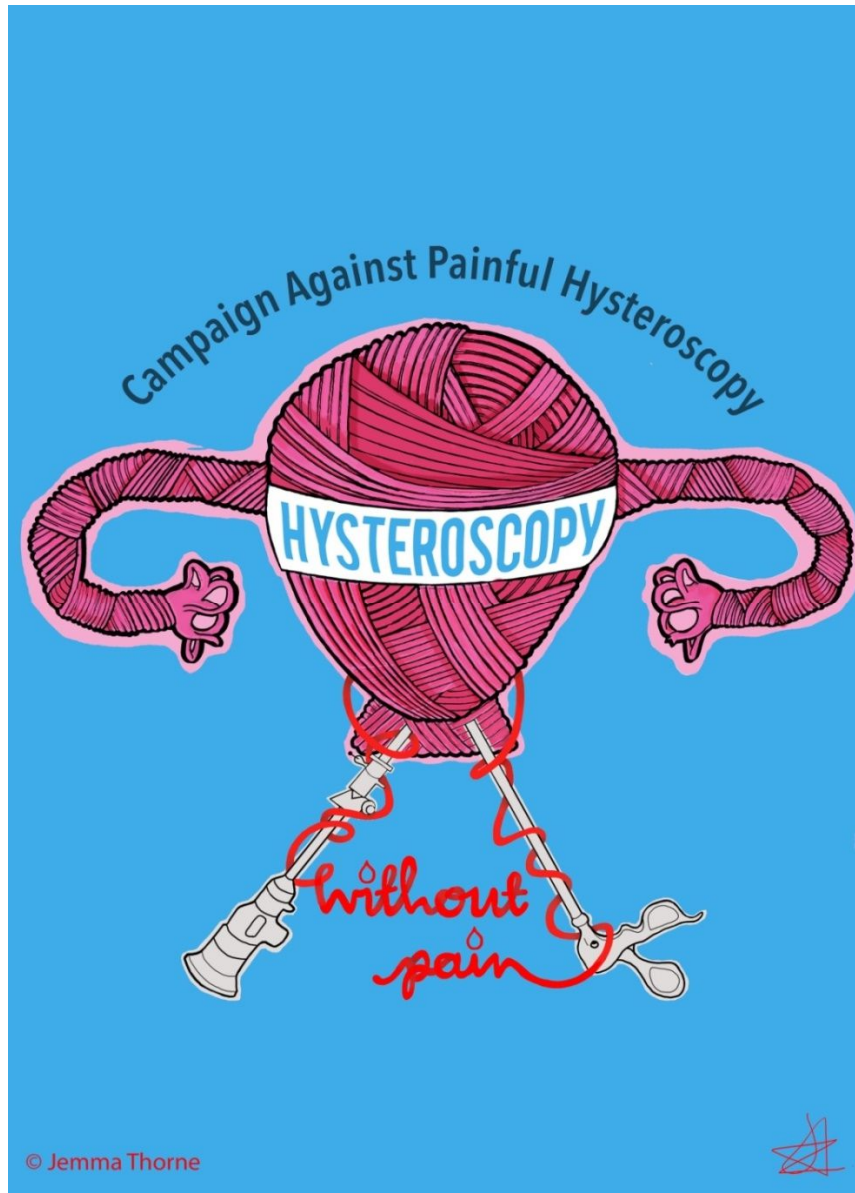


## **CAMPAIGN AGAINST PAINFUL HYSTEROSCOPY**

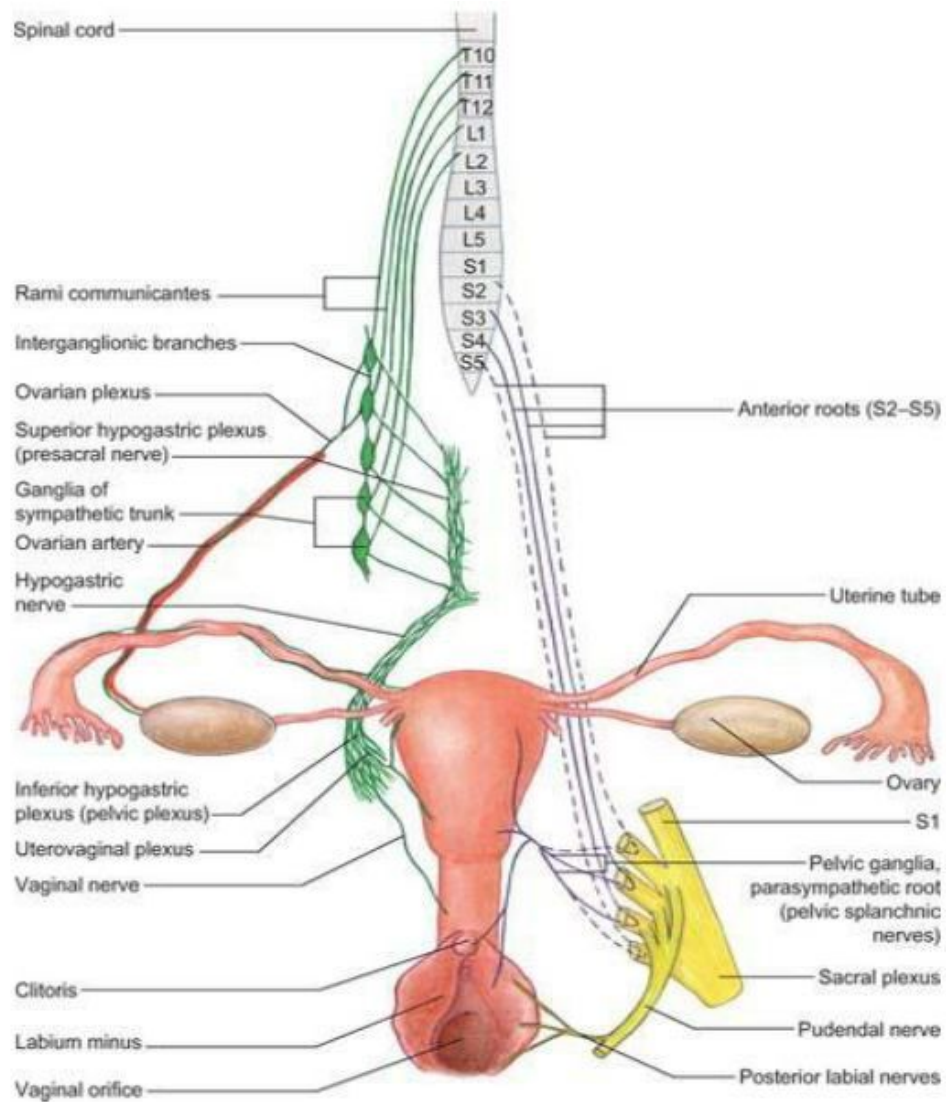


### **PATIENTS' STORIES**

#### **ESSAY – HOW THE NHS GETS AWAY WITH TORTURING 1 IN 4 WOMEN**

#### **REPLY FROM THE BSGE TO OUR QUESTIONS**

Pritie Maria Barzaghi, Barbara Chapman, Erminia Colucci, Deb Drinkwater,  
Elizabeth Frances, Simone Hill, Jo Holmes, Pamela Howe, Molly Lawton,  
Anne Lennon, Jocelyn Lewis, Denise Shafeie, Jenny Stewart,  
Tessa Spencer, Liz Vining, Katy Wheatley, Katharine Tylko



*From Sobotta 2006 in <http://clinicalgate.com/female-reproductive-system/>*

Figure 3 - Innervation of Female Genital tract



Challenging the cervix Strategies to overcome the anatomical impediments to hysteroscopy

# CAMPAIGN AGAINST PAINFUL HYSTEROSCOPY - September 2018

<https://www.hysteroscopyaction.org.uk> Twitter @HysteroscopyA

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<b>Patients' videos .....</b>	<b>p.36</b>
<b>How the NHS gets away with torturing 1 in 4 women .....</b>	<b>p.37</b>
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## PATIENTS' STORIES OF PAINFUL HYSTEROSCOPY

**Care Opinion website – October 2016 to September 2018**

### **BARNSLEY HOSPITAL**

#### **“Painful hysteroscopy”**

Posted on [www.careopinion.org.uk](http://www.careopinion.org.uk) in February 2017 by [Lady Gothic](#)

My hysteroscopy was extremely painful and I vomited several times afterwards, the nurse doing the procedure was learning but was very nice, my womb is tilted and they had trouble finding my cervix, I haven't had children, so assumed that was why it hurt so much. I thought this is how childbirth must feel but ten times worse!! But I have read some women say it's a worse pain than labour, I did have a local anaesthetic, but I don't think it helped one bit. I pity women who haven't had any pain relief ....Needless to say I don't want another! I think the procedure should be done under general anaesthetic.

### **BIRMINGHAM WOMEN'S HOSPITAL**

Posted on Care Opinion website in March 2017 by [Hillsong](#)

#### **“I felt lied to about how much pain I would be in”**

I had a hysteroscopy recently. Whilst I have high praise and left great feedback for the staff, I am concerned for the actual treatment and felt lied to by both my GP, the publicity material

and when I was there. I do not think this procedure should be done without anaesthesia. I personally would prefer general anaesthetic but this was not on offer here. The pain was excruciating! Many say that this is worse than child birth. I can see why. I had to have gas and air and not all of the procedure could take place (having a Coil fitted to manage heavy/irregular period).

I do not joke when I say that this has put me off the thought of child birth if it is anywhere near this type of unexpected and shocking pain. I later read many comments with women saying the experience was way more painful than child birth.

Being a 'one stop' treatment you are given the impression it's along the same lines as a smear test (I've even had colposcopy at 18 – now in 40's – and two operation for Bartholin cysts but they were nothing compared to this). I expected maybe a little bit more of discomfort given it mentions that you take ibuprofen 30 minutes before. But that pain killer- correlates with a period pain- not that prepares you for the intensity, which caused them to stop and give me gas and air! I found this procedure is barbaric without proper pain control. Why women are enticed without really knowing what is about to happen?

As I say staff were lovely, but I don't know how some manage to get through seeing so many people unwittingly signing themselves off to an excruciating and inhumane procedure. It is traumatising. I have since seen an MP speaking about stories in Parliament (online). Had I seen all this I would not have gone. Never again! Something about this needs to be changed, I wouldn't be that naïve again.

## **BISHOP AUCKLAND HOSPITAL**

Posted on Care Opinion website in February 2018 by Posted by [Gianna](#)

I had a Hysteroscopy and endometrial biopsy in Bishop Auckland hospital back in September 2017 through the 2 week referral system.

I received a leaflet with my appointment letter explaining that a number of different tests may be performed depending on the findings.

In all honesty I thought it was just going in to the out- patients department for a simple painless procedure but boy did I get a shock! If I had known beforehand how painful and traumatic this was, I would have had it done under general anaesthetic.

I have quite a good pain threshold but at one point I actually felt as if my ovaries were going to explode! It was one of the most unpleasant and traumatic things I have ever experienced. The nurse was really lovely and held my hand all the way through it. I was so glad she was there by my side or I may not have got through it.

Personally I think that patients should be a little better informed on how painful this procedure can actually be, so they can either take pain killers of some sort before they go and also should definitely be given the option to have it performed under either a local or general anaesthetic. If I ever had to go back and have this test repeated I would ask to have it under a general anaesthetic.

