Hysteroscopy

This information is for you if you are planning to have a procedure called a hysteroscopy as an outpatient.

Key points:

- Outpatient hysteroscopy (OPH) is a straightforward procedure which involves an examination of the womb with a narrow telescope

- You may have been referred for an OPH for several reasons, such as investigating or treating abnormal or irregular bleeding, removing a small polyp or fibroid, removing or inserting a coil, or carrying out an assessment of the uterus

- The hysteroscopy procedure usually takes around 5–10 minutes. However, it may take slightly longer if a treatment is performed during the procedure, such as the removal of a small polyp or fibroid. Your total time in the clinic may be approximately 30–60 minutes, including preparation, the procedure, and recovery

- You may experience discomfort or period-like cramping pain during the procedure. We advise taking pain relief one hour before your appointment. Non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen are recommended, if these medications are safe for you to take and/or advised by your GP. However, if it is not safe to take these medications – for example, you are asthmatic and cannot take ibuprofen – please take a safe alternative such as paracetamol, or call us to discuss

- Please ensure that if it becomes too painful or uncomfortable, you tell the healthcare professional doing the procedure to stop. The procedure will be abandoned immediately. If the procedure cannot be completed, we will discuss booking the procedure under general anaesthetic at Good Hope Hospital with you

- Local anaesthetic may be used to help reduce pain if the opening of the cervix is narrow and needs to be dilated. This is given by injection in the cervix to numb the area. It will help to reduce discomfort but may not remove all pain during the procedure

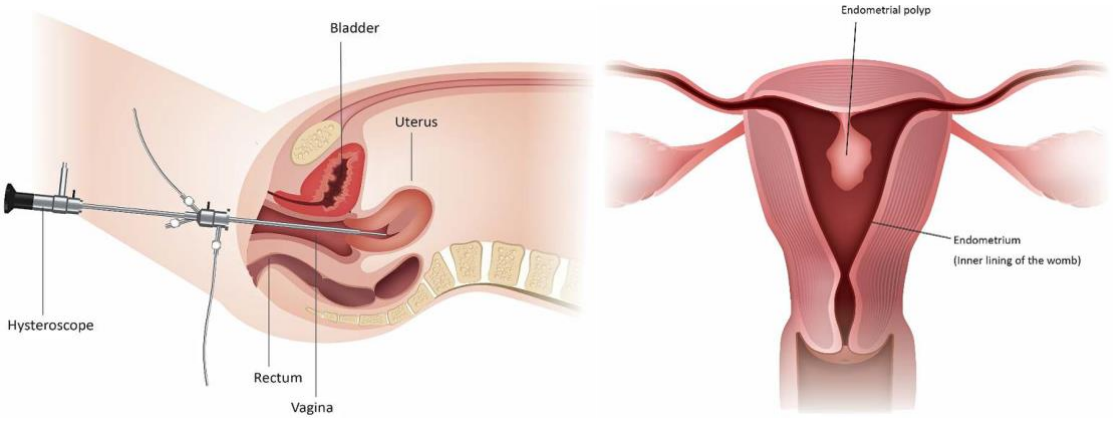
- There is also the option to have the hysteroscopy performed as a day case procedure on another day under general anaesthesia at Good Hope Hospital if you prefer not to be awake during the procedure. Please note that the waiting time for this option is longer

- The risks of OPH include pain, feeling faint or sick, bleeding, infection, and, more rarely, uterine perforation which is when a false passage is made in the uterus. The risk of uterine perforation is lower in OPH than under general anaesthesia

- The procedure cannot be performed if there is any possibility that you are pregnant. To reduce this risk, please use contraception or avoid sex from your last period until your appointment, including if you are undergoing fertility investigations. A urine pregnancy test will be required on the day for patients up to the age of 55

What is a hysteroscopy?

A hysteroscopy is a straightforward procedure which involves the use of a miniature telescope-like device to view the inside of your uterus. This device is inserted into the vagina and then passed through the neck of the womb into your womb. The practitioner will be able to assess whether any findings inside your womb require further investigation or treatment. The hysteroscope has special channels which allow the practitioner to pass various instruments into the uterus. This means that, as well as allowing us to look inside the uterus, the procedure enables us to carry out certain treatments at the same time, such as removing small polyps or fibroids, taking biopsies, or removing a misplaced or problematic coil.



Why have I been referred for a hysteroscopy?

