

MR KAMRAN SAFDAR RAO

MCRS MRCOG

Consultant in Obstetrics and Gynaecology

HILARY BELTON, PRIVATE PATIENT MANAGER: 07795 494399/07838 925164

hilary.belton@nhs.net



NHS CHOOSE & BOOK PATIENTS - INFORMATION AND BOOKINGS TEL: 01206 753264 (OAKS MAIN SWITCHBOARD)

INFORMATION ON HYSTEROSCOPY

What is it and how is it performed?

Hysteroscopy means looking into the womb with a small telescope around 6-7 mm in diameter to allow a good view of the inner lining of the womb. A sample (biopsy) of the lining of the womb is usually taken at the same time (D & C – dilatation and curettage (biopsy)).

Why is it performed?

Hysteroscopy may be performed because of painful or heavy periods or for irregular vaginal bleeding around the time of (or after) the menopause. In order to exclude cancer of the womb or fibroids/polyps (small benign growths of the womb).

How is it performed?

It is usually performed under a general anaesthetic and the neck of the womb is gently dilated to 6-7 mm and the telescope is passed through the neck of the womb (cervix) into the womb and sterile saline solution is infused into the womb to aid visualisation. This allows a view in 3D and colour (unlike ultrasound in 2D and black and white). The hysteroscopy can be performed under local anaesthetic (with you awake) also.

Complications of surgery:

<1% of women will experience a complication of surgery. Very rare but serious complications include:

Uterine perforation (0.76%) – hole made in the uterus. Another operation (keyhole surgery on the abdomen may sometimes be required in such circumstances to check there is no more serious complications such as bleeding from the womb or damage to internal organs).

Failure to visualise the uterine cavity – very rarely it is not possible to view the cavity of the womb. This may be because the opening to the neck of the womb is unusually tightly closed.

Pelvic infection.

More frequent complications include:

Vaginal bleeding and discharge.

Pelvic or shoulder pain.

Conclusion:

Thus most (99%) of operations are without complications and on average most patients will go home the same day.

I hope you find the above information helpful but if you have any questions please do not hesitate to contact me.

Mr Kamran Safdar Rao MCRS MRCOG
Consultant in Obstetrics & Gynaecology

CORRESPONDENCE TO:
THE OAKS HOSPITAL
MILE END ROAD
COLCHESTER
CO4 5XR