



GIG
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Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Hysterosgopi

Esbonio'r Driniaeth



Gwybodaeth a Ffurflen Gydsynio
Dewch â'r llyfryn hwn gyda chi

Gwybodaeth hysterosgopi

Fe'ch cynghorwyd gan eich Meddyg Teulu neu eich meddyg yn yr ysbyty i gael ymchwiliad a gaiff ei alw'n hysterosgopi.

Mae eich cydsyniad ffurfiol yn ofynnol ar gyfer y driniaeth hon.

Os na allwch gadw'r apwyntiad, rhowch wybod i'r Swyddog Amserlennu ar gyfer Gwaedu Ôl-menopos ar **Ffôn 01633 234400** cyn gynted â phosib. Bydd hyn yn galluogi'r staff i roi eich apwyntiad i rywun arall a byddant yn gallu trefnu dyddiad ac amser arall i chi. Dewch â'r llyfryn hwn gyda chi i'ch apwyntiad.

Trefnwyd apwyntiad i chi ar gyfer eich Hysterosgopi yn:

**Yr Uned Triniaethau Dydd
Ysbyty Nevill Hall Brecon Road
Y Fenni
NP7 7EG
Ffôn 01873 733239**

Ffoniwch y Swyddfa Amserlennu ar gyfer Gwaedu Ôl-menopos, os nad yw hyn yn gyfleus neu os hoffech drafod unrhyw agwedd ar y driniaeth cyn eich apwyntiad. Ysgrifennwyd y llyfryn hwn er mwyn eich galluogi i wneud penderfyniad ar sail gwybodaeth o ran cytuno i'r ymchwiliad ac a ydych am i gyffur tawelu gael ei ddefnyddio.

Mae ffurflen gydsynio ar gefn y llyfryn hwn.

Mae'r **ffurflen gydsynio yn ddogfen gyfreithiol** felly darllenwch hi yn ofalus.

Pan fyddwch wedi darllen ac wedi deall yr holl wybodaeth, gan gynnwys y posibilrwydd o gymhlethdodau, ac rydych chi'n cytuno i gael yr ymchwiliad, llofnodwch a rhowch y dyddiad ar y ffurflen gydsynio.

Byddwch yn sylwi bod y ffurflen gydsynio wedi'i dyblygu, cadwch gopi ar gyfer eich cofnodion, felly llenwch hi tra bydd ynghlwm o hyd wrth y llyfryn hwn.

Fodd bynnag, os oes rhywbeth nad ydych yn ei ddeall neu yr hoffech ei drafod ymhellach, peidiwch â llofnodi'r ffurflen ond dewch â hi gyda chi a'i llofnodi ar ôl i chi siarad â Gweithiwr Gofal Iechyd Proffesiynol.

Pam mae angen i mi gael Hysterosgopi?

Rydych chi wedi cael cyngor i gael yr ymchwiliad hwn i helpu i ganfod achos eich symptomau, gan hwyluso'r driniaeth ac os oes angen i bend-erfynu ar brofion ychwanegol.

Mae'r prif resymau dros yr ymchwiliad hwn yn cynnwys:

1. Gwaedu annormal o'r groth
2. Leinin mwy trwchus y groth

Beth os ydw i'n gwaedu'n drwm ar adeg yr apwyntiad?

Rydych wedi cael eich atgyfeirio oherwydd gwaedu ôl-menopos, mae'n bwysig i chi ddod i'r apwyntiad hyd yn oed os ydych yn gwaedu.

Beth yw hysterosgopi?

Yn y clinig rydym yn cynnal prawf o'r enw hysterosgopi. Mae hysterosgopi yn caniatáu i'r meddyg edrych y tu mewn i'r groth gan ddefnyddio telesgop bach o'r enw hysterosgop. Mae'r hysterosgop yn cael ei basio'n ofalus drwy geg y groth (serfics). Rydym yn defnyddio toddiant halwynog er mwyn helpu i basio'r hysterosgop i'r groth. Efallai y bydd angen lledu gwddf y groth cyn y driniaeth. Efallai y bydd angen anesthetig lleol arnoch i'r serfics cyn hyn.

