The Royal Wolverhampton
NHS Trust

Hysteroscopy, Dilation and Curettage (D&C) or Endometrial Biopsy

Gynaecology

The prevention of infection is a major priority in all healthcare and everyone has a part to play.

- **Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available**
- **If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111**
- **Keep the environment clean and tidy**
- **Let's work together to keep infections out of our hospitals and care homes.**

Introduction

This booklet has been designed to give you information about your Hysteroscopy, and Dilation and Curettage (D&C) or Endometrial Biopsy operation. Do not hesitate to speak to your Medical or Nursing team, should you have any questions.

What is a Hysteroscopy, D&C?

- Hysteroscopy - This is a diagnostic procedure performed to look at the inside of the womb with a fine telescope; this is usually followed by a D&C
- Dilation and Curettage (D&C) This involves scraping the lining of the womb (endometrium) by dilating (stretching) the cervix (neck of the womb) and passing an instrument (curette) to allow samples to be taken which are sent to the laboratory for further testing

This procedure usually takes up to 20 minutes and it is usually performed as a day case. However, occasionally it is advisable to stay overnight.

If you are on your period (menstruating) on the day of your operation please inform the nursing staff on arrival to the ward as the procedure may have to be postponed. This is because the inside of your womb may not be clearly seen whilst you are on your period.

Why may I require a hysteroscopy?

1. To investigate abnormal uterine (womb), bleeding, for example:
    - Bleeding between periods
    - Bleeding after menopause
    - Heavy bleeding
    - Unusual vaginal bleeding
2. In order to diagnose:
    - Fibroids (benign growths of the muscle tissue in the womb)
    - Polyps (overgrowth of the lining of the womb)
    - Cancer of the lining of the womb

3. To look inside the uterus (womb) to detect any anatomical abnormalities (problems with the shape of the uterus) in cases of repeated miscarriage or infertility
4. Hysteroscopy can also be used to treat fibroids, polyps, remove displaced intrauterine device (coils)

The choice about which treatment is best for you will be made together with your doctor. This will be based on the risks and benefits of the treatment and individual circumstances.

What happens about consent?

We must seek your consent for any procedure or treatment beforehand. Your doctor will explain the risks, benefits and alternatives where relevant before they ask for your consent. If you are unsure about any aspect of the procedure or treatment proposed, please do not hesitate to ask for more information.

What are the benefits of this surgery?

The benefit of this operation is to aid diagnosis and find the cause of your symptoms.

Are there any risks of this surgery?

The operation is generally very safe. Although it is unlikely that complications will occur, we would like to inform you of the possibilities:

- Haemorrhage (bleeding)
- Infection
- Perforation of the womb
- Scarring of the lining of the womb, which can make it difficult to become pregnant
- Unintentional damage to surrounding tissue
- Failure to visualise uterine cavity
- Pelvic pain

If any of the above occurs, you may be required to have corrective treatment such as:

- Blood transfusion

- Course of antibiotics
- Further surgery to correct or examine any unintentional damage caused which may lead to a bigger operation and, therefore, a longer stay in hospital

You should also be aware that all operations carry a risk of death. Deaths caused by anaesthesia are very rare. There are probably about five deaths for every million anaesthetics given in the UK, (Royal College of Anaesthetics, 2008).

However, the risk does increase depending on your general health and medical conditions. Each specific procedure carries an individual risk depending on many factors such as your age, size and current health and can be discussed with your doctor.

What are the alternatives to this surgery?

- An endometrial pipelle biopsy - This is the removal of tissue from the lining of the womb using a small plastic tube. This is done in an outpatient setting and can be an alternative to D&C or to determine if a D&C is necessary. This is not suitable for all women
- An ultrasound scan may identify some irregularities within the womb. Again, this depends on your symptoms and circumstances and may not be suitable for all women

What if you do nothing?

If you do nothing, the cause of your problem will remain unknown and further treatment to help may not be given without a diagnosis.

If you do NOT wish to have this operation you need to speak to your doctor or nurse.

What preparation is required for a hysteroscopy?

