

Consent Form 3

Patient / Parental agreement to investigation or treatment
Procedures where consciousness not impaired

Name of proposed procedure or course of treatment

OUTPATIENT HYSTEROSCOPY WITH BIOPSY OR REMOVAL OF POLYPS

Hospital	no:
NHS	no:
Surname	_____
Forename	_____
Gender	_____ D.o.B. ____/____/____

Statement of health professional *(to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)*

I have explained the procedure to the patient. In particular, I have explained:

The intended benefits: *To examine the inside of the womb (uterus)*

Serious or frequently occurring risks

Frequent risks: Heavy bleeding: 1 in every 100 women (light bleeding is very common)
Infection: 1 in every 100 women

Uncommon but Serious risks:

Perforation of the uterus (hole made in womb): 1 in every 1000 women
Further procedure or operation to repair damage: rare

Any extra procedures which may become necessary during the procedure

- blood transfusion
- other procedures: coil insertion

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 this patient.

- The following leaflet/tape has been provided: Hysteroscopy

Doctor's Signature Date

Name (PRINT) Job title

Contact details (if patient wishes to discuss options later)

Top copy accepted by patient: yes/no (please ring)

Statement of interpreter (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way which I believe he/she can understand.

Signature..... Date.....

Name (PRINT).....

TAB: Clinical notes, Consent forms

Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy of page 2 which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. If you have any further questions, do ask – we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

Hospital no:	_____
NHS no:	_____
Surname	_____
Forename	_____
Gender _____ D.o.B.	___/___/___

Statement of patient / person with parental responsibility for patient

I agree to the procedure described above.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that the procedure will / will not involve local anaesthesia.

Signature Date.....

Relationship to patient

Name (PRINT)

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 has no further questions and wishes the procedure to go ahead.

Signed: Date

Name (PRINT)

Job title

A witness should sign below if the patient is unable to sign but has indicated his or her consent. Young people/children may also like a parent to sign here (see notes).

Witness's Signature	Date
Name (PRINT)	
Relationship to patient	

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

On behalf of the team treating the patient, I have confirmed with the patient that she has no further questions and wishes the procedure to go ahead.

Doctor's Signature	Date
Name (PRINT)	Job title



University Hospitals Bristol **NHS**

NHS Foundation Trust

Patient information service
St Michael's Hospital / South Bristol Community Hospital

Hysteroscopy



Respecting everyone
Embracing change
Recognising success
Working together
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This leaflet explains what will happen during your hysteroscopy procedure, and the reasons why you are having it performed. You will also be able to talk to the doctor before your procedure, who will answer any questions that you have.

What is a hysteroscopy?

A hysteroscopy is a procedure to look inside your uterus (womb). A very fine telescope with a tiny camera at its tip is passed into the vagina and through the cervix (neck of the womb). A gentle flow of fluid is used to open the cervix and fill the womb cavity so it can be viewed by the doctor. The pictures are shown on a screen, which allows the doctor to see whether or not it is normal. Sometimes other procedures are recommended, such as taking a biopsy or removing a polyp. Your doctor will explain what is needed in your case.

Why do I need a hysteroscopy?

There are many different reasons why you may have an appointment for hysteroscopy. It is commonly used to investigate symptoms such as bleeding in between periods, heavy periods and bleeding after the menopause. Hysteroscopy is also used where a problem has already been diagnosed, such as removing a polyp, or retrieving a contraceptive coil.

Do I need a general anaesthetic?

Sometimes you may require hysteroscopy as a day case procedure under a general anaesthetic (whilst asleep). If this is recommended for you, your doctor will explain the reasons for this. Common reasons for needing an anaesthetic include:

- you need a longer procedure
- you have requested to be asleep for your procedure
- your particular treatment cannot be performed as an outpatient, for example removal of a large fibroid.

What are the benefits of having the procedure as an outpatient?

The main benefit of outpatient treatment is that you do not need a general anaesthetic. This means you recover more quickly and you can go home soon after the procedure has finished. You can resume your normal activities sooner, and you will be able to go back to work after an hour or two if you wish. If you like, you can watch your procedure on a screen. You will be able to drive home.

What are the risks of a hysteroscopy?

All procedures and operations have risks, which can happen either during the procedure or after it.

Heavy bleeding: one in every 100 women. Most women will have bleeding following the hysteroscopy, but if this is heavy and you are passing blood clots then you need to seek advice.

Infection: one in every 100 women will have an infection after hysteroscopy. We do not recommend antibiotics at the time of the procedure, but if you feel unwell, have foul-smelling vaginal discharge, a fever, or pain in the lower part of your tummy, you could have an infection and you need to seek advice.

