeding tends to be light and will usually settle over the next couple of days. If you experience any heavy bleeding please contact the centre during working hours or the doctor on call for the centre out of hours.
- **Damage to the wall of the uterus (perforation)** .The risk of this occurring at the time of a diagnostic hysteroscopy is 1:1000 cases, but is slightly higher if a polyp is being removed. If it was to happen you may need a period of observation possibly in hospital. In all likelihood no further treatment is necessary but there is a small risk of needing surgery to repair the perforation.
- **Failure to complete procedure.** There is a small risk that we may not be able to access the cavity of your womb, in which case we would advise you to have the procedure under a general anaesthetic, this would be planned for another day.

How will I feel after the procedure?

After the procedure you may experience some mild period like pains and some light vaginal bleeding which should settle over the following 12-24 hours. We would advise taking Paracetamol or Ibuprofen for this. If you experience any severe pain, heavy bleeding or feel unwell we would advise calling the centre during daytime hours or the doctor on call for the centre out of hours.

When will I know the results?

You will be informed of the findings by the doctor at the time of the procedure, however you will need a follow up appointment to discuss the results and plan next steps. If a biopsy is taken it will take 2-3 weeks to obtain a result, this result will be discussed at your follow up appointment.



Address

BCRM - Bristol Centre for Reproductive Medicine
135 Aztec West
Almondsbury
Bristol
BS32 4UB



Telephone

0117 259 1159



Email

Contact@BCRM.clinic

