Hysteroscopy under General Anaesthetic or Sedation

Polypectomy ± Endometrial Biopsy ± Mirena Coil Insertion

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This leaflet explains what a hysteroscopy involves, why it may be recommended and what to expect before, during and after the procedure with Mr Subramanian.

Why is this procedure recommended?
A hysteroscopy may be recommended if you have heavy periods, irregular bleeding, bleeding between periods, bleeding after the menopause or an ultrasound scan suggesting a polyp or abnormal lining of the womb.
Looking directly inside the womb helps diagnose the cause. If a polyp is seen, it can often be removed. If a biopsy is taken, the laboratory checks for abnormal or precancerous cells and other changes.

What is a hysteroscopy?
A hysteroscopy is a procedure in which a thin telescope (hysteroscope) is passed through the vagina and cervix into the womb to examine the uterine cavity.
The womb is gently expanded using sterile fluid so the lining can be seen clearly. If required, additional procedures can be performed at the same time, including removal of a polyp, endometrial biopsy, or Mirena coil insertion.
The procedure is usually done as a day case under a general anaesthetic, so you are asleep. Sometimes deep sedation may be used if this has been agreed with you and the anaesthetist.
The procedure usually takes about 20 to 40 minutes, but you will be in hospital for longer because of admission, anaesthetic, recovery, and discharge checks.

Review & Consent
You will have a consultation with Mr Subramanian to discuss your symptoms, scan findings, and whether hysteroscopy is appropriate. You will be asked to sign a consent form confirming that you understand:

- The nature of the procedure
- Expected benefits
- Possible risks and complications
- Alternative options (including conservative management or outpatient hysteroscopy where appropriate)

All patients are routinely consented for endometrial biopsy.
Please ask any questions before signing.

Alternatives
Depending on your symptoms and findings, alternatives may include:

- Conservative monitoring
- Medical or hormonal treatment
- Continuing current management without surgical investigation
- Outpatient hysteroscopy (awake procedure)

Mr Subramanian will discuss the most appropriate option for you.

Preparing for surgery

Eating and drinking before surgery
You will receive instructions about when to stop eating and drinking. It is important to follow these carefully, as failure to do so may result in your surgery being postponed.

Pre-assessment
You may undergo routine pre-operative checks to confirm you are fit for anaesthetic and surgery.

Sexual intercourse
It is important not to have unprotected intercourse for at least two weeks prior to surgery or from the first day of your period in that cycle. We cannot proceed with this procedure if there is any chance of pregnancy, as doing so introduces the risks of miscarriage or ectopic pregnancy (a pregnancy developing in the wrong place which is not viable but can be dangerous to the mother).

Day of surgery
You will meet Mr Subramanian and the anaesthetist. The procedure will be explained again and any remaining questions answered.

During the surgery
The procedure is performed under general anaesthetic or sedation. A small cannula is placed into a vein in your arm or hand to administer fluids and medication. A hysteroscope is gently passed through the cervix into the womb, and sterile fluid is used to expand the cavity to allow clear visualisation. The lining of the womb is examined carefully. If a polyp is present, it will usually be removed during the same procedure. A biopsy of the womb lining is routinely taken and sent for laboratory analysis. If previously discussed and appropriate, a Mirena coil may be inserted at the end of the procedure. The procedure typically takes 20-40 minutes depending on findings and any additional treatment performed.

Mirena coil insertion at the time of hysteroscopy
In some cases, Mr Subramanian may recommend inserting a Mirena coil at the time of your procedure to help manage bleeding symptoms.
The Mirena is a small plastic T-shaped device placed inside the womb that slowly releases a progesterone-type hormone called levonorgestrel. This hormone thins the womb lining, reducing menstrual bleeding and, in some women, stopping periods altogether. The effect builds gradually and may take several months to reach its full benefit. Around one in three women experience no periods after several months of use. Two very fine threads remain at the cervix to allow removal when required and are usually not felt.

The Mirena coil can be retained for up to five years for management of heavy menstrual bleeding and can also be used for contraception for up to eight years. Possible risks and side effects include irregular bleeding, expulsion, infection (1-2%), and rare uterine perforation (<1%). Mr Subramanian will discuss whether a Mirena is appropriate for you.