- Very heavy periods
- Bleeding after the menopause (post-menopausal bleeding)
- Bleeding between periods
- Irregular bleeding whilst on hormone replacement therapy
- Removal of a coil when the threads are not visible
- Fertility concerns
- Investigation for any abnormalities inside the womb picked up on an ultrasound scan, e.g. polyp or fibroid
- Investigation before performing endometrial ablation if this is being considered for a treatment for heavy periods

What to do before my appointment?

- Eat normally on the day of your appointment. You should not fast before your appointment
- It is recommended that you take ibuprofen for pain relief about one hour before your appointment, if these medications are safe for you to take and/or advised by your GP. If not, please take an alternative pain relief that is safe for you, such as paracetamol
- A member of the nursing team will contact you in the days leading up to your appointment to confirm your attendance and remind you to take suitable pain relief before you arrive. This is also an opportunity for you to ask any questions or raise any concerns ahead of time. If you miss the call for any reason, please contact the department using the numbers provided below and ask to speak to one of the nurses, as the call may come from an unrecognised number

Do I need to bring anything with me to the clinic appointment?

- A list of any medication that you are taking
- The date of your last menstrual period, or the date that you went through the menopause
- It may be helpful if someone comes with you to your appointment. You may wish to bring a friend or family member with you. We advise that they drive you home following the procedure

Do I need to use contraception?

It is important to use contraception or avoid sexual intercourse for at least two weeks before your appointment. The procedure cannot be performed if there is a chance of pregnancy. You will be asked on arrival to your appointment to provide a urine sample so that a routine pregnancy test can be performed. If you have had unprotected intercourse post ovulation, then hysteroscopy should be delayed until after having your next period to ensure that you are not pregnant.

Can I still attend if I am bleeding?

It is best to keep your appointment if you are on an urgent pathway. If you have a heavy period, the procedure cannot be performed, and you will need to rearrange your appointment. However, if you have any concerns, please ring and speak to your healthcare professional.

What happens during my appointment at outpatient hysteroscopy?

On arrival, please report to reception in the Gynaecology Outpatients department. A member of the nursing team will welcome you, record your height, weight and observations, and ask you to provide a urine sample for a routine pregnancy test for patients aged 12–55 years of age. You will then be asked to wait in the waiting area until you are called.

In the clinic room, you will meet the doctor or specialist nurse who will explain the procedure and ask for your consent. Please use this time to ask any questions.

It is advisable to inform your healthcare professional if you have:

- Fainted during your period due to pain
- Have experienced severe pain during a previous vaginal examination
- Have experienced difficult or painful cervical smears
- Do not wish to have this examination whilst you are awake
- Have any anxieties you wish to discuss before the procedure

You will be asked to remove your clothing from below the waist in a private changing room and be given the option of wearing a gown or wrapping a sheet around yourself as you return to the examination room. You will be asked to lie on a chair with special footrests. Once comfortable, the procedure will start. Sometimes, a speculum may need to be inserted into the vagina, but this isn’t always the case; your healthcare professional will advise you.

There will be two to three members of the nursing team in the room during your procedure, one of which will be dedicated to supporting you throughout your procedure. They will help you get comfortably positioned into the chair and will keep you covered up as much as possible before beginning the procedure. We are a teaching hospital, and therefore, at times, we have trainees in the clinic. Please speak to one of your healthcare professionals if you are not comfortable having a trainee present during your procedure.

The hysteroscope is gently passed through the cervix to allow a clear view inside your uterus. Sodium chloride fluid is used to expand the womb so we can see the lining clearly; as the fluid flows in and out, you may feel wetness as it trickles back out.

If your cervix is tightly closed, it may need to be gently dilated to allow the hysteroscope to pass through. A speculum may be used, and a local anaesthetic may be given to the cervix to improve comfort during this part of the procedure. While this can reduce discomfort, it will not remove all pain.

If no abnormality is seen, the procedure will usually take about five to 10 minutes.

A small biopsy may be taken from the lining of your womb to check for any abnormal or pre-cancerous changes, inflammation, or other conditions that may not be visible during the procedure. A speculum will be gently placed into the vagina, similar to having a smear test, so the cervix can be seen. A narrow tube is then passed through the cervix into the womb and facilitates the removal of the cells. This is a simple procedure that generally takes just a few minutes. You may feel some short-lasting cramping or period-like discomfort while it is taken. If at any point it feels too uncomfortable, please let your healthcare professional know.