Yna bydd y meddyg yn cymryd sampl o'r feinwe o leinin y groth (biopsi). Weithiau mae tagiau croen syml (polypau) i'w canfod yn y groth a gall fod yn bosibl tynnu'r rhain yn ystod yr hysterosgopi. Mae'n bosib tynnu lluniau i gadw cofnod ac at ddibenion dogfennu. Gwneir pob ymdrech i sicrhau ein bod yn parchu eich urddas drwy gydol eich arhosiad.

Paratoi

Rydym yn eich cyngori i gael pryd da, naill ai frechwast neu ginio yn dibynnu ar amser eich apwyntiad ac i gymryd 1g Paracetamol a 400 mg Brufen (os nad oes gennych alergeddau neu anoddefiadau) cyn eich triniaeth.

Beth am fy meddyginiaeth?

Meddyginiaeth Arferol

Dylech gymryd eich meddyginiaeth arferol. Dewch â rhestr o'r rhain gyda chi pan fyddwch yn dod ynghyd â'ch sbectol darllen, os oes eu hangen arnoch.

Gwrthgeulyddion/Alergeddau

Ffoniwch yr uned cyn gynted ag y byddwch yn derbyn yr apwyntiad os ydych yn cymryd Warfarin neu deneuwyr gwaed eraill gan gynnwys Aspirin, Clopidogrel neu Apixaban i gael rhagor o gyfarwyddiadau. Bydd angen INR cyfredol arnoch os ydych ar warafarin.

Ffoniwch i gael gwybodaeth os ydych yn credu bod gennych alergedd i latecs.

Am ba hyd y byddaf yn yr Adran Hysterosgopi?

Yn gyfangwbl efallai y bydd disgwyl i chi fod yn yr Ysbyty am 1-2 awr, oni bai eich bod yn teimlo'n sâl a'n bod yn gofyn i chi gael eich arsylwi ychydig yn hirach.

Beth fydd yn digwydd ar ôl i fi gyrraedd?

Pan fyddwch yn dod i'r clinig Hysterosgopi bydd y Clinigwr yn gofyn cwestiynau i chi am eich problemau ac unrhyw bryderon sydd wedi bod gennych. Os nad ydych eisoes wedi cael sgan uwchsain, bydd yr Ymgynghorydd yn perfformio sgan trawsweiniol mewnol yn gyntaf. Mae hyn yn golygu gosod chwiliedydd neu brôb y tu mewn i'r waun i gael delwedd glir. Mae'r pilen (sheath) yn amwisgo'r chwiliedydd. **(Rhowch wybod i'r clinigwr os oes gennych alergedd latecs)**

Os bydd yr Adran Radioleg yn cysylltu â chi i drefnu sgan uwchsain gyda'u Hadran ac na allant gynnig apwyntiad i chi cyn y dyddiad rydym wedi ei drefnu gyda chi, yna peidiwch â phoeni gan y bydd y ddau yn cael eu gwneud yn yr apwyntiad Clinig Gwaedu Ôl-menopos. Yn dibynnu ar ganlyniadau'r sgan uwchsain a berfformiwyd cyn hynny neu yn y clinig, bydd hyn yn penderfynu a oes angen hysterosgopi i edrych yn fanylach y tu mewn i'r groth (wterws) ac i benderfynu a oes angen triniaeth bellach.

Dylech ddod â'ch ffurflen gydsynio wedi'i llofnodi a fydd yn cael ei chadarnhau gan yr arbenigwr hysterosgopi.

Yr Archwiliad

Bydd y Nyrs yn gofyn i chi orwedd ar y gwely. Bydd y prawf yn cymryd 20-30 munud i'w gwblhau; byddwch yn hollol effro. Mae rhai cleifion yn profi anghysur. Os yw'r weithdrefn yn anghyfforddus i chi, trafodwch hyn gyda'r clinigwr.

Yn ystod yr ymchwiliad, gellir tynnu samplau (biopsi) o leinin y groth i'w dadansoddi yn ein labordai. Caiff y rhain eu cadw. Caiff unrhyw ffotograffiaeth ei chofnodi yn eich nodiadau.

Anesthesia Lleol

Byddwch yn cael cynnig analgesia lleol. Mae hyn yn dibynnu ar y math o driniaeth. Gall hyn fod naill ai'n gel ALI (anesthetig lleol) neu'n chwistrelliad anaesthetig lleol i'r serfics cyn mewnosod y telesgop a/neu ledu'r serfics cyn mewnosod y telesgop a thynnu polyp(au).