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After the surgery
You will wake in recovery before returning to the ward. You may experience mild cramping for 24-48 hours and light vaginal bleeding or discharge for up to 1-2 weeks. Pain relief is provided and symptoms are usually mild.

Eating and drinking after surgery
You may eat and drink once you feel ready and will be encouraged to mobilise when safe.

Length of hospital stay
Most women go home the same day. Occasionally an overnight stay is recommended depending on recovery. You will need someone to take you home and stay with you for 24 hours after anaesthetic.

Recovery at home
- Most patients resume light daily activity within 24 hours, but plan for 24 hours of rest.
- Most patients can return to work usually within 48 hours, depending on your job.
- Light exercise after a few days; increase gradually.
- You can usually return to driving within a few days. You should not drive until you can comfortably perform an emergency stop and are not taking any strong painkillers. You are advised to check with your insurance provider.
- Avoid sex, tampons and swimming for at least 2 weeks and until bleeding or discharge has completely stopped.

Possible risks and complications

Expected
- Period-like cramps and discomfort for 1 to 2 days
- Light bleeding or watery/blood-stained discharge for a few days. Bleeding can last up to 1 to 2 weeks after removal of a polyp or biopsy.

Common >1:100 (greater than 1% of patients)
- Pain that needs simple pain relief such as paracetamol or ibuprofen.
- Infection of the womb or urinary tract. Infection may cause fever, worsening pain, smelly discharge, or pain when passing urine and may need antibiotics.
- Polyps can come back and this is common. Further treatment is sometimes needed.

Uncommon <1:100 (less than 1% of patients)
- The procedure cannot be completed, for example if the cervix is tight, the view is poor or it is not safe to continue. A repeat procedure or a different plan may be needed.
- Uterine perforation (making a small hole in the uterus). This often heals by itself, but you may need observation, antibiotics, keyhole surgery, or, rarely, open surgery if there is concern about injury or bleeding.

Rare <1:1000 (less than 1 in 1000 patients or less than 0.1%)

- Heavy bleeding needing a blood transfusion
- Fluid overload from the fluid used to open the womb cavity
- Injury to nearby organs such as the bowel, bladder, ureters or blood vessels. If any damage to the womb or other organs is suspected, you may need to have a laparoscopy (keyhole surgery through the abdomen) or less commonly a laparotomy (larger incision in the middle of the tummy) to inspect and repair any damage.
- Scar tissue can form inside the womb after operative hysteroscopy. This is rare after simple polyp removal but can be more relevant after fibroid or adhesion surgery.

Follow-up
A follow-up appointment will be arranged to discuss results and any further management if required.

When to seek medical attention
Seek urgent medical attention if you experience:
- Severe or worsening abdominal pain
- Heavy bleeding, for example soaking pads quickly or passing large clots
- Fever 38°C or above, chills or feeling very unwell
- Smelly vaginal discharge
- Feeling faint, shoulder-tip pain with feeling unwell, or any symptoms that worry you

How do I make an appointment?
You can make an appointment either by emailing us at info@londonprivategynaecology.co.uk or contacting 07379 271915 and we will be happy to assist you with appointments, scheduling and any questions you may have.

How to book or ask a non-urgent question

Email:
info@londonprivategynaecology.co.uk

Phone: 07379 271915

If you have urgent symptoms after surgery, use the hospital discharge number you have been given. If you cannot get advice promptly, contact NHS 111 or go to A&E. Call 999 for chest pain, severe shortness of breath, collapse, or very heavy bleeding with faintness.

Surgery location:
King's Private, The Guthrie Wing, King's College Hospital NHS Foundation Trust, Denmark Hill, London, SE5 9RS.

Outpatient appointments:
- The Medical Chambers Kensington, 10 Knaresborough Place, London, SW5 0TG
- HCA Healthcare UK Chelsea Outpatients, 272 King's Road, London, SW3 5AW
- 86 Harley Street, London, W1G 7HP

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