If a uterine polyp is found, it can sometimes be removed during the same visit using additional equipment. To do this, a speculum will be used to visualise the cervix, and you may be offered a local anaesthetic injected into the cervix to help dilate it and allow the hysteroscope to pass through, making the procedure more comfortable for you. Always tell your healthcare professional if the procedure becomes too uncomfortable. If a polyp is identified, you may choose to have it removed during the same appointment using a see-and-treat approach. Alternatively, if you prefer, we can arrange for the polyp to be removed in theatre at a later date.

During your OPH, your healthcare professional will view the inside of your uterus on a screen, which, if you would like, you can also watch. Photographs of the findings are taken and stored in your medical notes. Your healthcare professional will explain if no abnormality is found and will discuss the next steps with you.

How will I feel after my OPH?

You may get some period-like pain, which can last for one to two days, but over-the-counter pain medication can help. You may have some spotting or some fresh red bleeding, which can last up to a week. If you get any sudden heavy bleeding, you should contact your GP. These symptoms usually settle very quickly, and most women feel they can go back to their normal activities the same day.

Normal physical activity and sexual intercourse can be resumed when any bleeding and discomfort have settled. You may shower as normal.

If pain relief is needed, you can take any pain medication if it is normally safe for you to take.

How will I feel after the biopsy?

It varies from person to person; you may experience some or no side effects at all. You may also have blood-stained discharge for a couple of days, but this should not last any longer. Please avoid using tampons and use sanitary pads instead.

You may feel some discomfort or period-type cramping when this the biopsy is being performed, but as soon as the biopsy is taken, the discomfort subsides. However, you may continue to feel some discomfort after the biopsy. If this continues, you may take pain medication such as Paracetamol or NSAIDS or whatever you would normally take for pain.

You can go back to work/resume normal activities following the procedure if you feel well enough. Very occasionally, the procedure can make you feel a little lightheaded. If this happens, the nurse will ask you not to leave the department until you feel well enough to go home.

Biopsy complications - very rare but can occur

- Strong-smelling discharge
- Post-procedural pain

These symptoms can occur up to 14 days after the biopsy and could be due to an infection, which is easily treated with antibiotics. If you are worried, please seek the advice of your GP.

How long does the visit take?

The procedure itself will usually take around five to 10 minutes; however, your total visit may take up to an hour to include your pre-procedure checks, your consultation, the procedure itself, and recovery time. If polyps are found and removed during the same appointment, the procedure is expected to take slightly longer.

If you use inhaled analgesia for pain relief during your procedure, then you will need to remain in the department for 15 minutes after use for observation. This may be in the waiting area if you feel well, or in the recovery area.

Will outpatient hysteroscopy hurt?

OPH does cause some pain, which is why we advise you to take appropriate pain relief approximately one hour before your appointment to help reduce discomfort. Taking analgesia in advance can help improve your comfort throughout the procedure, unless you have been advised otherwise by your clinician.

For the majority of women, hysteroscopy in the outpatient setting is quick and safe, and although it may cause pain or discomfort, it is usually well tolerated. However, every woman’s experience of pain is different, and it is important that if the procedure becomes too uncomfortable or painful for you, please tell your healthcare professional so that the procedure can be stopped if you wish.

If you or the clinician feels that you are not tolerating the procedure adequately, it will be stopped.

Depending on your medical history, pain relief may be offered during your procedure. If you choose inhaled analgesia, you will need to remain in the department for around 15 minutes to recover before leaving. If used, we recommend that you not drive for the rest of the day. If you choose to drive, you should wait at least 30 minutes after the procedure.

Pain relief options depending on your individual medical history

Simple pain relief	A non-steroidal anti-inflammatory drug (NSAID) such as ibuprofen is recommended to be taken around one hour before your procedure, if it is safe for you to take. If not, please use alternative pain relief that is suitable for you.
Local anaesthetic	An injection into the cervix can help reduce discomfort, particularly if dilatation or treatment is required. This is not used routinely and will not remove all pain.
Penthrox and Entonox*	Inhaled pain relief gas can help manage pain and anxiety during the procedure. *Entonox is only available at Good Hope Hospital.
General anaesthesia	The procedure is performed on another day as a day case at Good Hope Hospital. You will be asleep for the procedure.

If you are anxious about your procedure, please discuss it with your health professional.

Are there any alternatives to having an outpatient hysteroscopy?

It is possible that you may have this procedure with either a spinal or general anaesthesia. This is generally done in an operating theatre as a day case. You may discuss this option with your healthcare professional at your appointment.

The risks and complications are lower when performed in outpatients as opposed to being under a general anaesthetic/asleep for the procedure. If you decide to have the procedure under a general anaesthetic, you must still attend your scheduled appointment so that we can discuss the consent process with you.