I don't mean to frighten anyone who is due to have these tests because they are so important and potentially life-saving and everyone one has their own different experiences, this was my own personal view on it. Thanks for taking the time to read this post and I hope it is of some help.

## **GOOD HOPE HOSPITAL**

### **“Painful hysteroscopy”**

Posted on Care Opinion website in June 2017 by [ANR7](#)

I found the procedure to be extremely painful. Although it was short lived and was over just as I felt I might pass out, the intensity of the pain came as a complete shock. I have recently had a HSG where a tube is inserted into the cervix in order to inject dye. This process was also described as “uncomfortable” in the patient information leaflet, which I felt was fair. The hysteroscopy on the other hand was excruciating. I began to hyperventilate with the pain, I was sweating and shaking and I believe I had gone into shock.

The two ibuprofen I had taken in preparation were never going to be enough to combat the pain, and there was no mention of the gas and air described in the leaflet. The consultant did mention numbing the cervix, but only if he struggled to get an adequate view, not to prevent potential pain. Like many others I feel we should be better prepared for this. Acute pain for even a short time would be more bearable if properly advised, not to mention with the option of proper pain relief.

## **HEXHAM GENERAL HOSPITAL**

Posted on Care Opinion website in November 2016 by [Hospexp](#)

### **“Another agonising hysteroscopy”**

Went in to see consultant, thought for a brief chat with regards to GP ref. Ended up with the most horrific experience. Consultant says, ‘It’s a one stop shop here’. Cut-backs masquerading as patient convenience I suspect. The usual... ‘period pain’, ‘even 80yr olds are ok with it’.. yeah right, you had anything like this?

Hysteroscopy – agonising beyond I can say. I couldn’t go beyond 10 secs. Shaking, nauseous, searing dreadful pain. Breathe deeply or you’ll faint was the response, impersonal beyond words, simply a conveyor belt, no apparent patient concern. Nurses I am however grateful and thankful for, very good.

Absolutely disgraceful in this day and age that women have to endure this amount of pain. I have a high pain threshold... this is something else. I’ve had a couple of these, all under GA... that’s how it should be... Never, ever, ever again, brutal and disgusting practice.

## HILLINGDON HOSPITAL

Posted on Care Opinion website in January 2018 by [Helsbels139](#)

I went to see my GP because I had a heavy bleed for 2 days, almost two years after my periods had stopped. I was referred immediately to see a Gynaecologist at my local hospital for an ultrasound scan.

A week later at my appointment I had the scan, then went to see the Gynaecologists for the results. They weren't happy with the results, they asked me to have further tests right there & then. I was concerned so I agreed, thinking it would be something like a smear test. I was taken into a room, stripped down to nothing below the waist, signed a form, sat in a chair, legs up in stirrups, & so the nightmare began.

I wondered why the nurse was holding my hand, then when the pain hit, I understood why. It was excruciating, the pain got stronger & stronger. Then the Dr took biopsies, OMG, the pain was even more horrific, I was in complete agony.

As soon as they finished I felt I was going to pass out, I had to ask for a bowl as I wanted to be sick, my hands had pins & needles & I was sweating profusely. The nurses managed to sit me on a chair & wheel me into another room where I collapsed on a bed, I wasn't given any painkillers, I was left there writhing about in pain, trying not to throw up, with my head spinning, my hands were numb.

I have never experienced being close to fainting, until now. A trainee nurse was with me the whole time. For an hour & a half I was in so much pain, feeling sick. I asked the nurse to get me my own Ibuprofen out of my bag, once they kicked in, I could then get myself up, dressed & go home. I was meant to go back to work, but instead, I drove myself home. Where I collapsed on the sofa, feeling very sore, bleeding & traumatised.

I felt abused. I think this treatment is barbaric and that anaesthetic should 100% be given. No one told/warned me how painful it was going to be. The test was important & had to be done, so I tried my best to get through it. I am still traumatised a week later. I would never have it done again.....

## HOMERTON UNIVERSITY HOSPITAL (1 of 2)

Posted via Posted via NHS Choices on Care Opinion website in January 2017 by Anonymous

### **“Mixed experience”**

I should preface comments by saying that I know I was difficult to deal with because I was nervous – actually in a blind panic – both times I attended. A traumatic and humiliating experience as a teenager led me to avoiding Gynaecology issues for 30 years. What I want to highlight is the contrast between my two appointments. The first appointment I saw a doctor, a nurse and then a consultant. I did not feel able to explain the reason for my state, but it must have been obvious something lay behind it. Each new person I saw did something different from what the previous one had told they would do. Especially at the end of the appointment, with the consultant, I felt I was spoken to like I was just stupid and childish. Of course I left sure that this was what I deserved.

Having spent the next week permanently close to hyperventilating I returned for a hysteroscopy. The consultant stopped talking as soon as I started trying to explain why I was not really o.k., and the whole team listened to the explanation I was able to get out. Everyone was very sympathetic and reassuring, and I was made to feel that I would be in control and able to call a halt at any time even though I said I wanted to try to go through with it.

I cried the whole way through (sorry) but the team remained kind and caring, checking constantly if I was ok to go on. I want to thank everyone involved – it can't have been pleasant, but for me getting through it is a massive thing. So I don't mean this as a criticism of those I saw the first time round, but here's the thing: you must deal with women who've been through all sorts of traumas every week. Maybe less presumptions and more patience (and respect) is in order.

## **HOMERTON UNIVERSITY HOSPITAL (2 of 2)**

Posted on Care Opinion website in March 2018 by Posted by [Erminia](#)

On Women's Day I want to mobilize women and men to stop a typology of torture against women that takes place today in England: hysteroscopy without anaesthetic!

I was referred for this procedure by Homerton Hospital in London for a polyp, which seems was not there to begin with and anyway would most likely not be the reason for the symptoms that brought me there (why was I there then, I asked in vain). I indicated both to the gynaecologist and the surgery centre doctor that I was terrified at the idea of doing an hysteroscopy without anaesthetic as people I know in my country and other countries had general anaesthesia for it! I was reassured that for most women it is just like period pain and just asked to take paracetamol: 3 hours later I found myself screaming from my guts to STOP! PLEASE STOP!

I found myself, a strong resilient highly educated woman, crying and shaking in shock and trying to talk to the nurse, who also looked pretty shocked and apologetic, in my native language. My brain was numb. My hands were trembling. 10 minutes later, without even anything to reduce the pain (I had to insist to get even a paracetamol), with my legs still shaking, and holding my belly, I was discharged.

My partner, a man, who was not allowed in immediately after the procedure (I had, again, to insist to bring him in), could not believe to his eyes. And we both knew, right there and then, that had I been a man this would have never happened. Nobody would expect a man to go through such an excruciating pain without at least offering a local or general anaesthetic. Instead, I was there, in pain and in shock, having been told I would only feel a pain like period pain. Although none of the women that since then have contacted me have reported that it felt like period pain! For many of us it was the most painful experience of our lives (one of those women had 4 kids before so I am assuming she knows what she is talking about).

I didn't sleep for 5 nights after this happened. I am NOT going to keep quiet and see other women and girls undergo this flagrant abuse of their human rights!

## HULL ROYAL INFIRMARY

Posted on Care Opinion website in August 2017 by [jennyt](#)

I was referred to the Women and Children's Hospital for a hysteroscopy recently after experiencing postmenopausal bleeding and wasn't too worried as I have given birth to 5 babies without pain relief and I consider myself quite able to withstand moderate pain. How wrong I was!!

This was by far the worst procedure I have had to endure. It was performed by a trainee doctor guided by the consultant, so I wonder if this was why it was so painful. It seemed to go on for a long time and afterwards I was shaken, faint and nauseous. I was given some pain relief and was able to drive home after about 1 hour.

This procedure should not be done as an outpatient, it is barbaric and has left me feeling violated and fearful of future procedures. The nurses were wonderful and caring and did their best to help, but the consultant did not inform me that a trainee would perform the procedure or ask my permission.

## KING'S MILL HOSPITAL (1 of 2)

Posted on Care Opinion website in May 2017 by [Mel33](#)

### **“Painful hysteroscopy”**

Today I had an outpatient hysteroscopy, this was carried out due to problems with bleeding between periods. Prior to the appointment, I received an information leaflet explaining the procedure but not giving advice about taking painkillers beforehand. So on arrival I was given codeine and paracetamol. I had an inkling that this might mean some pain was expected, I asked the nurse about this, she said most people don't find the procedure painful but there may be cramping pains afterwards.

I was actually completely shocked by how painful this procedure is. I wasn't offered any local anaesthetic, even though I was in pain at the beginning of the procedure and the leaflet said that this could be offered. And once the camera had actually burst through the cervix (that's how it felt) the pain of the water being pumped into the uterus was unbearable. It was over quickly but I was lightheaded and felt like fainting at points during the process. It's the most painful procedure I've ever had & probably 9/10 on the pain scale for me. & I have given birth naturally. Also, 7 hours after the procedure I'm still in quite a lot of pain.

On returning home I did some research (I didn't do this before as I hadn't wanted to worry) and found that 11-25% of women find this procedure 'excruciatingly painful', yet in the UK general anaesthetic is almost never used. Needless to say, it didn't say that on the information leaflet I was sent!!

I think this is shocking, is this the nature of a more austere NHS, where we have to put up with pain and just be glad we're getting it done?

## KING'S MILL HOSPITAL (2 of 2)

Posted on Care Opinion website in January 2018 by [Mumsie](#)

Following an internal ultrasound that found a uterine polyp I attended an appointment to discuss the ultrasound results and next steps. I was informed that I needed a hysteroscopy, polypectomy and biopsy from the lining of the womb. I was told this would all be done in 1 procedure as an outpatient at the clinic. I was told that there was a risk of some bleeding following the procedure, possible infection and small chance of perforating the womb. It was explained that I should take pain killers an hour prior to the appointment. I signed the consent for the procedure. I then received a procedure date and information telling me to take pain killers and that I could resume to normal activities immediately after the procedure. Based on all of this information I was not worried at all and I attended the appointment alone, expecting discomfort similar to a smear test. Just prior to the appointment I was given an information sheet that said to rest at home for 24hrs after the procedure.

Almost immediately in the procedure starting I experienced intense pain in my cervix, lower abdomen and lower back. I tried to breathe through the pain but it was intense! The consultant asked if I wanted them to stop, I said no as I didn't want to go through this again. I just wanted it done. I was asked a couple more times if I wanted them to stop as the excruciating pain continued. I said no. I eventually took gas and air but this only eased the pain a little. The consultant then gave me a local anaesthetic, inserted the speculum and continued with the procedure. The pain was still unbearable and I had to ask them to stop.

I felt as though I was in shock, I wanted to cry but held back the tears. I felt very shaken up. The consultant told me they were very sorry for the pain they had caused me and said that if all women experienced such pain with this procedure they would not do it without general anaesthetic. They also said that they could see from my notes that I have experienced cervical pain for many years. I couldn't get out of that room quick enough. I was given a cup of tea and left in a room alone having been told I could leave as soon as I was ready. A nurse handed me a copy of a letter that would be sent to my GP following the procedure. No mention at all of the excruciating pain I had experienced or that the procedure had been finished early at my request.

I had to drive home, in pain, shaken up and very shocked. I was tearful for the rest of the day and had poor sleep for the following few nights due to flashbacks. I am terrified of having any future procedures.

I was not prepared for the pain caused by this procedure. I have consent but it definitely was NOT informed consent. I was offered no alternatives or options regarding pain relief. Surely a patient's symptoms and history should be discussed and considered regarding such procedures.

