

Gynaecology Diagnostic Outpatient Appointment

You have been referred by your GP to our Gynaecology clinic. This leaflet explains what to expect in this appointment and how to prepare for it. If you have any further questions, please speak to a doctor or nurse caring for you.

Depending on your presenting symptoms you will be seen by the doctor who will take a history and proceed to offer a scan and / or hysteroscopy. Both procedures are explained below.

Ultrasound scan

Why have I been referred for an ultrasound scan?

You may have been referred by your GP (or other health care professional) because of one of the following reasons:

- very heavy periods (menorrhagia)
- bleeding in between periods
- irregular bleeding whilst on hormonal replacement treatment
- two-week rule clinic - post menopausal bleeding only (bleeding after the menopause)
- two-week rule - abdominal bloating
- suspected ovarian cysts
- pelvic pain
- displaced Mirena coil.

What is an ultrasound scan?

An ultrasound examination obtains a picture of the inside of the body without the use of x-rays. It is a very safe technique using high frequency sound waves which are transmitted through a part of the body and reflected by the internal organs and structures. These 'echoes' form a picture on a television screen, which can be analysed to give information about the organs seen. All images are stored in your medical records.

Ultrasound is very safe and there are no known risks.

How is a gynaecology scan carried out?

Pelvic ultrasound scans can be carried out in two ways:

- **Transvaginal:** This scan involves a probe to be placed inside the vagina so that it is closer to the pelvic organs being examined. This provides clearer pictures of the uterus, ovaries and any potential abnormalities that may lie deep in the pelvis. This scan does not hurt and is considered by most women to be less uncomfortable than a cervical smear.

You will be asked to **empty your bladder** before the scan. If you have a tampon or menstrual cup it should be removed at this point.

- **Transabdominal:** This scan is carried out if you have never been sexually active or if you decline a transvaginal scan. A probe is placed on the lower part of your abdomen. This also allows examination of the pelvic organs but not as close if the pelvic organs are deep in the pelvis.

You will be asked to have a **full bladder** for this scan so please let the nurse know if you are planning to have a transabdominal scan so that you do not empty your bladder.

Both scans take 15-20 mins to perform and your clinician will explain the results and advise further management after the scan.

What are the risks?

Ultrasound is very safe and there is no known long-term risk.

There may be some discomfort but please let the clinician know if you are not able to tolerate it and they will stop.

The probes used for transvaginal probes can be latex so if you have a latex allergy please inform the clinician so an alternative can be used.

Outpatient Hysteroscopy

Why have I been referred for an outpatient hysteroscopy (OPH)?

You may have been referred by your GP (or other health care professional) for an OPH because of one of the following reasons:

- very heavy periods (menorrhagia)
- bleeding in between periods
- irregular bleeding whilst on hormonal replacement treatment
- removal of a coil when threads are not visible at the cervix
- fertility investigations.