Risgiau'r driniaeth

Ystyrir bod hysterosgopi yn ymchwiliad mewnwthiol ac oherwydd hynny gall arwain at gymhlethdodau cysylltiedig Mae'r rhain yn digwydd yn hynod anaml; hoffem dynnu eich sylw atynt ac felly gyda'r wybodaeth hon, gallwch wneud eich penderfyniad eich hun. Bydd y Clinigydd a ofynnodd am y prawf wedi ystyried hyn yn ofalus iawn cyn argymhell i chi ei gael ac fel gyda phob triniaeth feddygol, mae'n rhaid cymharu'r risg â'r buddion o wneud yr ymchwiliad. Mae'r risgiau yn fach ond gellir eu cysylltu â'r driniaeth ei hun.

Risgiau cyffredin

Mae risgiau cyffredin yn cynnwys:

- Poen
- Haint
- Teimlo'n wan/llewygu
- Gwaedu o leoliad y biopsi neu'r polyp a dynnir. Risgiau ysgafn nodweddiadol, fel gwaedu, gallant un ai atal ei hunain, neu os na fyddant, cânt eu rheoli â thriniaeth.
- Methu cwblhau y gweithdrefn oherwydd anghysur claf ac/neu gwddf tynn y groth.

Risgiau difrifol

Mae risgiau difrifol yn cynnwys:

- Y risg gyffredinol o gymhlethodau difrifol yn sgil hysterosgopi diagnostig yw tua dwy fenyw ym mhob 1000 (anghyffredin)
- Difrod i'r wterws, gan gynnwys rhwygiad (anghyffredin)
- Difrod i'r coluddyn, y bledren neu bibellau gwaed mawr (prin)
- Methu â chael mynediad i geudod y groth a chwblhau'r driniaeth a fwriedir (anghyffredin)
- Anffrwythlondeb (prin)
- Mae tair i wyth menyw ym mhob 100 000 sy'n cael hysterosgopi yn marw o ganlyniad i gymhlethodau (prin iawn).

Unrhyw gamau ychwanegol a allai ddod yn angenrheidiol yn ystod y driniaeth

Laparosgopi neu laparatomi mewn achosion o rhydyllu. Risg bychain o angen drallwysiad gwaed.

Hysterosgopi, polypectomi

Beth yw polyp?

Mae polyp yn dyfiant allan o leinin y groth i mewn i'w cheudod a achosir gan gelloedd yn lluosogi'n afreolaidd. Mae rhai polypau coesynnog (yn edrych fel grawnwin) ac wedi eu cysylltu i wal y groth drwy goesyn, ac mae rhai eraill yn bolypau di-goes ac wedi eu cysylltu i wal y groth yn un-iongyrchol heb goesyn. Caiff polypau a gaiff eu canfod eu tynnu fel rheol neu eu profi gan y Clinigydd, a chânt eu hanfon am brofion hystoleg, gan y gallant dyfu ac achosi problemau fel arall.

Polypectomi

Gellir tynnu'r polyp ar unwaith neu mewn ail apwyntiad. Bydd eich Ymgynghorydd yn gwneud y penderfyniad hwn. Gellir tynnu polyp mewn un o ddwy ffordd bosibl gan ddefnyddio diathermedd trydanol neu ddyfais fecanyddol, MyoSure. Caiff y ddyfais hon ei phasio drwy'r hysterosgop i'ch croth ac mae'n tynnu'r polyp drwy ddulliau mecanyddol.

Ar ôl y driniaeth

Caniateir i chi orffwys yn yr ardal ymadfer, a gellir gwneud unrhyw arsylwi sydd ei angen. Cyn i chi adael yr Adran, bydd y Nyrs neu'r Clinigydd yn esbonio'r canfyddiadau ac unrhyw feddyginiaeth neu ymchwiliadau ychwanegol y bydd eu hangen. Bydd y Clinigydd yn eich hysbysu hefyd a oes angen rhagor o apwyntiadau arnoch.