This felt like a barbaric, insensitive and traumatic procedure. Not at all what I had been prepared for!

## LEICESTER GENERAL HOSPITAL (1 of 2)

Posted on Care Opinion website in March 2018 Posted by [Female](#)

I also experienced a very painful Hysteroscopy.

GP Fast-tracked to Urgent referral (within 2 weeks) as my symptoms indicated Cancer.

The Gynaecologist Secretary contacted me prior appointment, stating as I needed a Scan prior scheduled appointment, and to arrive earlier than scheduled. Reading the attachment to appointment letter, suggested to take a Pain-killer (eg/ Paracetamol / Ibuprofen), of which I took as instructed.

Arrived to be told no departments are open. Waited and eventually went for scan (external & internal) – the internal scan was mildly painful.

Afterwards went to see Consultant (not the same name as stated on appointment letter). Consultant reviewed the Scan and asked some of my Medical History.

They stated that they needed to do the Hysteroscopy (Biopsy), which was a very painful experience – although the appointment letter attachment mentioned it may cause “Cramps & Dizziness”.

I found the Biopsy process increasingly painful as it continued and was offered little sympathy when I made this fact known, the Nurse tried to talk, whilst chewing their Large Bubble-Gum, through-out the whole process, which made it difficult to understand exactly what they were saying. When I asked how much longer they were going to be, I felt there was total disrespect. I was told when I went through my Medical History that most women supported the procedure well & Biopsy made me feel like a wimp. I have since discovered that many other women have found this procedure a bad experience and I wish I had found this information before this Biopsy, as was made to feel everyone else was fine.

Afterwards the Consultant was dictating their reply as I managed to get almost dressed then collapsed into a chair, saying I needed to lie down – no reply.

The Consultant carried on with the dictation and I felt so rushed as they needed to see their next patient.

The Nurse guided me into the waiting room, and told me to sit there, in the midst of all other patients. There was no place to lie down, and not too sure if they even heard me wanting to lie down, as I did not recall receiving a reply.

Some time afterwards, the Nurse gave me a cup of tea and I took pain killer that I had with me. Much later on, the Nurse provided another cup of tea. I left some time afterwards – walked out alone feeling violated and disgusted. I also felt as if I had very low blood pressure – which was NOT taken throughout the whole process. It took a few days to recover from this painful Biopsy procedure.

The Consultant informed me there was a 2 week wait for results. 20 days later, nothing, so I contacted them, of which the person refused to give me (poor attitude) the results or find out the results, they told me they were very busy and had lots of patients all ringing two weeks afterwards for their results,

They advised /told me to contact my GP, of which I did so immediately. My GP confirmed the results were that the Biopsy was “insufficient” and GP suggested I may need to be re-tested.

I contacted the Department again, telling them there may be a “problem” with my results. I made a complaint to our Patient Information and Liaison Service (PILS).

2 days later, I received a Manager call-back, then a very short letter, from another Consultant, stating there was “no cause for concern” & no “follow up” is needed; so was the Biopsy even necessary in the first place?

There was no lie down made available, unlike my Flexible Sigmoidoscopy procedure of the Colon (13 months previously) at the same Hospital – whereby I was lying down for the procedure and remained laying down and taken to an after-care ward, whereby my blood pressure was taken - it was low – had a cup of tea/biscuit and felt better soon after. Perhaps the reason being a mixed ward – males & females, and the Gynaecology Department was just females with an attitude of : –

- \* Put Up & Shut Up,
- \* We offer No pain relief during/after this procedure (expense),
- \* No blood pressure monitoring,
- \* No lie downs,
- \* Next patient please !

I am still shocked by the whole experience, including lack of communication and care during and after Biopsy. However, contacting PILS had a result; albeit still puzzled why the Biopsy took place. Today, my symptoms are still on-going.

## **LEICESTER GENERAL HOSPITAL (2 of 2)**

I had postmenopausal bleeding. In March 2018 I was referred to Leicester General Hospital for investigations, as this can be a symptom of cancer. Under the 2 week wait, this took 4 weeks in total.

I was sent a letter and 2 leaflets instructing me to eat before my appointment and to take 2 Paracetamol or Ibuprofen, which I followed. I was to have ultrasound scans and depending on the results I may require a Hysteroscopy using a small camera this may cause cramps/pains and was like a smear test the leaflet stated.

At no time prior to this test was I warned that some women can have severe pain, go into shock or have a vaso-vagal reaction or that having a general anaesthetic was an option open to me. Just that most women tolerate it, and there would be lot of water. My dignity and privacy were not respected - I was left naked from the hips down with my legs in up in stirrups, for a considerable time with incomplete screens on wheels in a large 4 bedded ward while the Nurses were chatting near the door which was in full view. There was still no Nurse top end of the couch with me when the Dr came rushing over said, “I’m just going to swab you down,” then followed by the most intense pain I have ever felt, which shot right up to my

neck and took my breath away. For some reason I was unable to call or shout out to stop. My legs were shaking, my heart was thumping, I started to feel sick and then went very hot and a burning sensation went throughout my body and I began to feel faint. All this without a Nurse observing or supporting, me top end of the couch. The Nurse assisting the Dr then came around to tell me “it was cramp pain”. I somehow managed to get out the word, ‘No’. The Hysteroscopy was then stopped. I was kept laying down, no blood pressure, pulse or any observations were taken. I was kept laying down with a fan on me for some time . Then helped to sit up for a few more minutes, before being helped to a chair and left to get dressed which I struggled to do. When I told the Dr that if childbirth was a 10 that pain was 15 to 20, he wasn’t at all surprised or concerned. He just stated that it didn’t matter anyway, he thought I had a polyp and was going to need a general anaesthetic anyway.

There was nowhere to rest and get yourself together. No cup of tea. No compassion. No care. I was in a daze and shocked and very tearful and left to go home. My Husband who was also shocked and worried about the state I was in, took me home in tears. This has left me very upset, angry and traumatised. I made a complaint to the hospital trust, I was told that if they didn’t do most hysteroscopy in outpatients without anaesthetic, they would not be able to provide any service at all for women needing tests for cancer because of how they are being paid by the Dept of Health.

I was not informed sufficiently to enable me to exercise choice and give a valid consent. In fact I was deliberately misled. I now have a complete lack of trust in any medical staff. This has left me with considerable physiological problems with flash backs and nightmares of the event .

I went for investigations for cancer and came out after being subjected to an excruciatingly painful assault, in shock and traumatised. Whatever happened to duty of care, acting in the patient’s best interest and medical ethics?

## **LEICESTER ROYAL INFIRMARY (1 of 3)**

Posted on Care Opinion website in March 2018 by [Cheyenne](#)

### **“Painful hysteroscopy”**

My hysteroscopy was done with no pain relief – I had asked but denied. Barbaric beyond belief.

## **LEICESTER ROYAL INFIRMARY (2 of 3)**

Posted on Care Opinion website in June 2018 by [Thevoiceofboo](#)

### **“Painful Hysteroscopy Procedure”**

Last September, I had both my ovaries removed at the Nuffield Hospital in Leicester as a result of finally being diagnosed with a form of PMDD. I had originally been referred to the Leicester Royal Infirmary under the NHS but a series of failures on their part to keep my

appointment schedule led to complications which meant I took the decision to have the procedure done privately. The procedure went well. My uterus was left intact as there was so much scar tissue from previous surgeries it was deemed wise to leave it in place. I recovered well and have been going through the menopause ever since. I am contraindicated for HRT so have no hormones left and am effectively going cold turkey.

At the end of January this year (2018) I noticed that I was experiencing small amounts of bleeding. I should not have been bleeding at all, as I had also had a private blood test done since the surgery and my hormone levels are at zero. I went to see my GP when the bleeding carried on into February. My GP referred me to University Hospitals Leicester for investigation. To speed the process up she booked me in for blood tests and an interim smear test to see if the case needed escalating (I was booked in as a non-urgent referral rather than under the two week cancer scare guidelines).

My cervix is incredibly difficult to find and I have a history of problematic and incredibly painful smear tests. My GP attempted to do one and failed. I was then sent to see the nurse at the practice, who attempted it four times before giving up. I was told that it was probably for the best as I was outside my three year smear test recall anyway, and that even if she had managed it, it probably would have been sent back untested (this is appalling). She said that I was due a smear in April anyway, so when I went to the hospital for my appointment, if I mentioned it, I would be able to get a smear done there. I had to go and see my GP later the following week for my blood test results. I told him I was concerned that I may have to have two smears given that the regular smear referral service and the hospital may not line up, and I wanted to be sure that wouldn't happen as they were so painful for me. He reassured me that this would not happen and that in cases like mine it was common to refer to the hospital where they had better equipment to make smears less painful. I am adding in this detail to show that it has been documented and noted that I have real difficulties with this kind of procedure/investigation.

I got a letter through asking me to attend the gynae clinic at LRI on at 9 o'clock one morning in April. When I attended, myself and the other women who were there were told that we had to go home as there was no consultant in attendance. The nurse said there was never meant to be a clinic. When we attempted to book onto a further clinic we were told that the next one was not just full but over full and they could not book us onto the one after that. This would have taken us over the 18 week referral to treatment window anyway. I complained to PALS and got a standard reply that they would look into it. I was not replied to within the ten day window and had to put in another complaint. Eventually I got a phone call from someone. He simply apologised.

After rather publicly complaining about the situation I got a phone call one Tuesday asking if I could attend a clinic that Friday. Luckily I was able to do this. I saw a Doctor who was very nice but had not read my notes at all and the appointment was perfunctory to say the least. They suggested further investigations which were an internal scan, a hysteroscopy and when asked by me, they agreed to do my smear, which was then due.

I received a letter early May. It was a standard form letter for a hysteroscopy appointment a month later, with the blanks filled in with pen. I was given the name of my consultant but I cannot find a consultant of that name, or any name similar working at UHL, and I tried because I wanted to speak to staff before the procedure. I did ring the number at the bottom

of the letter but it said: 'This phone line cannot be answered due to staffing shortages. Leave your details and someone will get back to you.' I did that. I still have not received a call.

I was concerned about the letter because the language it used was evasive. It suggested that my pain may be managed with paracetamol but that I might like to have someone drive me home after the procedure. I wanted further information as my reading on this procedure showed some women experience extreme pain. I note also that the NHS Choices website says that you can ask for a general anaesthetic but UHL literature does not mention this. The more people I spoke to, the more concerned I got, as my past history does not suggest that this is a procedure I will tolerate. However, I was unable to get anyone from UHL to talk to me about it.

I went to see my GP. I saw a locum who had not read my notes, knew nothing about the procedure and proceeded to tell me that she 'thought' I would be 'fine' because she sometimes puts coils in for people and they don't have a problem with it. I asked her for some diazepam so that I could be as relaxed as possible for the procedure. She was rather rude, but gave me 2mg of Diazepam to get through it. I also saw a hypnotherapist before the appointment to give myself the best possible chance of getting through it.

In the meantime I had put out a call in my patient panel role to ask women in Leicester about their hysteroscopy experiences. I spoke to about twenty women in the course of a week, of whom, only three had tolerable experiences, and of those three, two of them knew of women who had not had good experiences. I fed all this back to the UHL librarian in charge of letters and the pamphlets that go out with them, including the fact that the Royal College of Gynaecology is actually re-writing its own material to reflect more adequately the true experiences women have with this. She was very nice, but has to pass all this on to the clinical team, from whom I have heard nothing.

