

Having a hysteroscopy to look at and/or unblock fallopian tubes

Department of Gynaecology

Information for Patients

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Introduction

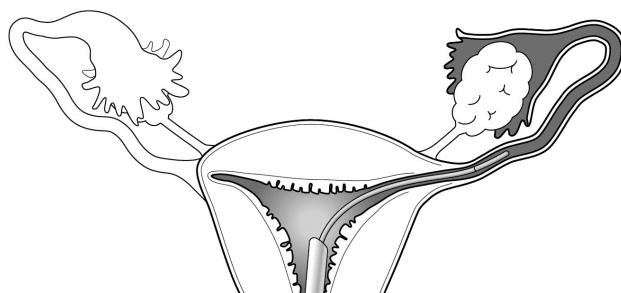
A hysteroscopy procedure uses a narrow telescope (hysteroscope) to look at the inside of the womb (uterus).

A hysteroscopic tubal cannulation (HTC) is a keyhole surgery procedure to look at your fallopian tubes. If possible it will try and clear a blockage in the part of the tubes closest (proximal) to the womb. This is done whilst watching from above the womb, inside the tummy with a second camera inserted through a small cut in the tummy button.

What does hysteroscopic tubal cannulation (HTC) involve?

The procedure is done under a general anaesthetic. It involves 2 telescope cameras. The first camera (laparoscope) looks through the tummy under the belly button to look at the tube and check to see if the tube is open by squirting dye into it. The second one involves passing a thin telescope camera (hysteroscope) through the neck of the womb. Afterwards a thin plastic tube (cannula) is passed into the fallopian tube and a dye squirted through the tube. The surgeon can then see if the fallopian tube is blocked and see how much of it is blocked. In some cases, passing the tube and wire further into the fallopian tube can unblock it. If this is successful, it can increase the chances of natural pregnancy.

The procedure is relatively straightforward, but is not always successful, particularly if the blockage is severe. The procedure is not suitable for everybody, for example, if the blockage is at the far end of the fallopian tube near the ovary. The procedure takes about 40 to 60 minutes. You will have 2 or 3 small scars on your tummy including your belly button.



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Why do I need this procedure?

Open fallopian tubes without blockages are needed for natural pregnancy. When the routine tube test (hysterosalpingogram or laparoscopy and dye test) has already shown one or both fallopian tubes are blocked at the end of the tube near the womb, HTC is used to double check this and to possibly unblock the fallopian tube. This can help you to get pregnant naturally.

What is the success rate?

HTC helps to unblock the fallopian tube in approximately 7 out of 10 of cases. 1 out of 3 women is expected to get pregnant naturally after the procedure.

Preparing for the procedure

At your pre-operative assessment and on your admission day the nurse will go through the hospital stay and explain your procedure. Please do let us know about any concerns you have or any information you think we should know about, that will make your stay with us more comfortable. You will be asked to take a test for chlamydia if this has not been done in the last 3 months.

You will need to make arrangements for your family, children or any other commitments that you have before coming in to hospital and to cover the length of your recovery. Before you go to theatre you will see an anaesthetist and the doctor doing the procedure. It is natural to feel anxious; the nursing staff will talk to you about how you feel and talk through your emotions.

On the day of your admission please follow the advice below:

- Do not eat anything **6 hours** before your admission time (this includes sweets and chewing gum).
- You can only drink plain water up to 2 hours before your admission time.
- If you are a smoker we strongly recommend that you do not smoke at all on the day before and the morning of your procedure and for 48 hours after the procedure.
- Please bring with you any medication that you usually take.
- Do not bring any valuables with you, but you can bring a small amount of money and your phone.
- Do not wear make-up, nail varnish or jewellery.
- Please remove your contact lenses.

When is HTC not advised?

A HTC procedure is not advised if you have:

- pelvic infection, blockage at the far end of the tube, and blocked tube filled with fluid (hydrosalpinx).
- extensive scarring in your fallopian tubes.
- previous fallopian tube surgery.
- scarred blockage difficult for a catheter to pass through.
- severe endometriosis, multiple large fibroids or severe abnormalities in semen (sperm).

Are there any alternatives to this procedure?

The alternative to this procedure is to have in vitro fertilisation (IVF) treatment to get pregnant.

What are the risks involved with HTC?

There are risks with any operation or procedure, but these are small. The main risks associated with HTC are:

Common risks:

- Pain - you will be given strong painkillers by the anaesthetist before you wake up from the anaesthetic. The anaesthetist will also prescribe you strong painkillers for the first 24 hours after the procedure. You may get shoulder tip pain in the first 24 to 48 hours after the procedure caused by gas from the laparoscopy irritating nerves in the tummy. This pain should get better on its own but you can take painkillers to help.
- There is a 2 to 5 in 100 risk of a small hole (perforation) being made in the fallopian tube by the guide wire during the procedure. In most cases this heals by itself.