Cyfarwyddiadau rhyddhau yn dilyn hysterosgopi

O bryd i'w gilydd yn ddiweddarach efallai y byddwch yn profi poen tebyg i fislif. Gall hyn gael ei leddfu â thabledi Parasetamol/Brufen a roddir i chi yn y clinig os nad ydych eisoes wedi cymryd tabledi a bod angen rhai arnoch. Pan fo'ch Nyrs yn teimlo eich bod wedi gwella ddigon, bydd hi'n eich rhyddhau o'r Uned i ddiogelwch eich perthynas/ffrind gan y bydd angen rhywun arnoch i fynd â chi adref yn dilyn y driniaeth.

Pan fyddwch chi gartref

Efallai y profwch rywfaint o sbotio neu golli gwaed. Bydd angen gwisgo pad ar gyfer hyn. Efallai y byddwch am gymryd poen-laddwyr hefyd, e.e. y dos a argymhellir o Parasetamol. I leihau'r risg o haint, argymhellwn i chi beidio â gwneud y canlynol am un wythnos:

- Cael cyfathrach rywiol
- Nofio
- Defnyddio tampon
- Eistedd mewn bath

Er hynny, mae'n rhaid i chi:

- Gadw olwg am redlif sy'n aroglï'n ddrwg, symptomau tebyg i ffliw, gwaedu trwm a allai awgrymu haint

Pa bryd y caf i'r canlyniadau?

Er hynny, mae'n rhaid i chi:

Pan fydd canlyniadau'r sampl meinwe o'ch croth (y biopsi) wedi dod i law, bydd y Clinigydd yn ysgrifennu atoch chi a'ch Meddyg Teulu i awgrymu unrhyw driniaeth bellach angenrheidiol. Mewn rhai achosion, adroddir bod y sampl yn annigonol, mae hwn yn ganfyddiad arferol.

Bydd hyn yn cymryd tua 4 wythnos.

Os ydych yn profi unrhyw waedu trwm neu ofidion ar ôl eich apwyntiad, cysylltwch â ni ar y rhifau ffôn canlynol:

**Uned Triniaethau Dydd - 8.00am – 4.00pm
01873 733239**

**Uned Asesu Gynaecoleg Frys, Ysbyty Athrofaol y Grange y Tu Allan i
Oriau
01633 493557 / 493556 / 493985**

Pwyntiau cyffredinol i'w cofio:

- Os na allwch gadw'r apwyntiad, rhowch wybod i'r clinig Gwaedu Ôl-menopos cyn gynted â phosib.
- Ein nod yw i rywun eich gweld chi a'ch archwilio cyn gynted â phosib ar ôl i chi gyrraedd. Fodd bynnag, mae'r Adran yn brysur iawn a gall eich ymchwiliad gael ei oedi. Os oes achosion brys, yn amlwg rhoddir blaenoriaeth i'r cleifion hyn dros yr achosion llai brys.
- Ni all yr ysbyty dderbyn unrhyw gyfrifoldeb am golli neu ddifrod i'ch eiddo personol yn ystod eich amser ar y safle hwn.

Dewch â rhestr o'ch meddyginiaeth bresennol a'ch sbectol ddarllen gyda chi.

COFIWCH LOFNODI EICH FFURFLEN GYDSYNIO YNG NGHEFN Y LLYFRYN A DOD Â HI GYDA CHI.

BYDD ANGEN I CHI DDOD Â RHYWUN GYDA CHI I FYND Â CHI ADREF YN DILYN Y DRINIAETH.

Cyfeiriadau

1. Hysterosgopi, Arfer Gorau mewn Cleifion Allanol (Canllaw Gwyrdd Rhif 59)
Cyhoeddwyd: 27/04/2011
2. Coleg Brenhinol yr Obstetryddion a'r Gynaecolegwyr. Cael Cydsyniad Dilys. Cyngor Llywodraethiant Clinigol Rhif 6. Llundain: RCOG; 2008 [www.rcog.org.uk/womens-health/clinical-guidance/obtaining-valid-consent].
3. Coleg Brenhinol yr Obstetryddion a'r Gynaecolegwyr. Cyflwyno Gwybodaeth am Risg. Cyngor Llywodraethiant Clinigol Rhif 7. Llundain: RCOG; 2009 [www.rcog.org.uk/womens-health/clinical-guidance/presenting-information-risk].
4. Jansen FW, Vredevoogd CB, van Ulzen K, Hermans J, Trimbos JB, Trimbos-Kemper TC. Complications of hysteroscopy: a prospective, multicenter study. *Obstet Gynecol* 2000;96:266–70.