I got a letter regarding a transvaginal ultrasound at the LRI in early June, which I attended. I did not receive the results of this until after my hysteroscopy procedure which I attended two weeks later at the LRI.

I saw the same consultant I had seen at my clinic appointment. They were very kind. I explained my concerns and they did give me the option not to have the procedure. I would say however, that this was not very helpful. My condition needed investigating and I would presume that nobody would give me a hysteroscopy just for fun, and if I had said no, we would be no further forward. I asked them what they recommended and was told we should give it a go, but that if I was in too much pain, we would stop. We talked about the fact that I needed a smear test as well. They said they would try that first and we went into the treatment room.

My husband was allowed to come in with me, which was very comforting. The nurse was also lovely and supportive, as was the doctor. I have no complaints about them at all.

The smear did not go well and it was unbearably painful. After a few attempts, the doctor gave up. I was told they would move on to the hysteroscopy as the camera was so thin that it would not need a speculum to be used. After several attempts to guide the camera in, they had to give up, as my cervix was so difficult to find. The doctor sent the nurse to get what I can only describe as a child sized speculum. This was inserted successfully. They did not, however, do the smear at this point. I was told afterwards that they felt it was more important

to focus on getting the hysteroscopy done. They proceeded to find and dilate the os, at which point my body went into shock. I started shaking uncontrollably and my legs in particular would not stay still. I then, according to my husband, went bright red all over, to his great concern. I was not able to think straight at this point, and the doctor stopped the procedure on my behalf.

Everyone very kindly waited for me to stop shaking, and then I was asked to get dressed and go back to see the doctor in their office. I felt a total failure at this point, thinking that if only I had managed to stay still for a few more minutes we would have had success. My husband tells me that while I was gone, the doctor told him that it would have taken a lot more than a few minutes to complete the procedure and that I was clearly not going to be able to tolerate it.

Back in the doctor's office I was told they were discharging me from the gynae clinic. This is despite them also saying that the transvaginal ultrasound had shown that my uterine lining was enlarged and that I had a fibroid in there. I was told there were no other signs that I had cancer and as such it was fine to discharge me and I should come back if I started bleeding again. They referred me to the colposcopy clinic for my smear test and said they would make notes about how difficult it is to find my cervix and how they should go about it. I didn't really question what was said at this point as I was still in shock.

I spent the rest of the day in severe pain, which painkillers barely touched.

Yesterday afternoon I got a telephone call from the matron of gynaecology who the UHL Librarian had asked if I wanted a phone call from. She had been on holiday and only just picked up my message. I spoke to a local matron of gynaecology about my concerns and personal research into this procedure. We talked through my case and she has said that she will review it, and talk it over with the chief clinical lead who is head of hysteroscopy. I said I was particularly concerned that I had been discharged. Either the bleeding and ultrasound results were concerning enough to warrant further investigation or they weren't, but why say that someone needs further tests, and then discharge them when the test is not completed? This seems barbaric and unnecessary. The whole procedure was barbaric and now, it seems, utterly unnecessary, so why was I sent for it in the first place? I am extremely unhappy at the way this entire process has been handled from beginning to end.

I am also aware, given how many women have come to me with their stories, that I received better treatment than most and that is no doubt thanks to the fact that I know who to talk to and which questions to ask. It appals me that it was this bad for me, and it could be much, much worse for other women.

## **LEICESTER ROYAL INFIRMARY (3 of 3)**

Posted on Care Opinion website in June 2018 by [1NonBlonde](#)

### **“Outpatient hysteroscopy”**

My hysteroscopy had to be called off before they could get the scope through my cervix due to the unbearable pain. My legs were shaking uncontrollably and I had tears running down my face. The pain was absolutely barbaric and nothing like the ‘period type cramping’ pain I

was told it could be like at the start of the procedure. I was made to feel that I was ‘unusual’ for experiencing severe pain, which I now believe is not the case at all.

I received no information about the procedure from the hospital. I was just told ‘hysteroscopy clinic’, that was it, no leaflet, no advice. I wish there was a word to describe the pain I felt. During the procedure I was next to a bin of other people’s blood covered wipes which was disgusting enough but then they let me stand up into the pool of water that had come out of me so I also went home with wet socks. I had no pain relief at all and left in tears, as did the two ladies who came out before me.

I had to drive myself home as I was not told to bring someone or make other travel arrangements. I was in considerable pain for a couple of days afterwards and bleeding a fair bit. For many weeks I couldn’t shake the traumatic memories of the pain. I didn’t sleep at all for the first two nights. This procedure should not be done without pain relief. It’s totally unacceptable to put women through this. Only now, over a year later, do I feel able to write this.

My procedure was rebooked to be done under GA and the experience was a world away. Not only did I suffer no trauma at all, there was minimal bleeding and very little pain in the days which followed.

## **MUSGROVE PARK HOSPITAL**

Posted on Care Opinion website in June 2018 by [betapn34](#)

### **“I was not provided with any options regarding pain relief”**

I underwent a hysteroscopy procedure 11 days ago. The care I received from the nurses and consultant was good and is not something I have an issue with. However, I do have concerns regarding the procedure itself, which was extremely painful. I was not provided with any options regarding pain relief or sedation. I was given a local anaesthetic, however this had no effect on what is an incredibly invasive and intimate procedure for a woman to undergo. The pain was so severe at times that it was worse than childbirth. I was asked if I wanted the procedure stopped but I felt at the time I just wanted it to be over with and so continued.

As I said previously I do not have an issue with the care I received, but I feel that patients are not made aware that this procedure can be extremely painful and that you should be at least offered the option of a general anaesthetic or sedation. I should also note that I took the recommended paracetamol and ibuprofen an hour before the procedure and this was NOT adequate.

## **NEATH PORT TALBOT HOSPITAL**

Posted on Care Opinion website in June 2017 by [Aunt](#)

### **“Hysteroscopy performed without anaesthesia”**

Hysteroscopy performed without anaesthesia. A traumatic procedure which continues to haunt me and suffer panic attacks.

## NORFOLK & NORWICH UNIVERSITY HOSPITAL

Posted via NHS Choices on Care Opinion website in February 2017

### **“Excellent staff, awful procedure, appalling admin”**

I recently had fibroids and polyps removed from my uterus as an outpatient. This was a long, extremely painful procedure and I question why it was not done under anaesthetic as a day patient.

After a painful hysteroscopy in December, I was told that I had polyps that should be removed. On 9th Jan, I was phoned and offered an appointment for the next day which I could not accept as I had prior commitments. At 5.30pm on 17th Jan, I was phoned and offered an appointment for 20th Jan. I was told that if I did not accept it then my name would be removed from the list so I reluctantly agreed although I did have commitments that had to be re-arranged. I received a letter 2 days later confirming the appointment but with no details of what was going to be done and no details of what to be prepared for. It did tell me to go with a full bladder which turned out to be wrong. The 2 doctors and 3 nurses who carried out my procedure were very kind and reassuring but I was in extreme pain for over 30 minutes.

I was bleeding heavily after the procedure, still in a lot of pain and very shaken by the whole experience. The instructions said nothing about requiring someone to drive me home, the need to rest afterwards, the pain I would be in and the requirement to have sanitary towels ready.

I could not have driven myself home or used public transport so thankfully my husband had driven me there. We had to detour to a chemist's to buy sanitary towels. All in all, this was an unacceptable procedure to be carried out as an outpatient. I felt that I was blackmailed into accepting a difficult date at short notice and I should have been told a lot more about what to be prepared for.

## NORTH MIDDLESEX HOSPITAL

Posted on Care Opinion website in February 2018 by [Ada17](#) (

I also had a painful hysteroscopy around 18 months ago at the North Middlesex hospital. It had been suggested in my appointment letter that I take paracetamol before the procedure, but I forgot. No pain relief was offered.

I found the process increasingly painful as it continued (I had a biopsy) and was offered little sympathy when I made this fact known. I was told that most women supported the procedure well, which made me feel like a wimp.

Immediately after the procedure I fainted and was taken to an adjoining room to recover. A nurse quickly checked on me, what seemed around 15 mins later. I told them that I felt clammy and faint, but was left again and no sympathy shown.

Eventually, when I did start to feel less faint and felt that I could drive myself home, despite severe cramping, there was no-one around. I simply walked out of the hospital. I was shocked

by the whole experience, including lack of communication and care and will never set foot in that hospital again.

The whole thing was made worse by the fact that two people (I assume nurses) stood a few feet behind the doctor, staring between my legs during the procedure, and a couple of other people (I assumed student doctors) were chatting softly between themselves at the other end of the room, but turned to me and smirked when I asked the doctor how much longer they were going to be. I felt there was total disrespect.

The room had plastic on the floor and a bucket below the stirrups.

I wish there had been more communication about what to expect and pain relief options offered. I have since discovered that many other women have found this procedure a bad experience and I wish I had complained to the hospital. I didn't as I was made to feel everyone else was fine.

## **NORTHWICK PARK HOSPITAL**

Posted on Care Opinion website in January 2018

I attended the Northwick Park hospital on 18 January 2018 for Hysteroscopy test.

I was offered neither General Anaesthetic nor Local. As I was in exquisite pain from the very beginning of the test the consultant was not able to fulfil the test.

I find this procedure without anaesthesia close to barbaric, traumatic and not human towards any female.

I wonder if the female doctor, who referred me to this test has ever tried this test on herself without any anaesthesia.

My ovaries are in pain for the second day now after the unsuccessful attempt to have this test.

Plus I am now delayed with this test, which is important to my present health situation.

Although the test was stopped, the whole incident influenced me psychologically in a very negative way and my mind is coming back to this small hospital room far away from hygienic standards.

## **NOTTINGHAM CITY HOSPITAL CAMPUS**

Posted on Care Opinion website in September 2016 by [DD](#)

Yesterday I went to my appointment at the City Hospital Nottingham for a routine Hysteroscopy due to abnormal bleeding whilst menopausal. I did attend an appointment 2 weeks ago where a biopsy was attempted but it was too painful so yesterday's appointment was with a local anesthetic. The needle itself was very painful and as far as I am aware unsuccessful in numbing the area because when the Dr attempted to insert the camera I felt a lot of pain, So they abandoned the camera and proceeded to take a biopsy, advising I may feel a little discomfort. Discomfort was not the correct term, I was in agony and screamed out to stop, the Dr advised that they was almost finished but if I wanted them to stop they would. The pain was excruciating and I asked them again to stop at which point I went dizzy

and felt very nauseous, almost passing out completely. I felt ignored by the doctor. I went cold and very clammy and almost lost consciousness. I now have to return for the same procedure but under general anesthetic.

## PETERBOROUGH CITY HOSPITAL

Posted on Care Opinion website in May 2017 by [DCP](#)

### **“I feel like I was attacked by nice people and cannot get my head around it”**

After having a hysteroscopy 6 years ago including biopsies with no pain relief I was desperately terrified last week, knowing exactly what I was about to endure.

I must stress that all NHS nurses and the Dr that were involved were so kind and I am sure, carrying out their work according to guidelines. I was referred down the 2 week cancer check route and this seems to be the way things are done for quick diagnosis.

After a quick chat with the Dr and signing of the form I had agreed to the procedure with biopsy. I felt that if I refused they may take me off the list or have to re-book me for anaesthetic which could cause a long delay. My Mum died from Ovarian cancer so I thought I better try and be brave and get it done. That way I would get results in about 3 weeks.

I was never offered any alternative to the outpatient procedure.