1. You may have some blood tests
2. You may need a pregnancy test before the procedure
3. If you smoke, it is advisable to stop smoking if you are having the procedure under general anaesthesia

What happens on the day of my surgery?

On the day of your operation, you should have nothing to eat for a minimum of six hours prior to surgery. You may drink small amounts of water up to two hours prior to surgery. You will be advised as to the time this will start, either by your nurse at pre-assessment or in your operation admission letter.

You are requested to have a bath or shower before you come into hospital prior to your surgery.

On admission to the hospital, you will be asked to remove all items of clothing, including underwear and put on a theatre gown. You will be asked to remove all jewellery (except plain wedding rings), nail varnish, make-up, contact lenses, hearing aids, dentures, wigs and false limbs (if applicable).

A doctor will see you before your operation and your written consent will be confirmed for the procedure to take place (the consent will have already been obtained at your outpatient appointment).

You will be escorted to theatre, if a pre-med has not been given you will have the option to walk to theatre. Otherwise, a theatre trolley will be arranged to collect you from the ward.

You will be taken into the anaesthetic room where you will be given a general anaesthetic. This is usually started by an injection into your vein (usually in the back of your hand). Once you are under anaesthetic (asleep) you will be escorted into theatre. The whole procedure can take up to approximately 30 minutes which includes the preparation time.

You will wake up in the recovery area once your operation is finished. A nurse will then escort you back to your bed on the ward.

What will happen during the procedure?

- Under asceptic precautions, the camera (hysteroscope) is passed into your womb through your vagina
- Fluid is gently pumped into the womb
- Doctor will be assessing the cavity of your womb and pictures may be taken
- Often a sample (endometrial biopsy) will be taken for testing

What will happen after my surgery?

- You may experience some lower abdominal discomfort and will be offered pain relief if required
- You can expect some vaginal bleeding which could last one to two weeks and can occasionally be heavy
- Once you have had something to eat and drink and you have passed urine, you should be ready to be discharged home

What will happen on discharge?

- You must be escorted home by car or taxi and a responsible adult must stay with you overnight
- Do not use tampons, sanitary pads are recommended. If you are still having periods they may become heavier, lighter, longer or shorter following this procedure
- Sexual intercourse should be avoided for four to six weeks or until vaginal bleeding or discharge has stopped
- Consult your GP if abdominal pain becomes severe, bleeding becomes very heavy with clots, bleeding or discharge becomes offensive smelling and, or you become feverish
- Your next period may be earlier or later and then may become normal
- For 24 hours after a general anaesthetic, you are recommended to avoid:
    - Driving a car
    - Riding a bike
    - Operating machinery
    - Smoking or drinking alcohol or recreational drug use
- A discharge letter will be sent to your GP; you will be given a copy of this to keep as your reference. You and your GP will be given a copy of your discharge check list
- If an outpatient appointment is required, this will be posted to you. Some consultants prefer to write to you personally with the results of your operation

- If you require medication to go home with, this will either have been given to you prior to your discharge. You may make alternative arrangements for the medication to be collected from the ward the following day. Pain relief is not given to you to take home from hospital. You are advised to get some over the counter pain relief (Paracetamol) ready for your discharge
- Generally, the recommended time off work following this procedure is 24 – 48 hours. However, this can vary depending on your circumstances. You can discuss this with your nurse medical team. If you require time off work, a medical certificate can be issued from the ward or your GP, or you can complete a self certification which can be obtained from your GP practice or you can download a copy from www.hmrc.gov.uk

Contact details

If you have any questions or worries prior. Then please contact your GP or telephone the ward on 01902 694034

Additional information:

Other useful supportive literature is available from:

PALS (Patient Advice and Liaison service) 01902 695362

www.rcog.org.uk

www.bupa.co.uk

www.nice.org.uk

References

Campbell. S., Monga. A. Gynaecology Nursing a Practical Guide 2001 Churchill Livingstone

Bruton. C., "The hidden threat to fertility" The Times December 10, 2007

Royal College of Anaesthetists (2008) www.rcoa.ac.uk

English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。

Designed & Produced by the Department of Clinical Illustration,
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Review Date 28/05/2028 Date Produced 2005 WCA_1493_06.11.25_V_9