Enw'r driniaeth: Hysterosgopi, Biopsi Endometraidd a Pholypectomi

Archwilio ceudod y groth gyda neu heb fiopsi, ffotograffiaeth, tynnu polypau. Bydd samplau biopsi yn cael eu hanfon i'r labordy.

1. Datganiad claf/rhiant

Mae gennych hawl i newid eich meddwl unrhyw bryd, hyd yn oed ar ôl i chi lofnodi'r ffurflen hon Rwyf wedi darllen ac rwy'n deall y wybodaeth yn y llyfryn sydd ynghlwm, gan gynnwys y buddion ac unrhyw risgiau

Rwy'n **cytuno** i'r driniaeth a ddisgrifir yn y llyfryn hwn ac ar y ffurflen. **Rwyf yn deall** na allwch roi gwarant i fi y bydd person penodol yn gwneud y driniaeth. Fodd bynnag, bydd gan y person brofiad priodol. Pan fydd hyfforddai yn perfformio'r archwiliad fe gaiff ei wneud o dan oruchwyliaeth ymarferydd sy'n hollol gymwys.

Rydwyf wedi darllen y llyfryn gwybodaeth i gleifion a rydwyf yn deall gweithdrefn meddygol ac y risgiau cysylltiedig.

Llofnod..... Enw (printiwch).....Dyddiad.....

Os hoffech chi ofyn unrhyw gwestiynau eraill peidiwch â llofnodi'r ffurflen nawr. Dewch â hi gyda chi a gallwch ei llofnodi

ar ôl i chi siarad a gweithiwr proffesiynol ym maes gofal iechyd

2. Cadarnhau cydsyniad (i'w gwblhau gan weithiwr proffesiynol iechyd pan fydd y claf yn cael ei dderbyn i gael y driniaeth ac wedi llofnodi'r ffurflen o flaen llaw).

Rwyf wedi cadarnhau bodd y claf/rhiant yn deall beth mae'r driniaeth yn ei olygu, gan gynnwys y buddion ac unrhyw risgiau. Nid oes gan y claf ragor o gwestiynau ac mae'n dymuno i'r driniaeth fynd yn ei blaen.

Llofnod Dyddiad.....

Enw (printiwch)..... Teitl y swydd.....

3. Datganiad gweithiwr iechyd proffesiynol (i'w lenwi gan y gweithiwr iechyd proffesiynol sydd â gwybodaeth briodol am y driniaeth arfaethedig, fel y nodir yn y polisi cydsynio) Mewn ymateb i gais am ragor o wybodaeth, esboniwyd y driniaeth i'r claf/rhiant. Yn benodol rwyf wedi esbonio:

Y buddion a fwriedir:

- Rhoi diagnosis a thrin achos posibl eich symptomau

Risgiau sylweddol, anochel neu rai sy'n digwydd yn gyffredin:

- Risgiau endosgopi i'r groth ac organau'r abdomen: Rhwygo, gwaedu, poen, haint, triniaeth yn methu

Rwyf hefyd wedi trafod yr hyn y mae'r driniaeth yn debygol o'i olygu, buddion a risgiau unrhyw driniaethau amgen sydd

ar gael (gan gynnwys dim triniaeth) ac unrhyw bryderon penodol rai perthnasol.

Llofnod Dyddiad.....

Enw (printiwch)..... Teitl y swydd.....

4. Datganiad y cyfieithydd ar y pryd (Ile y bo'n briodol) rwyf wedi cyfieithu'r wybodaeth uchod ar y pryd i'r claf hyd

eithaf fy ngallu ac mewn modd rwy'n credu y gall hi ei ddeall.

Pryd mae amheuaeth o drylliad crothol, efallai fydd angen i ni edrych tu mewn eich abdomen gyda telesgop llawfeddygol neu fydd angen i chi gael llawdriniaeth sylweddol o'r enw laparotomy (torriad mwy i'ch abdomen)

Llofnod Dyddiad.....

Enw (printiwch)..... Teitl y swydd.....