So I walked into the room, got prepared and sat in the chair. I started to cry and was offered the chance to come back in a few days because I was obviously upset. I said there would be no point as it would mean more days of worry. I explained that I was scared because I had this done before. A nurse said that they could not really help because I knew what to expect. If at this point I had been given chance to be booked in for sedation I would have made that choice.

I took codeine, paracetamol and ibuprofen beforehand so was as dosed up as I could be. I think that made the first bit bearable. Then the Dr started the biopsy and polyp removal! It wasn't long before I lost control and threw my head back screaming, shaking and crying.

Proceedings were halted then for several minutes because my insides had gone into spasm. I asked for pain relief and an injection into the cervix was offered. I said no because I did not want the pain of a needle which would not numb the area they were cutting. So the 2nd attempt started. I now had a nurse each side so 2 hands to squeeze. The 2nd nurse took control by instructing me how to breathe to calm myself/help with the pain. So after a few more horrifying minutes the polyp was also removed and I heard the words, “I'm finished”. Thank God.

Everyone was very kind afterwards. I was sobbing and shaking. I felt embarrassed because I screamed, and inadequate and ashamed of how I acted and looked. It was awful. They fetched my husband to sit with me in a side room till I felt I could leave. I was still crying and when I looked up at my husband he was wiping his eyes too.

It seems this is common practice. I am struggling psychologically and it has taken over my mind at the moment. I hope this will improve. It makes me cry and I live in fear that I may have it done again. My mind just won't accept that they can expect women to bear this. I feel helpless and angry. I am wondering whether to write to the hospital but anxious because they will say I worked myself up into a state! However, if I don't say anything I am adding to the successful statistics of having the procedure without pain relief. I feel let down because I was not offered a humane alternative which I believe is due to cost strategy. I am in such a bad state emotionally and may have to consider counselling. I feel like I was attacked by nice people and cannot get my head around it. Proper sedation must be offered for this procedure. I had sedation at the same hospital 2 weeks earlier for gastroscopy and almost slept through the whole thing. I feel I was made to suffer needlessly. I have since found many dreadful accounts of this brutal activity and have joined a support group.

## **PINDERFIELDS GENERAL HOSPITAL**

Posted on Care Opinion website in March 2018 by [Melbear](#)

### **“Hysteroscopy with no pain relief”**

I was told to take 2 paracetamol before I attended the appointment as I would only feel mild discomfort. The person who did the procedure struggled to firstly get the camera in place & then spent ages trying to take a biopsy. In fact she was at the point of giving up when she managed to get a small sample. By this time I felt sick & dizzy, I had to be taken into a side room until I was well enough to leave. I was bleeding fairly heavily by this time & had to go sit in my car for half an hour until I was fit enough to drive home – I had to phone in sick as I fully expected from the leaflet to be fine. I think the hospitals need to be realistic about the pain that can be felt, I am no wimp but this was very bad & took several hours to recover from. I also think you should be told to take someone with you, preferably a driver.

## **QUEEN ALEXANDRA HOSPITAL (1 of 3)**

Posted on Care Opinion website in August 2017 by [Gosport42](#)

### **“Extremely painful hysteroscopy”**

I was referred to a Consultant by my GP after I experienced post menopausal bleeding. The leaflet provided by the hospital stated that the procedure is painless but there may be period type cramps. I was not prepared for the excruciating agony. The medical staff were brilliant, they did say it could be stopped but it would mean returning later for admission to have a general anaesthetic. I just wanted it over with. I have a high pain threshold but the pain level was through the roof. The procedure is barbaric. Afterwards my husband told me the lady in before me screamed and came out crying, shaking and very distressed. Fortunately for me I didn't see this I was in having an internal scan.

## QUEEN ALEXANDRA HOSPITAL (2 of 3)

Posted via NHS Choices on Care Opinion website in March 2018

I came in last Wednesday for investigations following minor post menopausal bleeding. I was expecting an internal scan together with the chance of a hysteroscopy. This is explained in the leaflet sent out (describing it as uncomfortable but not painful) and indeed by the consultant prior to tests.

Unfortunately I did need this invasive test.

I'm afraid to report that I found this to be a ghastly experience and very painful. I'm not sure how long it lasted but I'm not sure I could have coped longer. Let's say it was 10-15 minutes. I felt terrible straight after and did vomit. Pain killers did help with the pain though and it eased off over a couple of hours.

The staff looking after me and the consultant were all absolutely marvellous. I was asked if I wanted to return to be tested under GA, I declined this. Whilst this is an experience I wouldn't want to repeat. I am pleased I didn't have GA, but I do think information prior to the tests should make ladies aware that this can be extremely painful to some people.

I can't recommend this department highly enough. World class service. Thank you for looking after me.

## QUEEN ALEXANDRA HOSPITAL (3 of 3)

Posted via NHS Choices on Care Opinion website in March 2018

### **“biopsy and hysteroscopy experience”**

I had a hysteroscopy at QA

I was made welcome and all the staff, doctors were friendly and helpful. I did have to wait a while due to circumstances but I was updated through the wait and offered a drink, I was treated with respect and kindness. The only downside of the experience was the actual procedure was extremely painful. I was expecting to be uncomfortable but I struggled with the pain. The nurses and gynaecologist were wonderful and said they would stop anytime I was in control and I was given pain relief after and literature on aftercare.

## QUEEN CHARLOTTE'S HOSPITAL

Posted via NHS Choices on Care Opinion website in January 2018

I am very dissatisfied with all aspects of my experience on this occasion. The gynaecological visit took place with my legs in a sitting position (rather than in the common knees/feet raised) dangling off the bed. The doctor intended to carry out a hysteroscopy which was unsuccessful due to the uncomfortable position. There was no mention as to the reason for this 'sitting' position and the only alternative offered was to book me in for a general anaesthetic. I am still shocked at such approach and have sought private care, which has been satisfactory.

## QUEEN'S HOSPITAL, BURTON UPON TRENT

Posted on Care Opinion website in March 2018

I went to have a Hysteroscopy in 2017. I was not impressed, I had booked time off work, only to be told the procedure could not go ahead, I would have to go under G/A. I did not want to do this & was told I did not have any other options but I also was not happy as the Gyno department did not have all the right tools for the job - they never had a medium speculum only small & large, I queried this & they said they could not go & get one, so they tried to force the wrong size one on me, hence why a simple procedure never went ahead, they also never asked if I would like to try again at another date. Also the Gyno insisted she would not do the procedure unless I went under G/A & never gave me any other options. I felt totally ignored & thought the team was not interested in my wellbeing & the Gyno herself only wanted to do it her way & also by not listening to me at all. They never actually told me what they were doing or telling me what they were doing step by step or asking me if I was in any pain. I think the Gyno herself needs to update her methods, I went back to my GP, I asked for a referral to another NHS hospital had the Hysteroscopy without G/A & now I am fine, what a difference in methods & options & better Gyno team & they had all the right tools for the job, explained everything all the way through & I was also offered the option of gas & air. I would most certainly go there again & will never go to Burtons Queens Gyno unit again, they need to up their game, the Gyno at Burton I thought was no good at her job & tried to blame me & the tools of her trade & not her methods or lack of understanding & empathy, to me the Gyno needs to find out more about doing a Hysteroscopy in future as at present she will scare the patients away like me.

## ROYAL CORNWALL HOSPITAL

Posted on Care Opinion website in June 2017 by [Traumatised876](#)

### **“Painful hysteroscopy without anaesthetic”**

I underwent an outpatient hysteroscopy to remove a uterine polyp at West Cornwall Hospital in 2016. The process was excruciatingly painful and so badly managed that one of the attending nurses was themselves in tears by the end of the operation.

In the operating theatre, the doctor was sullen and uncommunicative and when I asked about the possibility of sedation or a cervical block (as promised in a previous consultation and in a phone call to the ward a few days before) they said it wouldn't be necessary. They checked that I had taken ibuprofen and paracetamol in the previous hour, which I had done. The staff in the theatre said that no additional pain relief would ever be given in these circumstances, despite previous assurances. They expressed surprise that I had received this advice, saying that additional pain relief would only be given if I were here for a termination.

The doctor then began holding the hysteroscope out in front of them and therefore right in front of my face. They made no attempt to conceal it, despite its alarming appearance, and they offered no explanation of what was going to happen next. In fact the doctor spoke to me only four brief times during the procedure: first to say, “I am going to touch you”, then twice asking me if I wanted them to stop (to which I said no as I felt powerless to say anything else

and was anyway in extreme pain and just wanted it to be over), and finally to ask me if I wanted to see what was on the screen (which I was in no state to do as the pain was very bad indeed by this point and I could in no way have turned round to view a screen that was positioned behind my head). There was no explanation of what they were about to do or what he was doing at any stage, despite the fact that I was alternately screaming and gulping gas and air and therefore clearly in distress. At no point did they offer any reassurance or empathy. The nurse who was holding my hand and giving me gas and air was incredibly supportive, and was visibly upset and tearful at what they were witnessing.

Once they had finished, I said to the doctor that I was amazed that this procedure is carried out with such minimal pain relief. They said at this point, in a combative tone, that I had nothing to complain about. They said that half of the women they see have no pain at all during the procedure. I said that this presumably leaves half of them with an experience similar to mine. The doctor then proceeded to argue the point with me, as I still lay in the chair with my legs in the stirrups, until I asked them to stop.

By the time I reached the recovery bay I was trembling and in shock. I felt panic-stricken, angry and deeply upset, not to mention in a lot of pain. The manager of the unit expressed concern at what had happened and suggested I share my experience with the hospital. A nurse mentioned that several other women had had a bad experience of hysteroscopy with this particular doctor earlier that morning. The nurse and unit manager made sure I had all the complaint forms before I left.

Over one year on, the trauma continues, to such a degree that it is only now that I feel able to post my experience on this website. I have complained in writing to the hospital trust but was given a cursory apology that was clearly written by legal professionals and aimed to wriggle out of any wrongdoing. It paid scant regard for any of the issues I raised. I write this now in the hope that there will be a change to protocols, and to the completely hopeless Patient Advice leaflet that tells of the possibility of “mild discomfort” during hysteroscopy.

Hysteroscopy without adequate pain relief might save the NHS money in the short-term, because it means patients can be seen quickly and discharged immediately, but it leaves women like me with horrific memories in the long-term that I am still struggling to live with. It is a scandalous procedure that needs to be shouted about from the rooftops so it can be stopped.

## **ROYAL DERBY HOSPITAL**

Posted on Care Opinion website in 2016 by [wollstone](#)

### **“Excruciating pain during hysteroscopy”**

I was referred to see the Gynecologist by my GP due to having heavy bleeding at the age of 56. I had had a scan and transvaginal procedure May 2015 that showed a thickening of my womb, but it wasn't until I had had two more heavy periods in June & November 2015 that I was referred.

At the referral appointment I was told that it would be best for me to undergo a hysteroscopy to find out what the cause of the heavy bleeding was. I was told that I would need to take pain

relief an hour before the procedure like ibuprofen, I said I had got some codeine as I had just had a knee replacement 8 weeks ago.

The consultant got me to sign a consent form and said an appointment would be sent in the post for about 4-6 weeks' time.

I received the appointment along with an information sheet, it said to take the pain relief one hour before my appointment as I may experience cramp like period pains. After the procedure I would be taken to a rest room where I would be given a cup of tea and would need to rest for 15 to 30 mins before going home (at no point did it say it would be best to have someone with you.)