You may choose not to have the hysteroscopy done at all, which is completely acceptable. This can sometimes make it more difficult for the healthcare professional to find the cause of your symptoms and offer the right treatment for you. They may recommend a scan and a biopsy to find out more or refer you back to your GP.

What are the risks associated with hysteroscopy?

Pain	You will feel some abdominal pain and discomfort during the procedure and immediately afterwards. The pain is usually mild-to-moderate in severity and period like cramping in nature, but around 30% of women report severe pain. If you find the procedure too painful or distressing, then you must let a member of the team know and they will stop the procedure immediately.
Feeling faint or giddy	You may feel cold and clammy, as well as feel sick/be sick. This settles after a short period of lying flat on the bed and drinking water.
Unable to complete the procedure	It may not be possible to pass the hysteroscope into your womb. Usually, this happens if your cervix is tightly closed or scarred. If this happens, your healthcare professional will discuss alternative options with you. It can also be unsuccessful if you find the procedure too uncomfortable and ask for it to stop.
Uterine perforation	A small hole is accidentally made in the wall of the womb, which can lead to damage to nearby organs. In diagnostic hysteroscopy, this happens in around one in 1,000 cases, but the risk is slightly higher for women who have a polyp removed at the same time. On the rare occasion this does happen, you may need to stay in hospital overnight. Usually, nothing more is required, and the hole usually heals by itself. Occasionally, you may need a further operation to repair the hole.
Infection	Infection is uncommon, affecting one in every 400 women. This may appear as a smelly discharge, fever or severe pain in your tummy. If you develop any of these symptoms, you should contact your healthcare professional immediately. If out of hours, present yourself at your emergency department.
Vaginal bleeding	Vaginal bleeding is usually very mild and is lighter than a period, settling within a few days. You might expect some fresh red blood, old brown blood, or blood-stained discharge a few days after the procedure. We recommend using sanitary pads, not tampons. If the bleeding does not settle and gets worse, you will need to contact your healthcare practitioner or nearest accident and emergency.

What will happen next?

It will usually take three to six weeks for your results to come back and be reviewed by the medical team. If the result of the biopsy was normal, we may not need to see you again. You will receive a letter confirming if you have been discharged back to the care of your GP. A copy of this letter with your results will also be sent to your GP.

About intimate examinations

The nature of gynaecological and obstetric care means that intimate examinations are often necessary. We understand that for some people, particularly those who may have anxiety or who have experienced trauma, physical or sexual abuse, such examinations can be very difficult. If you feel uncomfortable, anxious or distressed at any time before, during, or after an examination, please let your healthcare professionals know. If you find this difficult to talk about, you may prefer to communicate your feelings in writing. Your healthcare professionals are there to help, and they can offer alternative options and support for you. Remember that you can always ask them to stop at any time and that you are entitled to ask for a chaperone to be present. You can also bring a friend or relative if you wish.

IMPORTANT- If your pain is not controlled by the above medication or you feel unwell following your procedure, please contact your healthcare professional (numbers below) or your nearest accident and emergency.

Gynaecology Outpatient Department
Monday to Friday 08.00 – 17.00
Good Hope Hospital: 0121 424 9354
Birmingham Heartlands Hospital: 0121 424 1104
Solihull Hospital: 0121 424 5382

Contact the Gynaecology Assessment Unit if you feel unwell following your procedure:
Good Hope Hospital: 0121 424 7747
Birmingham Heartlands Hospital: 0121 424 3505
Out of hours Monday to Friday 17.00-08.00 and weekends/bank holidays

Hysteroscopy nurse (emails/calls are not monitored daily so should not be used if urgent.
HysteroscopyNursesUHB_HGS@uhb.nhs.uk / 0121 424 9524

References - additional reading

- Royal College of Obstetricians and Gynaecologists (RCOG). Outpatient hysteroscopy. Available at: https://www.rcog.org.uk/ (Accessed: 10/04/2026).
- British Society for Gynaecological Endoscopy (BSGE). Outpatient hysteroscopy consent form. Available at: 030322-Outpatient-Hysteroscopy-Consent-Form-DRAFT_v3_clean.pdf (Assessed 10/04/2026).
- De Silva, P.M., Smith, P.P., Cooper, N.A.M. and Clark, T.J. (2024) *Outpatient hysteroscopy (Green-top Guideline No. 59)***.** BJOG: An International Journal of Obstetrics and Gynaecology**,** 131 (13), pp. e86–e110. Available at: https://doi.org/10.1111/1471-0528.17907 (Accessed 10/04/2026).

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