Uncommon risks:

- Small hole (perforation) of the womb (less than 1 in 100) - this is usually left to heal by itself. Occasionally, perforation may have to be sewed over with 1 or 2 stitches.
- Pelvic infection (less than 1 in 200) - you will have a test for chlamydia before this procedure to reduce the risk of spreading infection.
- Urine infection in 1 in 200 cases.
- Wound infection, bruising and delayed wound healing in 1 in 200 cases.
- Return to theatre because of delayed bleeding (1 in 200).
- Blood clot in leg or lung (deep vein thrombosis or pulmonary embolism) in less than 1 in 100 cases.

Very uncommon risks (these are related to the laparoscopy):

- Damage to the bowel (1 in 1000).
- Damage to the bladder (1 in 1000).
- Injury to a major blood vessel needing emergency surgery (1 in 1000).
- Unwanted reaction to the anaesthetic (1 in 1000).

What can I expect after the procedure?

As you come round from the anaesthetic you may have pain and/ or feel sick. Please let the nursing staff know and they will assess you and try to help.

Your nurse will be checking your blood pressure, heart rate, breathing, temperature and check your wound dressing and for any vaginal bleeding. They will also ask you to move from side to side, and to do leg and breathing exercises once you are able to. This will help prevent any pressure damage or sores, blood clots (deep vein thrombosis (DVT)) or chest infection.

You will have a fluid drip (intravenous infusion) going into a vein in you arm or hand. Once you are fully awake you will be able to start eating and drinking. Your drip will then be removed.

You can will have pain and discomfort in your tummy for the first few days after the procedure.

When can I go home?

We expect to discharge you on the same day. Occasionally, some patients may need to stay overnight.

You will be seen and assessed by the nurse before discharge. They will speak to your doctor if needed. You may not see a doctor at the time of discharge as most patients will be discharged by a nurse. Please feel free to ask questions about your procedure and recovery at any time.

Recovery after you go home

- **Rest** - you may need rest for the first couple of days.
- **Vaginal bleeding** - you can expect to have some vaginal discharge / bleeding for 1 to 2 weeks after the procedure.
- **Stitches** - your incisions will be closed by stitches which are usually dissolvable over 4 to 6 weeks. If there is any problem with your stitches, please make an appointment with your practice nurse. We advise that you shower daily and keep the wounds clean and dry. There is no need to cover the wounds with any dressings.

- **Daily activities:**

Weeks 1 to 2 - we recommend that you do light activities around the house and avoid any heavy lifting (no more than 1.5kg in each hand).

Weeks 2 to 4 - we recommend that you gradually introduce a wider range of daily activities remembering not to lift any heavy items.

Week 4 to 6 - by this time you can return to normal daily activities.

- **Exercise** - exercise is important and it is advisable to go for short walks each day, increasing the distance gradually. You may return to normal exercise such as cycling and swimming after 4 to 6 weeks. You will be able to manage the stairs on your arrival home.
- **Diet** - a well balanced nutritious diet with high fibre content is essential to avoid constipation. Your bowels may take some time to return to normal after your procedure and you may need to take laxatives. You should include at least 5 portions of fruit and vegetables per day. You should aim to drink at least 2 litres of water per day.
- **Sex** - you can have sex when you feel recovered from the operation and feel ready for it.
- **Returning to work** - depending on the operation, most women are able to return to work after 2 weeks. Please talk about this with the doctor or nurse. The hospital doctor will provide a sick certificate for this period.
- **Driving** - it is usually safe to drive after 4 weeks but this will depend on your level of concentration and ability to perform an emergency stop. You will also need to check your insurance cover.

Contact details

Gynaecology pre-assessment: 0116 258 4839

If your appointment is at Loughborough Hospital please call 01509 564406 .

If your appointment is at Melton Mowbray Hospital please call 01664 854904

If your appointment is at Hinckley Hospital please call 01455 441845.

Further information and support

Support organisations can provide helpful counselling, support and advice:

British Fertility Society: <https://britishfertilitysociety.org.uk/>

Fertility Network UK: www.fertilitynetworkuk.org/

If you feel that you are at risk of verbal or physical abuse, you may find the following numbers useful:

Leicester City (SAFE): 0300 123 0918

Leicester County (Women's Aid): 0808 80 200 28

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

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اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغة 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

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