On the day of my appointment I took 1 codeine tablet (30mg) and 1 paracetamol tablet (500mg) an hour before my appointment as recommended. On arriving I was seen by a nurse that did the usual tests BP etc and she asked me if I had taken any pain relief. I said yes and she wrote it on my notes. I was then taken through to see the consultant and the person who would be conducting the hysteroscopy. The consultant asked me about my previous history of bleeding and other questions concerning the menopause. I said I had had no symptoms of going through the menopause and she said it would be best to proceed with the hysteroscopy and take a biopsy from the lining of my womb and also to have some blood tests done to check my hormone levels.

I was then taken in to a room where I changed into a hospital gown and was led into the room to have the procedure done. There was a nurse sitting next to my head and she said to take a good deep suck on the gas and air she offered me. The nurses were talking to me about my work as the procedure started but within seconds I couldn't answer because of the pain building. The nurse kept telling me to keep taking the gas and air but the pain got so excruciating I bit the mouth piece off and was screaming in agony. The consultant said they had nearly done and I was doing really well but I just wanted it to stop. I felt myself passing out and the nurse kept saying you are o.k. you are nearly there but the pain was unbearable. I was crying. The consultant withdraw the instrument and said I was just going to feel a bit more pain whilst they took the biopsy, I was just in agony - I was completely out of it.

Afterwards I was told to rest for a while and only get up when I felt ready, I just wanted to get up and run out of there as quickly as possible. After I had dressed I was taken back to see the consultant who told me all looked fine and I would be sent the results from the biopsy. I was given the request to have my blood test taken and then the nurse took me to a rest room where she brought me a cup of tea. I drank it quite quickly because to be honest I just wanted to get out of there and go home.

I got to my car and just cried and rang my husband, he couldn't believe what had happened and said he wished he had gone with me. I said to him at no point was it mentioned about having someone with you and to describe it as "cramp like period pains" was the biggest understatement of the century!

I have been through two knee replacements, had a kidney stone four weeks after giving birth to my son, had two children but nothing on this earth was as painful as having the hysteroscopy.

I have since read that some women feel no pain or mild pain and have them for various conditions, perhaps the health service need to look at and understand which group of women really find it excruciating and offer them the chance to have a local if not general anesthetic.

I would just like to add that all of the nursing staff and consultant were lovely, but it didn't take away the trauma I have taken with me from this experience and for two nights following I have woken in the night crying and thinking about it.

## **ROYAL DEVON & EXETER HOSPITAL (Wonford)**

Posted on Care Opinion website in November 2017 by [Moko](#)

My first hysteroscopy consultation was with a doctor whose manner was very impersonal. The description of the procedure was brief to say the least and omitted many important facts. No mention was made about pain management/relief so when I enquired the response given was that they didn't do sedation. As I had asked my GP to request this in her referral letter I was understandably alarmed. When I pressed further the doctor reluctantly talked about local/general anaesthetic (which this doctor did not personally do) and only mentioned the option of air & gas as I was about to leave. The attitude of this doctor to obtaining my signature on the consent form was handled in a very rushed and dismissive manner. It seemed to me that informed consent was not a priority to this doctor and I was being "processed". The second consultation (pre-op assessment) I had was the exact opposite. This Doctor treated me with great compassion and patience. They spent time explaining the procedure, the risks involved, the possible outcome and answered all my questions. At no time did I feel rushed and as we went through the consent form together they reassured me that I was in safe and caring hands.

## **ROYAL LANCASTER INFIRMARY**

Posted on Care Opinion website in September 2016

### **"Hysteroscopy"**

I had a Hysteroscopy this week. Although in many ways the Doctor and Nurses were great, I wonder if I could explain how some of this procedure felt so shockingly traumatic and brutal?

The Doctor was a good listener and a good communicator before and after the procedure – they were empathic and clear in their communications and listened to my concerns.

However, during the procedure, the opposite was the case.

It began before I even knew the doctor was in position – the first I knew that they were there was when the procedure began (I couldn't see the doctor because of the position of us both and the sheet over me). It was a very invasive shock when they suddenly began. The procedure was extremely painful, which would have been easier to bear had they explained what they were doing before they did it and explained at each point what they were doing. Instead I just felt lots of pain and shock as each new probe and movement was carried out with no warning.

The Nurses were extraordinarily caring and did their best to ameliorate the situation but obviously could only inform me as to what was happening a little after it had happened. I am very appreciative of their efforts and care.

Afterwards, I felt utterly shocked, invaded and in physical and emotional pain – and I’m a tough old nut – I have had IUDs fitted, cervical smears, 2 children, etc. I am not a shrinking violet. I am also a Biology post graduate with a healthy curiosity and a very pragmatic view – but this totally shocked me.

I felt quite assaulted by the whole procedure, because of the manner in which it was carried out. “Brutal” was the word ringing in my head while I tried to pull myself together afterwards.

In the follow-up talk, the Doctor was fab – caring, communicative and reassuring. I just wish they had been as personable and aware of my needs (and existence as a person) throughout the procedure.

## **ROYAL STOKE UNIVERSITY HOSPITAL**

Posted on Care Opinion website in July 2018 by [mariainuk](#)

### **“Painful hysteroscopy without general anaesthetic”**

I just wanted to share my story of my hysteroscopy procedure at the University hospital of North Midland [Stafford] My first point is to the staff. I cannot find words to say how wonderful they all were. They were kind, Friendly, super efficient - nothing can be changed there it is absolutely spot on.

I was unfortunately one of those women who found the dilation of the uterus in prep for the hysteroscopic investigation incredibly painful. It’s a difficult one to predict really but it is quite a common problem from what I can gather. The information leaflet didn’t really prepare me for the fact that I may be one of those ladies who would have an extreme reaction to the procedure. It described the pain as being like mild period pain. It wasn’t. As someone who does have severe period pain [and therefore used to a fair bit of pain on a monthly basis] it was much worse. I did take the recommended NSAID analgesia which may have helped but it was still very painful. I was vomiting and had to be given an anti- emetic injection so that I could take more analgesia to get me comfortable enough to return home. I was in recovery for nearly 2 hours. I’m not really sure how the staff could have made it any more comfortable.

It may be though that women like me who have painful periods [due to the fact that we have more pain receptors than average] have a uterus that contracts very strongly and adversely to the part of the procedure that expands the uterus. There is research out there that shows that some women have a uterus that has more pain receptors and that this is linked in with dysmenorrhoea. I was never once asked if I suffered from painful periods. My sister had exactly the same response, she has a similar problem with period pain, her procedure was carried out at the Royal Stoke [City General Hospital] – University Hospitals of North Midlands. Now unfortunately she was made to feel as though she was making a fuss and told

that “no one else has found this an uncomfortable procedure ...”?! They really did treat her appallingly.

I had a D+C in my mid 20's but had a general anaesthetic that was a pain free procedure. I only had very mild period like pain on waking. Obviously a general anaesthetic carries more risk and is more costly and the NHS is very strapped for cash as we all know. There has to be a much more comprehensive discussion about this element to plan the procedure more carefully. There are ladies who have had this procedure that actually stated that giving birth was less painful!

The passing of the instrumentation through the cervix was fine, the burning and removal of the polyps and taking of the biopsy sample were all fine too, only the expansion of the uterus was painful. It's obvious that a certain gynaecological profile means that some women are more likely to need a general anaesthetic or a different way to inflate the uterus to prevent it being a horribly painful experience. If I have to have this procedure again I would be very apprehensive. But again in praise of the staff they made the whole thing bearable.

## **SALFORD ROYAL HOSPITAL**

Posted on Care Opinion website in November 2016 by [DMD](#)

### **“Painful hysteroscopy”**

Underwent hysteroscopy and biopsy and it was one of the most traumatic experiences I have had during a medical procedure.

Bear in mind I have had a jaw replacement a C-section, a lifetime of endometriosis laparoscopies and various prodding and probing – nothing has ever been this bad. I asked for a local anaesthetic as the last smear I had was unusually painful – since found out pain is common for women in menopause. Anyway I am not convinced the local had taken effect (no pause time) as I felt the camera entering my cervix. Then once the camera moved into my womb the pain was unbearable. I cried out in pain. I was literally shaking like a leaf as the pain increased in waves leaving me feeling very nauseous and I seriously felt as if I would pass out.

Why on earth are we not offered a GA for this or at the very least given forewarning and the option for stronger pain relief. It's barbaric!

After procedure doctor left the room and said nothing. Nurses were very caring and supported me as I went in and out of consciousness – feeling like I was passing out.

However it was a joke that once they realised I was going to need time to recover they wheeled me into another room on an OFFICE CHAIR to recover on a gynaecology type chair in another room. Where is the dignity, patient safety and duty of care in being wheeled about on an office chair, in a state of semi consciousness wearing an open backed theatre gown?

I lay on that gyno chair in the second room alone, feeling frightened, distressed and still in extreme pain feeling faint sweating and shaking and cannot understand why there were no staff to check I was OK.

A nurse offered me a glass of water and put it on a chair next to me but to be honest I was dizzy and worried I may fall if I tried to reach over. At this point I felt extremely vulnerable. I was told to shout loud if I needed someone.

I am not an anxious gynaecological patient by any means and was laughing and joking with nurses prior to procedure.

My distress was caused by the excruciating pain experienced – I have seriously never experienced pain so bad. The Doctor carrying out the procedure did not speak to me at all once they had finished even though it was clear that I had suffered extreme pain.

There was a student doctor in attendance and I really worry at what is being taught as acceptable medical procedures. Salford Royal has an excellent reputation nationally and I cannot understand why in a Trust that has gold standards policies on patient dignity and care my experience was so dire.

I commented to a student nurse that I hoped my reaction and the pain I suffered hadn't put her off nursing. They told me not to worry they had seen it before and the patient before me had "screamed throughout the procedure"! ! !

So it seems in this clinic students are being taught that it is OK for women to experience a level of pain that leaves them traumatised, that it is OK to be transported in such an undignified manner on an office chair! To undergo painful procedure without any pain relief (medical or therapeutic) to be left alone to recover.

Spent the day in pain today and seriously considering putting a complaint in.

No woman should have to endure this level of pain ....ever!

## **SALISBURY DISTRICT HOSPITAL**

Posted on Care Opinion website in May 2017 by [Cathyk](#)

### **“I had my judgment about my own treatment disregarded”**

I had an appointment to attend Salisbury Hospital for a consultation regarding post-menopausal bleeding. I knew that I would be having an Ultrasound, and the literature that was sent to me suggested that I went with a full bladder. On arrival at the radiography department, I was told that it was in fact a transvaginal scan and that the information I was sent had been incorrect and in fact my bladder should be empty for the procedure. This was just the first example of the inadequate or erroneous information that I was sent prior to my consultation in the Gynaecology department that day.