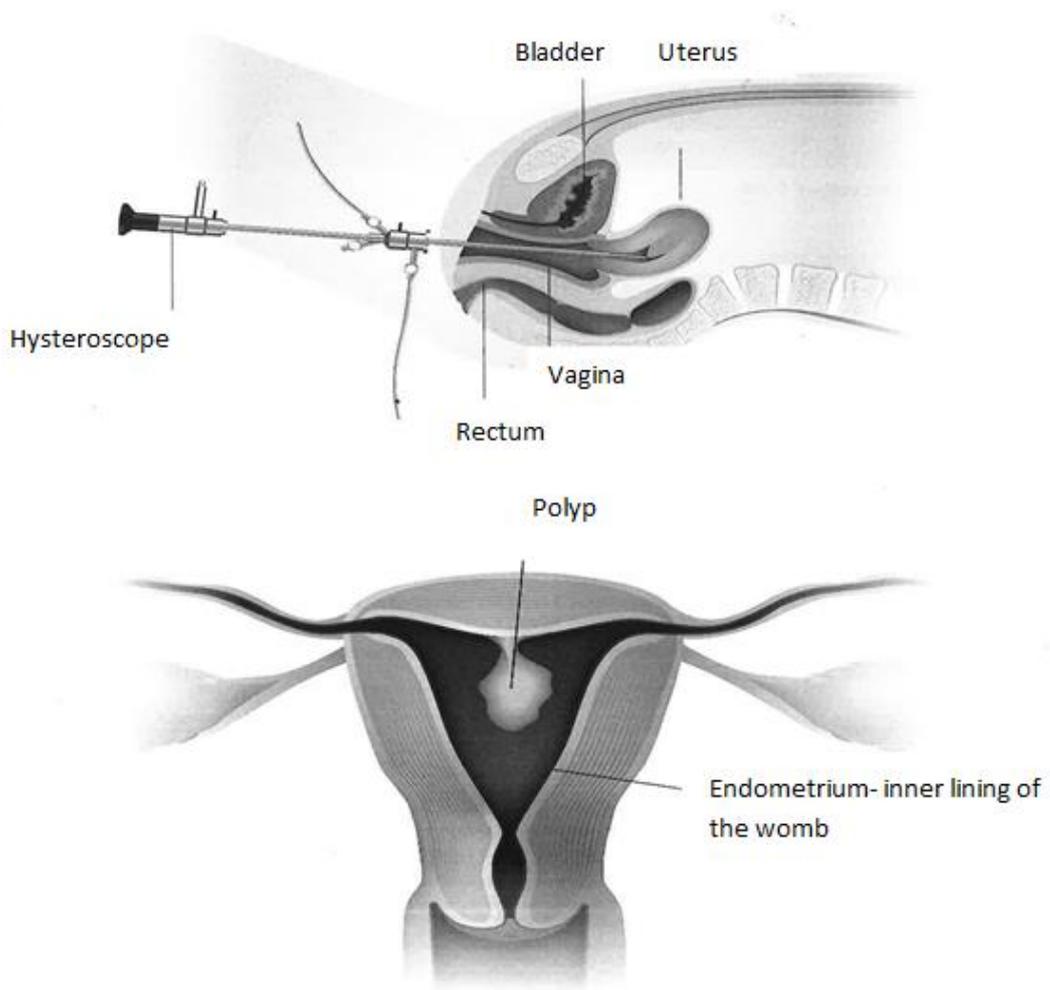
- to investigate something seen inside the uterus on an ultrasound scan, such as an endometrial polyp or fibroid
- two-week rule clinic - post menopausal bleeding only (bleeding after the menopause).

What is an outpatient hysteroscopy (OPH)?

Outpatient hysteroscopy (OPH) is a procedure that involves looking at the inside the womb (uterus). This is done using a thin telescope-like device with a camera at the tip called a hysteroscope. It is gently passed into the vagina and through the neck of the womb (cervix) to examine the inside of the womb. We use sterile fluid to dilate the cavity for the healthcare professional doing the procedure to visualise if there is a cause for your bleeding inside the womb or decide that further investigation or treatment is required.

The procedure usually takes approximately 10 minutes but can take longer if you are having any additional procedures.

Hysteroscopy is the most accurate method of examining the inside of the womb.



RCOG 2018

Sometimes we need to carry out an additional minor procedure at the same time as assessing the womb. This may include:

- Endometrial biopsy – taking a sample from the lining of the uterus. This can be done through the hysteroscope or after inserting a speculum and passing a thin tube through your cervix. You will experience period-like pain during this procedure but the pain should not last long.
- Polyp removal – a polyp (grape-shaped fleshy growth, like a skin tag) inside the uterus, resulting from an overgrowth of the lining of the uterus.
- Small fibroid removal – fibroids are an overgrowth of the muscle wall of the uterus (myometrium) that is non-cancerous (benign). They can sometimes bulge like a polyp into the lining of the uterus and be a cause of irregular bleeding. Your healthcare professional may advise removal to help with your symptoms.
- Insertion of a hormone-releasing intrauterine device (for example, Mirena).
- Removal of a coil from the uterus.

What are the risks?