Uterine perforation: one in every 1,000 women will have a puncture hole made in the womb by the telescope. This is more likely to happen if you have a general anaesthetic. In most cases, no further treatment is required, but you would be admitted to the ward for observation. A further operation to look inside your tummy and repair damage to other organs (such as bowel) following perforation is rare.

Please seek medical advice if you experience the following problems following your appointment:

- feeling unwell, severe tummy pain
- fever
- heavy vaginal bleeding / passing clots
- smelly vaginal discharge.

What happens during the procedure?

In the outpatient department

Your doctor or nurse will call you from the waiting room. You may bring somebody with you for support if you would like. The team will include a doctor, an experienced gynaecology nurse and a healthcare assistant. They are there to support you at all times.

After talking to the doctor, you will be asked to get ready in a small cubicle. To prepare, you will need to remove your underwear. You will be guided to a couch, which can be adjusted if you need to sit more upright. Your legs and knees are supported on either side, and your comfort is ensured before the procedure begins.

Usually the hysteroscope is inserted directly into the vagina using a flow of clear fluid. Sometimes a speculum is inserted first to open the walls of the vagina, and this may be to give an injection of local anaesthetic.

As the hysteroscope (telescope) is passed through the cervix, you may experience some cramping pain. In some women this can feel like a severe period pain, but others experience no discomfort at all. This can be helped by taking some painkiller medication before your appointment.

Once inside the womb, the camera is moved gently to examine all areas and pictures are taken. You may watch if you wish. Next, the doctor will undertake any procedures that are necessary, such as removal of a polyp. If you require a biopsy, then following the camera test, a speculum will be passed into the vagina to allow the doctor to see your cervix. A thin narrow tube will be passed through the cervix in the same way as the camera, and gentle suction is used to take a small sample of the lining of the womb.

In the day surgery unit

The hysteroscopy procedure is performed in exactly the same way as in the outpatient department, but you will be asleep. You will be taken to the operating theatre by a nurse. A drip is put into the back of your hand before you lie on the operating bed. The anaesthetist will put you to sleep, and you will wake up in theatre before moving to recovery and then back to the ward.

How long does it take?

The procedure takes about 15 to 20 minutes. You should plan on being in the outpatient department for about an hour. If you are having a general anaesthetic, you will spend the day on the day case unit. You are offered a drink and a snack following the procedure, and you are free to leave as soon as you feel able.

What happens after?

The doctor will explain your procedure, along with any tests that you have had taken. They will advise you on any results that you will expect to receive. You will usually have a letter sent to your home address two to four weeks following your procedure with your results. Alternatively, the doctor may ask for you to return for an appointment to discuss your results if further treatment is required.

How do I prepare?

You must use an effective form of contraception in the month before your period if you are sexually active.

In the outpatient department

Taking simple painkillers such as paracetamol 1g (two standard 500mg tablets) and ibuprofen 400mg (two standard 200mg tablets) one hour before your appointment can help to minimise any discomfort that you may experience. You should not take either of these medications if you are known to be allergic to them. Ibuprofen should be avoided if you have a history of asthma, stomach ulcers or severe heartburn.

Please eat and drink normally on the day of your outpatient procedure, as skipping meals can make you feel lightheaded.

You are welcome to bring somebody with you for support.

In the day surgery unit

If you are having a general anaesthetic you should have nothing to eat for six hours before the time of your admission, but you may drink water up to three hours before.

You are welcome to bring somebody with you for support, but they will not be able to accompany you to the operating theatre.

Returning to normal activities

Most women are able to return to normal activities within a few hours of the procedure. If you have had a general anaesthetic, you must not drive or sign legal documents for 24 hours.

It is normal to have vaginal bleeding for a week following a hysteroscopy, and to reduce the risk of infection it is recommended to use sanitary pads rather than tampons during this time. Swimming and sexual intercourse should also be avoided until after the bleeding has stopped.

Notes / queries

Please note that if for any reason you would value a second opinion concerning your diagnosis or treatment, you are entirely within your rights to request this.

The first step would usually be to discuss this with the doctor or other lead clinician who is responsible for your care.

Smoking is the primary cause of preventable illness and premature death. For support in stopping smoking contact **Smokefree Bristol** on **0117 922 2255**.

As well as providing clinical care, our Trust has an important role in research. This allows us to discover new and improved ways of treating patients.

While under our care, you may be invited to take part in research. To find out more please visit:
www.uhbristol.nhs.uk/research-innovation
or call the research and innovation team on
0117 342 0233.

For access to other patient leaflets and information please go to the following address:

www.uhbristol.nhs.uk/patients-and-visitors/information-for-patients/

Hospital switchboard: 0117 923 0000



Minicom: 0117 934 9869



www.uhbristol.nhs.uk



For an interpreter or signer please contact the telephone number on your appointment letter.



For this leaflet in large print, audio or PDF format, please email patientleaflets@uhbristol.nhs.uk.