Following the scan I was sent to the Gynae department, where after a consultation I was told that I would have to undergo a Hysteroscopy as I had a thickened womb lining, which can be a sign of cancer. I was not expecting to have this procedure done on the same day as my scan, and was somewhat surprised, as a result of this, I had taken no pre-procedure pain relief, but was led to believe that it would be an uncomfortable but relatively painless procedure, and having had numerous smear tests and a couple of coils over the years, I was not unduly worried at the time. I was taken into another room and my legs were put in 'stirrups'. At no time was I offered any anaesthetic or pain relief. The doctor then attempted to insert a camera

through my cervix into my womb to see what was going on. It was the most painful experience of my life, and I have experienced childbirth twice. I felt hot and faint, and as the pain which felt like red hot poker being pushed into my abdomen intensified, two nurses tried to distract me with hairdresser style chit chat. In the end, they abandoned the procedure. It was barbaric, like a medieval torture, I was in so much pain. I was told that I was obviously too sensitive, and before I had time to draw breath, or discuss alternatives, I was packed off to pre-op to be assessed for coming back to have the procedure done under general anaesthetic. I asked if I could attempt the procedure under local anaesthetic, but was dismissed as being 'far too sensitive'. When I got to pre-op, the nurse told me that she sees at least 3-4 women a week in pre-op for a GA as they cannot tolerate Hysteroscopy without pain relief. I was in a daze, and still in pain, I just signed the forms they gave me without question.

I cried for 24 hours, I was in so much pain. I felt as though I had been assaulted and robbed of my dignity, and given no choices about the procedure which I had been totally unprepared for, then forced to have a General Anaesthetic which I did not want. I went to visit my GP, who telephoned Salisbury and withdrew my consent for a GA and I got another appointment to see a doctor at the clinic to discuss the way forward with a planned procedure under local anaesthetic. My GP was compassionate and listened to me without judgment, she seemed to 'get it', and after her conversation with Salisbury, I felt as though things would get better.

At the second appointment, I attended with my daughter. I explained to the doctor that if I had been given an option of a local anaesthetic and effective pain relief in the clinic I could have most likely managed the procedure and have got the procedure over and done with on my first visit, but I was totally unprepared for how painful it was going to be, and was not offered pain relief of any kind, not even a Paracetamol. She told me that they do not have the facilities to offer a local anaesthetic in the clinic, despite Salisbury Hospital's own clinical guidance on Hysteroscopy stating, 'In situations where the patient is unable to tolerate the examination or dilatation of the cervix is required such as during operative hysteroscopy, a paracervical or intracervical local anesthesia should be used'. I had to insist on being offered that option rather than a general anaesthetic, as I wanted to try again, now I knew what to expect, without an unnecessary GA and all the inherent risks that would entail. It was agreed that I would come back to Day Surgery for an appointment to be done under local anaesthetic, that I would have a quiet and stress free environment in which I could concentrate on self-hypnosis and that I would be given a pre-med to calm me further, and that my partner would be present at the procedure, as he had been at the first one. I felt happier with this plan and waited for my appointment to attend day surgery.

I attended Day Surgery 2 weeks later. It soon became obvious that the staff had little or no knowledge of what had been discussed at the clinic regarding my treatment plan. I had in fact been booked in for a GA, which I refused. I was taken into the unit at 12.30 midday, and put into a cubicle, where I was provided with a ripped gown with a hole in it and no tabs with which to do it up, and told to get undressed and into bed. As I was expecting a local anaesthetic, I had not brought a dressing gown or anything like that as I had been given the impression I would be in and out quite quickly. No-one could tell me the time of my procedure, so I was unclear as to when I should take the strong painkillers that had been advised on all literature to be taken 1 hour before the procedure.

At approx 2.30pm, I was approached by 3 members of theatre staff who tried to persuade me to have a General Anaesthetic, and if not, I should be prepared to have one should the procedure be unsuccessful. They explained that it would be longer and more difficult for me should this be necessary, and maybe it would be better to just have a GA full stop. I said I would consider it. I was then approached about 10 minutes later by an anaesthetist who also tried to persuade me to have a GA. I still stuck to my guns and refused. Their answer to this was to send yet another anaesthetist to explain to me how safe a GA was and that I should consider it. It was at this point that I broke down, I was crying uncontrollably, it was like no-one was listening to me or paying any heed to my treatment plan that had been agreed in clinic prior to my admission. Two nurses came with a pre-med, and I refused, as I did not want to make any decisions about my treatment once I had taken drugs, I felt as though I had to stay 'sober' in order to guard my own interests, I sent them away. I was under so much stress, feeling as though I was being forced to have a procedure that I had not agreed to.

A lovely staff nurse, who was managing a different list heard what had been going on and came to talk to me as I was so distraught. I said to her that I felt that it would be easier for everyone if I just gave in and agreed to the GA. She said, 'Yes, it would be easier for everyone, but what about you? Gone are the days when we can just tie you to the bed and do what we like. What do you want?' I said that I wanted to stick to my original plan, and she went off to communicate this to them all.

At 5pm after a whole afternoon of the stressful fight for my own treatment plan to be acknowledged and when my pre-med was wearing off, the time came to have my procedure, and I was asked to walk to the theatre. The kind staff nurse found me another gown to hide my modesty, and I asked about my partner. I was told categorically, despite being told earlier that day that he could come in if he wore a theatre gown that he would not be allowed in as arranged. I walked to the theatre, and then as I went in through the doors alone, I just saw red. I left the theatre in floods of tears and said that I was discharging myself to go privately, the stress was just too much for me, and facing the procedure without my partner as I had been promised was the last straw.

The lovely staff nurse found me in the corridor on the way back to my cubicle to get my clothes and asked me what was going on, I just broke down. She immediately organised someone to go and find my partner. Several nurses rallied to my aid, and got him a gown, and hustled us back into theatre. Even at the last it was a fight, someone said, 'He can't go in without a cap,' trying to stop him going in, and one of the nurses just rounded on that person and said, 'Don't be ridiculous, he's bald for God's sake!'

I then had the procedure under local anaesthetic with my partner one side, and the amazing staff nurse on the other, and I did it. It was uncomfortable, but despite the stress, I breathed through it and it got done successfully. With the local anaesthetic, it was bearable, like it should have been the first time.

I went back to the cubicle for tea and biscuits to recover, and the anaesthetist came to apologise to me. He said, 'I told you so' if I wanted to. He was very kind, and tried to allay my fears again.

This could have been so much of a different experience, and if not for a few dedicated and amazing staff who stood my corner, I believe I could have been in a lot worse position post

operatively, and had an unnecessary GA that I neither wanted or needed, this whole situation and the stress and pain inflicted on me was totally avoidable.

This procedure could have been done in Clinic with a local anaesthetic on day 1, saving the NHS time and money, and me a lot of distress, but it was never offered. Treatment plans that were agreed prior to the procedure were totally disregarded, the clinical guidance issued by the hospital itself was ignored. I was made to feel like a failure for not enduring the procedure in clinic, and I had my judgment about my own treatment and body totally disregarded, as if I was stupid.

The literature accompanying this procedure is wholly inadequate, and women are being led up the garden path like children who are told, 'Oh this won't hurt', and offered a bit of chatty distraction rather than grown up clinical solutions and choices regarding this procedure. At least now, following this experience I know I am by no means the only one, which is cold comfort considering that women up and down the country are suffering these experiences of Hysteroscopy. In 2017 women should not have to fight to be heard, and they most certainly should not have to fight not to be hurt.

## **SOUTHAMPTON NHS TREATMENT CENTRE**

Posted on Care Opinion website in July 2018 by [newjerseychick](#)

### **“Painful, traumatic, hysteroscopy”**

I was referred to Care UK via the GP for an external ultrasound scan. A few weeks following this I received a telephone call to arrange for me to return to see the consultant. I questioned why I was being recalled but the person who called to book the appointment reported she did not have that information. I asked for someone to call me back to discuss as I would need to arrange childcare, time off work etc. I was then called by a nurse who explained that “it was probably for an internal scan”. I asked how long this procedure would be as I would need to book time off work and they replied that “women usually take the day off as it could be a few hours in the clinic”. This was all the information I was given.

On the day of the appointment, I drove to the clinic. I spoke to the consultant who advised that they wished to perform an internal scan. Having looked up “internal scans” I assumed this was a transvaginal ultrasound. The consultant advised that the camera was the size of a pencil and offered me pain relief. I was offered local anaesthetic or a sedative. I was advised that if I was to have the local it would be a longer wait and that given it numbs the same area as the procedure it would be like having it twice. On asking about the pain I was told that “you’ve had children so you should be fine”. I explained that actually I’d had a caesarean section but the consultant informed me that they’d “gone back to work straight after having the procedure”. I was still under the impression I was having a procedure similar to the Transvaginal ultrasound so happily signed the consent form and requested some diazepam which had been offered. I was then taken to a ward where I stripped off into a dressing gown and shoeless. After about 10 minutes I was called through back to the consultant’s room for the procedure. I had to walk back to the consultant’s room in just a dressing gown. Once in there I explained I’d still not had the pain relief I requested. Everyone was waiting to do the

procedure and I was told I'd have to wait longer if I had it now as it would take time to work. I decided to just go ahead after all I was still thinking I was having an "internal scan like a transvaginal ultrasound!"

I have never in my life experienced such a horrific procedure where I felt exposed and vulnerable. I would say I have a high pain threshold but this was something barbaric! Not once was I asked about a pain score. Towards the end of the procedure as I was shaking, with tears running down my face I was met with disbelief and hostility by the consultant who reported that she couldn't believe it was hurting as she took a biopsy. I realize now that my body had actually gone into shock. I felt faint, dizzy, nauseous and was shaking.

The nurse helped me stand up as saline and blood ran down my legs. They helped me to the back of the room where they pulled a curtain round for me to change back into my clothes. I then heard the consultant tell the nurse off for allowing me to change in the same room. The consultant told the nurse I should have gone back to the ward. How on earth it is acceptable for a woman in shock to walk back along a hospital corridor in a dressing gown with saline and blood running down their legs after having what I now know was a "hysteroscopy" is just shocking! I quickly got dressed and was then taken to a "recovery" area where I was offered biscuits and a cup of tea and then left alone. My biscuits and tea came and after ten minutes I just left. There was no chance to talk to a nurse about what had happened. No leaflet provided on aftercare, no pain relief offered, just absolutely NOTHING. How I drove home, tears running down my face, in shock, I have no idea.

I got home curled up in a ball on my bed and just sobbed. Thankfully I had taken the day off work. I felt violated, vulnerable and scared. Later I had a bath but as I sat in the bath I suddenly thought "should I be having a bath?" after all I had no idea as I was given NO information!

It's taken me 9 months to be able to write this. I now have panic attacks and a fear of any medical procedures. I'm too scared to go to the dentist and I'm dreading my routine smear. I have a total lack of trust after what happened to me. I now know I had a hysteroscopy. I now know I should have been given a leaflet to inform me of the procedure before the procedure! I now know I SHOULD have had full written information about the hysteroscopy/biopsy procedure including the risk of severe pain. I now know it's common to be advised to take pain relief before the appointment. I now know I should have been offered and given proper pain relief. I now know I could have asked for the procedure under a general anesthetic. I now know what I was actually having done! I now know it's advised to take someone with you as you shouldn't drive home alone. I now know I did not give "informed consent" as I was not INFORMED. I now know I should NOT have been made to feel this way. I now know that a sizeable minority (5%-25%) of UK hysteroscopy patients have reported severe pain during these outpatient procedures.

I would never have this procedure again and I feel it is totally unacceptable to put women through this in an outpatient clinic.

## SOUTHMEAD HOSPITAL

Posted on Care Opinion website in February 2018 by [deltanq69](#)

I was referred to Southmead Hospital, Cotswold Clinic for a hysteroscopy and biopsy in February 2017. This is the first time I have actually felt able to share this traumatic experience on here. I had previously had a failed biopsy at a local clinic in Clevedon, which had been extremely painful, so I was nervous and told the nurse/hysteroscopist I was very worried about being in pain. I had taken painkillers an hour before the time my procedure was due and my husband had accompanied me, but I had been told by several people, including the consultant's secretary and the booking clerk at the unit that they do a local anaesthetic for hysteroscopies.