The risks associated with an OPH are minimal as you are always awake and in control. You can let us know if you need additional pain relief, you would like us to stop or are feeling unwell.

- **Pain** during or after OPH - this is typically like period pain. Taking pain relief medications (paracetamol and ibuprofen) does help. On occasion, women may experience severe pain. During the procedure, we will be assessing and monitoring you but let us know if you would like further pain relief.
- **Failed / unsuccessful OPH** - Sometimes it is not possible to pass the hysteroscope inside your uterus. Usually this happens when the cervix is tightly “closed” or scarred. If this happens, your healthcare professional will discuss alternative options with you.
- **Bleeding** – after the procedure, you may experience a small amount of bleeding (lighter than a period). This should settle in a few days. If it becomes heavy (passing large clots or changing a sanitary pad more than twice an hour over a two hour period), seek medical assistance.
- **Infection** – this is uncommon (1 in 400 women, RCOG 2018). If you experience a smelly discharge, fever or severe pain in the tummy, contact your GP
- **Vasovagal syncope** – this is when you may experience feelings of light headedness or feeling faint. This may happen when we dilate the neck of the womb (cervix).
- **Uterine perforation** – **this is a very rare complication**, when a small hole is accidentally made in the wall of the uterus. This occurs in less than 1 in 1,000 diagnostic hysteroscopy procedures but is slightly more common if someone has a polyp or fibroid removed at the same time. It may mean that you need to stay in hospital overnight for observation. Occasionally, a further procedure (laparoscopy) may be required.

Consent

All the benefits and risks will be explained to you and written consent will be obtained for the procedure and for us to take images of your womb with the hysteroscope before the procedure takes place. **The images will be added to your medical records.** You'll have the opportunity to ask any questions you may have about the procedure. If you feel anxious about anything we discuss with you, let us know.

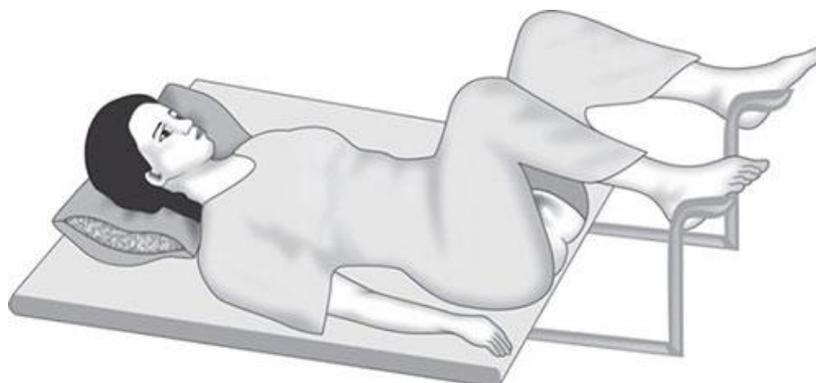
How can I prepare for a hysteroscopy?

Most women tolerate the OPH if they take pain relief **before** the procedure. Everyone's experience of pain is different and some women find the procedure very painful. If it is too painful for you, let your healthcare professional know, as the procedure can be stopped at any time if you wish.

- **Take 1g paracetamol and 400mg of ibuprofen (if there are no contra-indications or allergies) an hour before your appointment time**
- **Eat and drink as normal before the procedure**
- **We will routinely do a urine pregnancy test prior to the procedure for all women below the age of 55 years. If you have had unprotected sexual intercourse since your last period, the hysteroscopy will be postponed in case there is a risk of pregnancy.**
- **If you think you may be pregnant, please attend the appointment but let one of the nursing staff know on arrival.**

What happens during the procedure?

During your appointment, you will meet the medical professional doing your procedure as well as two members of our nursing team. You will be asked to undress from the waist down, cover yourself with a sheet and lie on the procedure couch, with your legs elevated and feet resting in padded stirrups as illustrated below. We aim to maintain your privacy and dignity throughout.



During the procedure, you will be continually assessed and supported by one of our nurses or healthcare assistants who are there to help you feel as comfortable as possible.