Patent agreement to Gynaecology investigation or treatment:

Name of procedure: Hysteroscopy, Endometrial Biopsy & Polypectomy
Inspection of the uterine cavity with or without biopsy, photograpy, removal of polyps. Biopsy samples will be sent to the lab.

1. Statement of patient/parent

You have the right to change your mind at any time, even after you have signed this form)
I have read and understand the information in the attached booklet, including the benefits and any risks
I agree to the procedure described in this booklet and on the form. I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience. When a trainee performs the examination, it will be undertaken under the supervision of a fully qualified practitioner.
I have read the patient information booklet and understand the procedure and the associated risks.

Signature:.....
Date:.....

If you would like to ask any further questions, please do not sign the form now. Bring it with you and you can sign it after you have talked with a healthcare professional

2. Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure, if the patient/parent has signed the form in advance)

I have confirmed that the patient/parent understands what the procedure involves, including the benefits and any risks. The patient has no further questions and wishes the procedure to go ahead.

Signed:.....
Date:.....
Name (PRINT):.....
Job title:.....

3. Statement of health professional (to be filled in by the health professional with appropriate knowledge of proposed procedure, as specified in consent policy) In response to a request for further information have explained the procedure to the patient/parent. In particular I have explained:

- To diagnose and treat a possible cause of your symptoms
- Endoscopy risks to uterus and abdominal organs: Perforation, bleeding, pain, infection, failed procedure

I have also discussed what the procedure is likely to involve the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of those involved.
In the event of a suspected uterine perforation, we may need to look inside your abdomen with a surgical telescope or you may need major surgery called a laparotomy (a larger cut to your abdomen).

Signed:.....
Date:.....
Name (PRINT):.....
Job title:.....

4. Statement of interpreter (where appropriate) I have interpreted the information above on the patient/parent to the best of my ability and in a way in which I believe she can understand.

Signed:.....
Date:.....
Name (PRINT):.....
Job title:.....

General points to remember:

- If you are unable to keep your appointment, please notify the Post-Menopausal Bleeding Clinic as soon as possible.
- It is our aim for you to be seen and investigated as soon as possible after your arrival. However, the Department is very busy and your investigation may be delayed. If emergencies occur, these patients will obviously be given priority over the less urgent cases.
- The Hospital cannot accept any responsibility for the loss or damage to personal property during your time on these premises.

Please bring with you a list of your current medications and your reading glasses.

PLEASE REMEMBER TO SIGN YOUR CONSENT FORM IN THE MIDDLE OF THE BOOKLET AND BRING IT WITH YOU.

YOU WILL NEED TO BRING SOMEONE WITH YOU TO TAKE YOU HOME FOLLOWING THE PROCEDURE.

References

1. Hysteroscopy, Best Practice in Outpatient (Green-top Guideline No. 59) Published: 27/04/2011

2. Royal College of Obstetricians and Gynaecologists. Obtaining Valid Consent. Clinical Governance Advice No. 6. London: RCOG; 2008 [www.rcog.org.uk/womens-health/clinical-guidance/obtaining-valid-consent/].

3. Royal College of Obstetricians and Gynaecologists. Presenting Information on Risk. Clinical Governance Advice No. 7. London: RCOG; 2009 [www.rcog.org.uk/womens-health/clinical-guidance/presenting-information-risk/].

4. Jansen FW, Vredvoogd CB, van Ulzen K, Hermans J, Trimbos JB, Trimbos-Kemper TC. Complications of hysteroscopy: a prospective,, multicenter study. Obstet Gynecol 2000;96:266-70.
Patent Information Unit: PIU1564/2
Issue Date: April 2025 Expiry Date: April 2028

When will I get the results?

When the results of the tissue sample from your womb (biopsy) have been received, the Clinician will write to you and your General Practitioner and suggest any further treatment needed. In some cases, the sample will be reported as inadequate, this is a normal finding. **This will take approximately 4 weeks.**

If you have any heavy bleeding or worries following your appointment, please contact us on the following numbers: -

**Ambulatory Unit
8.00am – 4.00pm
01873 733239**

**Emergency Gynaecology Assessment Unit
The Grange University Hospital
Out of Hours
01633 493557 / 493556 / 493985**

After the procedure

You will be allowed to rest in the recovery area, and any necessary observation made. Before you leave the Department, the Nurse or Clinician will explain the findings and any medication or further investigations required. The Clinician will also inform you if you require further appointments.

