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# Hysteroscopy

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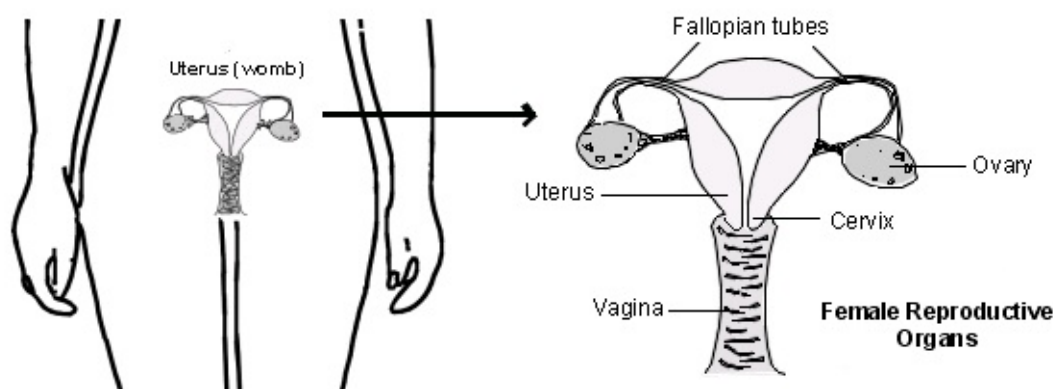
Hysteroscopy is a procedure which uses a thin tube-like telescope to see inside the womb (uterus). It can also allow doctors to do some minor operations to the uterus.

**Note:** the information below is a general guide only. The arrangements, and the way tests are performed, may vary between different hospitals. Always follow the instructions given by your doctor or local hospital.

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## What is a hysteroscopy?

Hysteroscopy is a procedure that lets your doctor look inside your womb (uterus). This is done using a narrow tube-like instrument called a hysteroscope. The hysteroscope is very slim (about 3 to 5 millimetres in diameter). It's carefully passed through the vagina and neck of the uterus (cervix) and into your uterus. The hysteroscope has a video camera inside which sends pictures to a computer screen. This allows your doctor to check for any abnormalities in the lining of the uterus.



The hysteroscope has special channels which allow the doctor to pass various instruments into the uterus. This means that as well as being able to look inside the uterus, the doctor can perform certain procedures.

## What is hysteroscopy used for?

A hysteroscopy may be used to try to determine the cause of various problems such as:

- Heavy or irregular bleeding that has not got better with medication.
- Bleeding in between your periods.
- Bleeding after your menopause.
- Irregular bleeding whilst you are taking hormone replacement therapy (HRT).
- If you are thinking about having an operation to make your periods less heavy (eg, endometrial ablation).
- Unexplained miscarriages.

As well as being used to investigate the cause of various problems, it can also be used to:

- Remove polyps - small lumps of tissue growing on the lining of the uterus.
- Remove scar tissue in the uterus.

- Remove adhesions (areas where the walls of the uterus are sticking together).
- Remove **fibroids** (non-cancerous growths in the uterus).
- Locate a 'lost' or stuck contraceptive device, such as an intrauterine contraceptive device (IUCD) - also known as a 'coil'.

Before you have the procedure your doctor will talk to you about the test. Your doctor may discuss a number of different treatment options with you. This is because it may be possible to treat the cause of your symptoms immediately, using the hysteroscope. In order to do this you must agree (consent) to the treatment. It is up to you to decide which treatment option is best for you.

## What happens during a hysteroscopy?

In some hospitals you may have an ultrasound scan before you have the hysteroscopy (for more information see separate leaflet called **Ultrasound Scan**).

A hysteroscopy can either be done under **general anaesthetic**, which means you will be asleep during the procedure, or with a **local anaesthetic**. If you have a local anaesthetic you will be awake. You may be given a sedative which won't put you to sleep but may help you feel more relaxed. You may be advised to take a **non-steroidal anti-inflammatory painkiller**, eg **ibuprofen**, around 1 hour before your appointment to help reduce pain immediately after the procedure. If you have a local anaesthetic you may be asked if you wish to see the pictures coming from the hysteroscope. Some people do not wish to do this, but others find it helpful.

Your doctor may use a speculum (the same instrument used in a cervical screening test) so that he or she can see the neck of your womb (cervix). Then the doctor passes the hysteroscope through your cervix into the uterus.

The hysteroscope is connected to a camera and a TV screen, which show the inside of your uterus. Some gas or fluid may be pumped into your uterus to make it expand. This makes it easier to see the lining of your uterus. After this, the doctor may take a tiny piece of tissue from your uterus (biopsy). This will be sent to the laboratory for examination under the microscope. Sometimes polyps are found and it may be possible to remove these during the test. After the procedure is completed the hysteroscope is gently removed.

A hysteroscopy takes between 5-30 minutes. If you are awake you may feel something like period cramps at some stages. A lot of women feel no discomfort, or only minimal discomfort.

## What should I do to prepare for a hysteroscopy?

Your local hospital should give you guidance on what to do before a hysteroscopy. If you are having a hysteroscopy with local anaesthetic, you will not usually need any special preparation.

If you are having a general anaesthetic you will be asked not to eat and drink for a number of hours before the procedure. Your hospital should give you detailed information on this.

## What can I expect after a hysteroscopy?

If you have general anaesthetic, you will need to rest until the effects of the anaesthetic have passed. You will need to arrange for someone to drive you home. You should try to have a friend or relative stay with you for the first 24 hours.

If you have a local anaesthetic, you will usually be able to go home after a short rest. You should feel well enough to walk, travel by bus or train - or to drive home, providing you haven't been given a sedative.

You may experience some period-like cramps and mild bleeding. The bleeding is usually mild and should settle within seven days. To reduce the risk of infection you should use sanitary towels rather than tampons. Take it easy for the first one or two days and take painkillers as needed.

## Are there any side-effects or complications from a hysteroscopy?

The most common side-effects of the procedure are bleeding and pain, as mentioned above. Very rarely it is possible that a small hole may be made in the uterus by the hysteroscope. If this happens you would need to stay in hospital overnight. It is also possible, although not common, to develop an infection of the uterus as a result of hysteroscopy.

You should contact your doctor if you develop any problems such as:

- A temperature.
- Increased unexplained pain not relieved with painkillers.
- Increased discharge, which is smelly and unpleasant.
- Heavy bleeding.

## Further reading & references

- [Best Practice in Outpatient Hysteroscopy](#), Royal College of Obstetricians and Gynaecologists (April 2011)

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