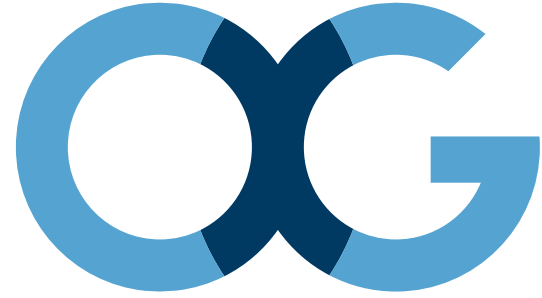


Hysteroscopy and biopsy



How can a hysteroscopy and biopsy help?

Hysteroscopy is a small camera procedure undertaken to look inside the uterus (womb) and may involve a biopsy, which is taking a small sample of tissue to look at under the microscope.

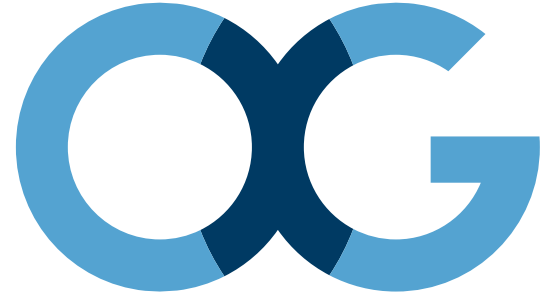
It can be done under general anaesthetic (asleep) or local anaesthetic (awake but with pain-numbing medication) and the camera is passed through your vagina and cervix (entrance to the womb), meaning no cuts are made in your skin. It may last anywhere between 5 and 30 minutes, depending on your personal situation.

The most common reasons to have a hysteroscopy and biopsy include: post-menopausal bleeding, irregular or heavy periods, difficulty getting pregnant or to investigate abnormalities found on ultrasound scan.

What are the risks of hysteroscopy and biopsy?

All treatments and procedures have risks and we will talk to you about the risks of hysteroscopy and biopsy. Risks can be divided up into two categories common (less serious) and rare (more serious).

Hysteroscopy and biopsy



Problems that may happen straight away

Common risks of hysteroscopy and biopsy include: general abdominal (tummy) or pelvic pain (much like period cramps); pelvic infection; and vaginal bleeding. Sometimes we find out during a local anaesthetic procedure that it is too uncomfortable or not possible to perform the procedure, and therefore we will discontinue the hysteroscopy and re-book you to undertake the procedure with general anaesthetic.

Sometimes due to thinning of the womb-lining it is not possible to obtain a biopsy sample. There can be side-effects associated with general anaesthesia and include nausea, vomiting and a sore throat. The anaesthetic doctor will discuss these.

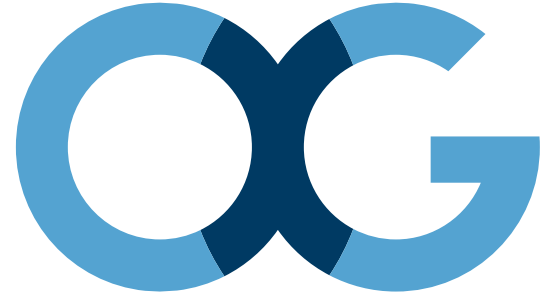
Problems that may happen later

There are not generally any common delayed risks other than infection, which generally occurs within days to a few weeks, presenting with temperatures or offensive (smelly) vaginal discharge.

Problems that are rare, but serious

Rare but potentially more serious complications include injury to internal organs such as the cervix and womb which can lead to injury to the bladder, bowels, ureters (tubes that connect the kidneys to the bladder) or major blood vessels. There is also a risk of forming blood clots in the legs or lungs or having a severe allergic reaction to drugs used during surgery.

Hysteroscopy and biopsy



What additional procedures may be required?

Additional procedures that may become necessary but are not planned during your surgery include a laparoscopy (key-hole operation to look in your tummy to exclude and/or treat injury to abdominal organs), laparotomy (opening your tummy to repair injury to abdominal organs), and blood transfusion if there is heavy bleeding.

What will happen if I choose not to have hysteroscopy and biopsy?

If you choose against having a hysteroscopy and biopsy the symptoms which led you to the gynaecological clinic are likely to continue. For some patients this means a delay or failure to diagnose cancer, leading to a delay or failure to be able to treat these cancers. In some circumstances this could lead to early death due to delay or failure in the diagnosis of cancer.

What alternatives are available?

The alternatives available include: doing nothing; ultrasound/MRI scan; taking medical treatments; and other surgical procedures. Other surgical procedures may include treatment such as a hysterectomy (removal of the womb) but this is major surgery and generally not advisable until a cause of your symptoms such as cancer has been excluded, as the type of hysterectomy may vary according to your diagnosis. These should be covered in your consultation with the doctor.