Discharge instructions following hysteroscopy

Occasionally, afterwards, you may experience period type pain. This should be relieved by Paracetamol/Ibuprofen tablets, which will be given to you in the clinic if you have not already taken tablets and need them. When your Nurse feels that you have recovered enough, she will discharge you from the Unit to the safety of your relative/friend as you will need someone to take you home following the procedure.

When you are at home

You may experience some spotting or blood loss that will require a pad to be worn. You may also want to take painkillers, e.g., the recommended dose of Paracetamol. To reduce the risk of infection we advise you for one week not to: -

- Have sexual intercourse
- Go swimming
- Use tampons
- Sit in a bath

You must seek advice if there is offensive smelling discharge, flu like symptoms, heavy bleeding which may indicate infection.

Serious risks

Serious risks include:

- The overall risk of serious complications from diagnostic hysteroscopy is approximately two women in every 1000 (uncommon)
- Damage to the uterus, including perforation (uncommon)
- Damage to bowel, bladder or major blood vessels (rare)
- Failure to gain entry to uterine cavity and complete intended procedure (uncommon)
- Infertility (rare)
- Three to eight women in every 100 000 undergoing hysteroscopy die as a result of complications (very rare).

Any extra procedures which may become necessary during the procedure

Laparoscopy or laparotomy in the event of perforation. Small risk of needing a blood transfusion.

Hysteroscopy, polypectomy

What is a polyp?

A polyp is a protrusion from the lining of the womb in to the uterine cavity caused by an abnormal multiplication of cells. Some polyps are pedunculated (look like a grape) and are attached to the womb by a stalk and some are sessile polyps which attach directly onto the womb without a stalk. Polyps when found are generally removed or sampled by the Clinician, and will be sent for histology, as they may grow and cause problems.

Polypectomy

Removal of the polyp may be done immediately or at a second appointment. This decision will be made by your consultant. A polyp may be removed in one or two ways, using electrical diathermy or mechanical device. MySure. This device is passed via the hysteroscope into your womb and

The Investigation

The Nurse will ask you to lie on the couch. The examination takes 20-30 minutes to complete, and you will be fully awake. Some patients experience discomfort. If you find the procedure uncomfortable, please discuss this with the clinician.

During the procedure samples (a biopsy) may be taken from the lining of the womb for analysis in our Laboratory. These will be retained. Any photography will be recorded in your notes.

Local Anaesthesia

You will be offered local analgesia. This depends on the type of procedure. This can be either a LA gel or a local anaesthetic injection into the cervix before insertion of the telescope and/ or dilatation of the cervix before insertion of the telescope and polyp removal.

Risks of the procedure

Hysteroscopy is classified as an invasive investigation and because of that it has the possibility of associated complications. These occur extremely infrequently; we would wish to draw your attention to them and so with this information you can make your own decision. The Clinician who has requested the test will have considered this very carefully before recommending that you have it and as with every medical procedure the risk must be compared to the benefit of having the procedure carried out. The risks are small but can be associated with the procedure itself.

Frequent risks

Frequent risks include:

- Pain
- Infection
- Feeling faint/fainting
- Bleeding from the site of the biopsy or polyp removed. Typically minor in degree, such as bleeding, may either simply stop on its own, or if it does not, will be controlled with treatment.
- Failed procedure due to patient discomfort and/or tight neck of the womb.

What about my medication?

Routine Medication

Your routine medication should be taken. Please bring a list of these with you when you attend along with your reading glasses, if you need any.

Anticoagulants/Allergies

Please telephone the unit as soon as you receive the appointment if you are taking Warfarin or other blood thinners including Aspirin, Clopidogrel or Apixaban for further instructions. You will need an up-to-date INR if you are on warfarin.

Please telephone for information if you think you have a latex allergy.

How long will I be in the Hysterectomy Department?

Overall, you may expect to be in the Hospital for 1-2 hours, unless you feel unwell and we require you to be observed a little longer.

What happens when I arrive?

When you attend the Hysterectomy clinic the Clinician will ask you questions about your problems and any concerns that you have been having. If you have not already had an ultrasound scan, the Consultant will firstly perform an internal transvaginal scan.