Do let them know if you need further pain relief or if you need us to stop the procedure at any point.

Sometimes we may need to use a speculum to visualise the cervix (like when you have a smear test) or to offer a local anaesthetic injection into your cervix.

The hysteroscope will be inserted into your vagina and through the neck of the womb. We dilate the cavity of the womb with sterile fluid and you may experience period-like cramps at this point. You may also feel some excess fluid come out of the vagina which will be wet and cold. You can watch the procedure on the screen if you wish.

How long will the appointment be?

The total time of your visit will be **approximately 40 minutes** including the consultation, having the procedure and recovery. The actual OPH procedure usually takes less than 15 minutes. We will explain what has been seen and discuss the plan for any further management with you.

How will I feel afterwards?

During the procedure we dilate the cavity of the womb with sterile fluid. We will give you a pad to wear as you may feel this fluid coming out through the vagina when you stand up from the couch.

Most people feel well enough to go home straightaway. Every woman is assessed individually and if you need more time to recover, we will accommodate this. You do not need to take time off work afterwards but you may feel more relaxed if you're not worried about rushing back to "the office". If your job requires heavy lifting or if you felt unwell during the procedure, you may wish to take off the rest of the day.

You may experience period-like pain for one to two days after the OPH. You can take 1g of Paracetamol every four hours and 400mg of ibuprofen every eight hours or your usual period pain tablets to help. You may also notice spotting or fresh (bright red) or darker bleeding, which can last up to a week. These symptoms usually settle very quickly.

To reduce the small risk of developing an infection associated with the procedure, we recommend the following:

- Use sanitary towels rather than tampons until the bleeding has stopped
- Do not have sexual intercourse for a week afterwards or until the bleeding has stopped
- Do not go swimming until the bleeding has stopped.

Please contact your GP or go to A&E if you experience any of the following

- Fever
- Any heavy bleeding (changing your pad more than three times per hour) or smelly discharge
- Redness or swelling to the area
- Pain which is not controlled with regular paracetamol and ibuprofen.
- Feeling unwell.

When will I get the results?

We will explain the findings to you at the time of the procedure. If no problems are found, you will be discharged from the clinic and back to your GP.

If a sample of tissue (endometrial biopsy) was taken, the result will be sent to you by post approximately two weeks after the procedure. If further management is needed to be discussed, you will be contacted for either a face to face or telephone appointment.

Privacy and Dignity

The nature of women's healthcare means that intimate examinations are often necessary. We understand that some people, especially those who may have anxiety or who have experienced trauma, physical or sexual abuse, such examinations can be very difficult. If you feel uncomfortable, anxious or distressed at any time before, during or after an examination, please let us know. If you find this difficult to talk about, you may feel able to communicate your feelings to us in writing. We are here to help and support you. Remember that you can always ask us to stop the procedure at any time.

St George's is a teaching hospital and there may be students (nursing, medical, midwifery, physician associate) present at the time of your appointment. If you would prefer not to have a student in the room, please just let a member of the nursing team know before you enter the room for your appointment.

Feedback

We are always looking to audit and improve the service which we deliver to our patients. You may be contacted in the week after your appointment to ask about your experience to help us deliver the best service we can to you via text messaging. We welcome recognition of good care and areas for improvement.

Contact Us

If you need to change your appointment, please contact: 020 8725 0007.

If you need advice about symptoms you are having, please contact your GP or if you are feeling unwell attend A&E.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you advice and information when you have comments or concerns about our services or care. You can contact the PALS team on the advisory telephone line Monday, Tuesday, Thursday and Friday from 2pm to 5pm.

A Walk-in service is available:

Monday, Tuesday and Thursday between 10am and 4pm

Friday between 10am and 2pm.

Please contact PALS in advance to check if there are any changes to opening times.

The Walk-in and Advisory telephone services are closed on Wednesdays.

PALS is based within the hospital in the ground floor main corridor between Grosvenor and Lanesborough Wing.

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health. **Web:** www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones. **Tel:** 111

AccessAble

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.

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