

Having a hysteroscopy and biopsy or polyp removal from your womb (general anaesthetic)

Department of Gynaecology

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Information for Patients

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This leaflet is for women having a **hysteroscopy**. This is to check the inside of the womb and remove endometrial polyps or samples of the womb lining from inside the womb cavity.

Why do I need a hysteroscopy?

We use hysteroscopy to try and find what causes:

- heavy or irregular periods or bleeding between periods.
- bleeding after sex.
- bleeding after menopause.
- irregular bleeding whilst taking hormone replacement therapy (HRT).
- unusual fluid or mucus (vaginal discharge) that has not improved after other treatment.
- scar tissue in the uterus.
- fertility problems.

These problems may be because of:

- Thinning of the lining of the womb (uterus) called atrophy.
- Polyps. This is a growth of tissue from the tissue that lines the womb. Most polyps are non-cancerous but about 1 in 6 polyps are precancerous or cancerous.
- We may have found precancerous cells in the womb lining biopsy. We may need to take more thorough samples from the whole of the womb lining.
- Ball-like growths (fibroids) in the muscle wall of the womb. These are usually non-cancerous.
- Heavy periods especially around the time of the menopause.
- Bleeding problems that are related to pre-cancerous or cancerous changes.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

Are there any risks?

As with any procedure, there are possible risks:

- **cramps or pain** after the procedure. These are very common. We will give you painkillers.
- some **bleeding** for a couple of weeks is common. Heavy bleeding happens in around 1 out of 400 women. The chance of needing a blood transfusion is very rare.
- **infection** happens in around 2 to 5 out of every 100 women. Rarely this can lead to a pelvic abscess or sepsis (very bad infection).
- **damage to the womb (uterus) or neck of the womb (cervix)**. This happens in around 1 in every 200 women. This may rarely lead to damage of the bowels, bladder or blood vessels.

Sometimes it is not possible to complete the procedure as planned. If the procedure is not successful, the doctor will talk to you about more tests that you might need.

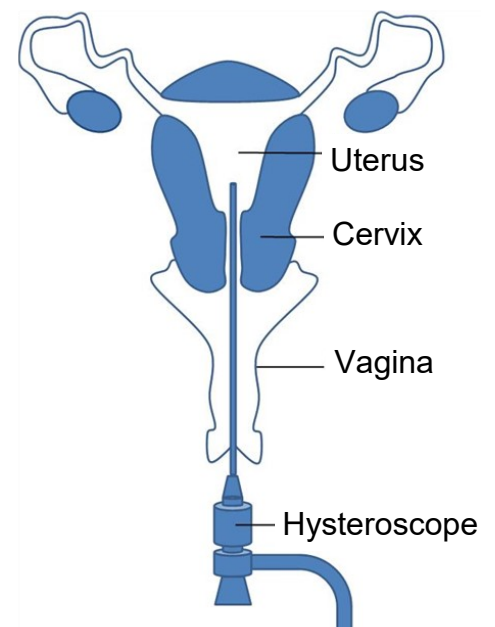
Before the procedure

- Please ask a friend or relative to drive you home after the procedure. **You must not drive for 24 hours after general anaesthetic.**
- There must be no risk of you becoming pregnant at the time of your hysteroscopy or just after it. Having hysteroscopy would wash an egg and sperm back into the tubes and could cause a pregnancy in the tube (ectopic pregnancy). **You must use effective contraception from the start of your period (if you still have them) before the procedure, up until the day of the procedure. Withdrawal or pulling out before ejaculation is not safe enough as most men release sperm before they come (ejaculate). A negative pregnancy test just before the procedure does not rule out the risk of becoming pregnant just after the procedure.**
- If you are bleeding too much it may not be possible to see well enough to complete the procedure so contact the admissions ward if you think this will be a problem.

During the procedure

The procedure often takes about 20 minutes. You will have a general anaesthetic and be asleep during the procedure.

1. We pass the hysteroscope (a thin tube with a camera) through the vagina and cervix into the uterus.
2. We add a small amount of saline water to open the womb. This lets us have a clear view of the womb lining.
3. We will gently stretch the neck of the womb to take a tissue sample (biopsy). We will do this with a small straw or by scraping the lining of the uterus using an instrument called a curette. This is commonly known as a dilatation and curettage (D&C) procedure.



4. If we see a polyp inside the womb, we will be gently grasp it and twist it off or scrape it off. We send all the tissue samples to the laboratory to be examined under a microscope. Sometimes, we can use laser, tiny scissors or heated metal loop (diathermy loop) to remove a polyp. Fibroids in the womb cavity are not removed as different equipment is needed for that.

After the procedure we can fit a **Levonorgestrel IUD (hormone coil)** if you wish. This can help with bleeding problems. It can also be used as a contraceptive, as part of HRT or as a treatment for precancerous cells. To find out more about the hormone coil, search for: 'Having a Levonorgestrel intrauterine device (LNG-IUD) fitted' or leaflet number 1125.

After the procedure

- You may feel some 'period-like' pain for 1 or 2 days. Take regular pain relief for this.
- You can carry out all your normal activities like work, lifting and exercise. This only as long as you are comfortable.
- You may drive if you are comfortable doing so after 24 hours.
- You may have some slight bleeding for 1 to 2 weeks. Wear a panty liner or pad during this time.
- Please do not use tampons or a moon cup during your next period. This is to reduce the risk of infection.
- Do not have sex for at least 7 days.
- Do not have sex until the discharge/ bleeding has stopped completely.

Contact your GP if you have:

- a temperature.
- increased and unexplained pain which does not improve by taking painkillers.
- increased vaginal discharge which is smelly and unpleasant.
- heavy bleeding.

Getting the results

After the procedure, the doctor will tell you what they saw inside your womb. They will send the results of any tissue samples to you and your GP.

If the procedure is to check for cancer, you will get the results within 3 weeks. If it's for another reason, you will get the results in 4 to 6 weeks.



What if I am not able to attend for this procedure?

You must do your best to attend for your procedure. If you cannot attend please let us know so your appointment can be given to someone else. We can then arrange another appointment for you.

If your appointment is at **Leicester General Hospital (LGH)** please call **0116 258 4821**.

Please allow plenty of time for parking. For maps, bus and car parking information visit:

<https://www.uhleicester.nhs.uk/hospitals/leicester-general-hospital/directions/> or ask for a leaflet.

If your appointment is at **Loughborough Hospital** please call **0150 956 4406**.

If your appointment is at **Melton Mowbray Hospital** please call **0166 485 4904**.

If your appointment is at **Hinckley Hospital** please call **0145 544 1845**.

Please allow plenty of time for parking. For maps, bus and car parking information visit:

<https://www.uhleicester.nhs.uk/hospitals/>

If you have any questions, write them down here to remind you what to ask when you speak to your nurse/ consultant/ doctor:

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغةٍ أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿੱਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany nizej numer telefonu

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email equality@uhl-tr.nhs.uk