This involves insertion of a probe inside the vagina to get a clear image. The probe is covered with a sheath.

(Please inform the clinician if you have a latex allergy)

If you are contacted by the Radiology Department to arrange an ultrasound scan with their department and they are unable to offer you an appointment before the date we have arranged with you, then do not worry as both will be done at the Post-Menopausal Bleeding Clinic appointment. Depending on the results of the ultrasound scan performed prior, or in clinic will determine if a hysteroscopy is needed for a more in depth look inside the womb (uterus) and to determine if further treatment is needed.

You should bring your signed consent form which will be confirmed by the Hysteroscopist.

Why do I need to have a Hysteroscopy?

You have been advised to undergo this investigation to help find the cause of your symptoms, thereby facilitating treatment, and if necessary to decide on further investigations.

The main reasons for this investigation include:

1. Abnormal uterine bleeding

2. Thickened lining of the womb

What if I have heavy bleeding at the time of the appointment?

You have been referred due to post-menopausal bleeding; it is important that you attend for the appointment given even if you are bleeding.

What is a Hysteroscopy?

In clinic we carry out a test called hysteroscopy. A hysteroscopy allows the doctor to look into the womb using a fine telescope called a hysteroscope. The hysteroscope is passed gently through the neck of the womb (cervix). We use saline to help pass the hysteroscope into the womb. The neck of the womb may need dilatation before the procedure. You may need a local anaesthetic into the cervix prior to this.

The doctor will then take a sample of tissue from the womb lining (a biopsy). Sometimes simple skin tags (polyps) are found in the womb and it may be possible for these to be removed during the hysteroscopy. Photographs can be taken for record and documentation purposes. Every effort will be made to ensure we respect your dignity throughout your stay.

Preparation

We advise that you have a good meal, either breakfast or lunch depending on the time of your appointment and to take 1g Paracetamol and 400 mg Ibuprofen (if you have no allergies or intolerances) prior to your procedure.

Hysteroscopy information

You have been advised by your GP or hospital doctor to have an investigation known as a hysteroscopy.

This procedure requires your formal consent.

If you are unable to keep your appointment, please notify the Post-Menopausal Bleeding Scheduling Office on **Tel 01633 234400** as soon as possible. This will enable the staff to give the appointment to someone else and they will be able to arrange another date and time for you. Please bring this booklet with you when you attend.

An appointment for your Hysteroscopy has been arranged at:

**The Ambulatory Unit
Nevill Hall Hospital
Brecon Road Abergavenny
NP7 7EG
Telephone 01873 733239**

Please telephone the Post-Menopausal Bleeding Scheduling Office if this is not convenient or you would like to discuss any aspect of the procedure before your appointment. This booklet has been written to enable you to make an informed decision in relation to agreeing to the investigation and whether you wish sedation to be used.

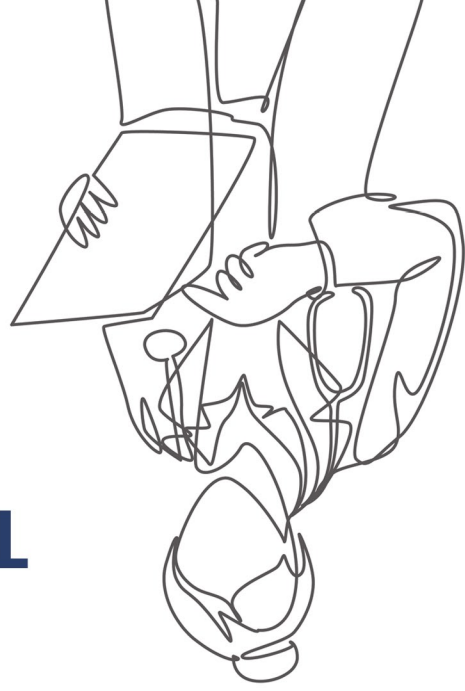
In the middle of the booklet is a consent form.

The consent form is a legal document therefore please read it carefully. Once you have read and understood all the information including the possibility of complications and you agree to undergo the investigation, please sign and date the consent form.

If, however, there is anything you do not understand or wish to discuss further do not sign the form but bring it with you and sign it after you have spoken to a Health Care Professional.

Information and Consent Form

Please bring this booklet with you



The Procedure Explained

Hysteroscopy