I was not sent a hysteroscopy leaflet before the procedure. For some reason I was taken from the waiting room where I was with my husband at the allotted time and sat in a corridor on my own for about half an hour. My husband and I were texting each other as we couldn't believe how long I was having to wait. The corridor was freezing cold and all I could hear was the sound of women laughing and joking loudly. Eventually I was taken into the room where the procedure was to be done, asked to sign a consent form (which I would not have signed if I realised how painful it would be) and to undress from the waist downwards. It was explained that the procedure might be a bit painful, but like period cramps.

I was sat in a chair and one nurse was holding my hand whilst the other two were dealing with the procedure. From when they first started pumping water into me it hurt. It just got worse and worse as time went on. The pain was unimaginably horrendous. I was crying out and crying and they kept telling me it was like period cramps, but it was much, much worse. I have previously suffered from gallstones for more than 6 months and this pain was horrendous, but the hysteroscopy was worse. Apparently they had to use a speculum in my case, which may have made the pain worse. I could feel them cutting and pinching me (I think they removed a polyp or polyps with tweezers) and it felt like my insides were being ripped out.

I have to say that all the staff were lovely, but I honestly don't think they realise just how excruciating this procedure can be. I was shaking and in tears during and after the procedure. The lovely nurse who made me a cup of tea afterwards even suggested it was a bit embarrassing and I told her that wasn't the problem, it was the extreme pain I had experienced! I felt like they didn't believe how bad it actually was. When I went home I felt traumatised, as if I had been tortured. I actually felt violated. I couldn't go out for days and could barely speak to anyone. I still get flashbacks and it still affects me at times, especially when I read that so many other women have experienced the same thing at other hospitals.

I complained to the Trust and eventually I got a reply (2 months later) saying they were sorry and they would put in procedures for someone to be able to indicate if they were in too much pain and have the procedure stopped. My point is I should never have had to experience this amount of pain in the first place. Sometimes you will carry on with something rather than it have to be done again if you think it's almost over. I'm supposed to be having further treatment, but they are unable to offer me anything other than a general anaesthetic, which I am nervous of having because of weight issues. My consultant ignored what had happened to me and didn't discuss it with me, which made me feel even worse. It might have helped if

they had been sympathetic, but instead they made a joke about my weight! I still feel like I've been a nuisance and people think I'm making a fuss, but it has left me terrified of the thought of having anything similar done and I still have the fibroids that were causing the problem in the first place!

## **ST JAMES'S UNIVERSITY HOSPITAL (1 of 2)**

Posted on Care Opinion website in February 2018 by [limand93](#)

My fiancée has PCOS and was also diagnosed with endometrial hyperplasia without atypia. The doctor that conducted the hysteroscopy has told her nothing but lies and has been nothing but inconsiderate.

She was told she'd have to have a hysteroscopy, she was told it would cause a "mild discomfort" at most. She wasn't told to take an ibuprofen or paracetamol to help with the excruciating agony. Not like it would have helped, since it caused, as described, excruciating agony. My fiancée was bedbound after the procedure for months to come. So much even that tramadol was hardly enough to take the edge off the pain. She couldn't even sit in discomfort, let alone without pain.

She was then told she'd need a mirena coil and she was again told it would not hurt, "you won't even feel it in there." She made the GP promise that she could make an emergency appointment to have it removed if it hurt. The GP promised and then placed the coil. Within a week my fiancée was in agony so we called to have it removed the same day. She was then told that the earliest appointment available was a week away. So she pulled the coil out herself.

She was then put on the mini-pill, which caused her a migraine so horrendous that she was blinded. She couldn't stay awake for more than thirty minutes at a time. Her own chewing of food sounded what a siren blaring next to your ear would sound like to a normal person. Her mood-swings on this pill became beyond violent, had she been in public she'd have been arrested.

Right now she has been discharged without a direction, she has no clue what can be done and the NHS has not informed her about the numerous other procedures that can be done to determine whether her cells have become cancerous. Her gynaecologist hasn't even told her about the blood test that can be done to find out; they insist on shoving that barbaric mechanism back into her womb without any kind of anaesthetic.

My fiancée has gone through so much psychical torment, emotional trauma and psychological distortion that she's at the point where she would prefer developing cancer instead of going through this butchery of a gynaecological procedure for preventative measures. Because if she developed cancer at least they would give her a hysterectomy and be done with it.

I think for the 'most advanced health care system in the world' to make a patient feel like they would prefer cancer over treatment is shocking.

## ST JAMES'S UNIVERSITY HOSPITAL (2 of 2)

Posted on Care Opinion website in February 2018 by [Bookworm Blonde](#)

I will start by saying I have no complaints about the team of nurses who looked after me. I do, however, think that the policy of advising women simply to take painkillers an hour before the procedure is ridiculous. I have chronic migraines and know what excruciating pain feels like. This was so much worse. I went on my own, as I trusted the advice I'd been given – oh, the benefit of hindsight.

I am a grown woman who doesn't cry easily and with quite a high pain threshold and I cannot begin to tell you how upsetting it is to be laid there with strangers putting what felt a red hot poker inside you. In the end, I begged them to stop, crying and shaking from the pain. I really thought I was going to throw up or pass out. Like I said, the team was great and did stop as soon as I said so. I've been referred for a general anaesthetic and was sent for pre-op assessment straight after my failed hysteroscopy. I have already had ablation and apparently that means scar tissue. Scar tissue doesn't stretch. I'm told that might be why it was so difficult, but if that is the case, shouldn't I have been referred for a GA anyway?

If it can be painful under normal circumstances, surely it was a given that I would find it extremely so?

## ST MARY'S HOSPITAL, MANCHESTER

Posted on Care Opinion website in November 2017 by [Yardy](#)

I was quite stunned to read another patient's description of her hysteroscopy because it was so different to my experience in the same hospital under the same consultant. I have been meaning to write about what happened to me ever since I went through the procedure at the end of March but haven't been able to bring myself to do this; mainly because it means having to face and relive the experience which I had tried to consign to some corner of my mind. Reading about someone else undergoing a hysteroscopy at St Mary's sent a shiver down my spine and brought it all back. What I experienced was unbelievably painful and I can feel panic just making myself think about it. I don't think that anyone should have been expected to experience the amount of pain that I went through on that day. I had problems sleeping afterwards because I kept waking up in the night and I guess that it is still affecting me to some extent. I have been keeping this largely hidden in my head and that really hasn't been doing me any good at all. I think the whole thing was barbaric and traumatic and I am reliving flashbacks of it whenever I think about it; I can't understand how something so horrific can be allowed to happen in 2017.

I was sent for the hysteroscopy because the FP doctor (that I saw at the medical centre) that removed my last coil was concerned that it wasn't complete; I had no symptoms. The FP doctor told me that they would ask for pain relief in the form of gas and air to be provided because I had experienced severe pain when the coil was removed; I don't know if they did ask because none was offered. I think that the FP doctor had some idea of what I was going to go through because they seemed to be reluctant to tell me about it.

On the day I followed the leaflet instructions and took over the counter pain relief but I was kept waiting at the hospital so that I was about an hour late going in and I was very anxious. I explained to the consultant that I was terrified of what pain that I might face and explained that I had a history of pain from gynaecological procedures such as coil insertion and removal and smear tests. No pain relief was offered. I was told that the consultant would just use the camera to reduce pain but it was agonising. I stopped the procedure twice due to the pain but was told that the camera was nearly through my cervix and it would only be a very short time before it was through; I was showed that on the screen. By that I got the impression that the pain would be over once the camera was through and agreed to go on. That wasn't what happened; I felt the camera push through my cervix and there was a bit of blood showing on the screen but then the pain just became everything that there was in my world; it was the most painful experience of my life; worse than childbirth.

There did seem to be some communication issues involved because when I got to the hospital they didn't know that I was on medication which they should have and also the consultant thought that an arm had broken off the removed coil and could be embedded, but that wasn't what happened; it was just that the copper coating wasn't all there. In the end it seems that it must have just dissolved. They just seemed to be looking for excuses as to why it hurt me so much; I felt that I was being blamed for that because I got asked had I eaten anything and had I taken the advised painkillers?

The doctor and nurse were both talking to me about different things through the whole thing trying to distract me which I think is a barbaric way of trying to deal with pain like that in the 21st century. I was being told to keep my bottom pressed down on the chair thing that I was in but I was in so much pain; all I wanted was for it to stop. Even after the camera was removed I was still in a lot of pain. I was asked how much and said 8/10 when it had dropped a lot; I just wouldn't have been able to answer that before. I just wanted to get out of that room so I tried to stand up as soon as I felt able to but I nearly passed out and had to sit down again; there was plastic sheeting and water/blood and it was horrible. I had expected pain but nothing like that. Why are colonoscopies done with sedation or gas and air as standard (I had one of those last year) when nothing is offered for a hysteroscopy even when it was asked for? The only conclusion that I came to was because men have colonoscopies... I feel shaky now reliving that day but maybe I can actually put it behind me now. I hope so.

## **ST MARY'S HOSPITAL, PADDINGTON**

Posted on Care Opinion website in April 2018 by [Mollybelle](#)

### **“Hysteroscopy pain”**

I had a hysteroscopy St Mary's Hospital in Paddington, London. I was not given any anaesthetic or sedation . It was agonisingly painful the minute it began and I started to pass out and vomit. It was so bad that the procedure was stopped and I was taken into a side room to recover. The staff were very kind but I had been told that this was a painless procedure, at most mildly uncomfortable. I had attended the appointment alone and travelled by public transport as I was given to understand that it was simple and painless. I had to travel back across London by myself after this awful procedure, feeling shaky and unwell.

The procedure was to check if I had cancer but I was told that they were confident from what little has been seen that I was clear.

I cannot believe in the 21st century women are being subjected to this without general anaesthetic, or indeed any anaesthetic. I have since had an anal endoscopy without any sedation or anaesthetic and this was slightly uncomfortable but bearable, so I am physically resilient. The pain during the hysteroscopy was by comparison many fold.

## **THE PRINCESS ROYAL HOSPITAL**

Posted on Care Opinion website in January 2018 by [JLL](#)

I had an outpatients appt for a hysteroscopy from a 10 day cancer referral, having experienced ongoing pain and some bleeding ten years after starting the menopause aged 36.

I was given a leaflet which advised I should take some painkillers an hour or so before which I did. As I am very curious I also googled the procedure before my appointment and was surprised to read of many women experiencing severe pain. I tried to dismiss this as an unfortunate minority.

On the day of the appointment I had an ultrasound and internal examination and then went for my hysteroscopy where I was informed the consultant was delayed. Having waited approx 2 hours I was finally seen by the doctor who was to perform the procedure. We spoke briefly and I gave him some details about my problems. I then asked if it would be painful. He asked me if I had had children, to which I replied yes. He then said it would be no worse than light period pain. How wrong he was! I have never experienced such excruciating agony. Obviously the delay in seeing the consultant meant the effect of any painkillers would have worn off but there is no way over the counter painkillers would touch the searing agony.

The nurses tried to calm me down, but I could feel myself passing out and had tears running down my face. I was asked at one point if I wanted to stop, but as I was there for a potential cancer referral I had to go through with it. Fortunately my partner had taken me and was waiting when I went back to the waiting area. I was extremely shaken up and sat for a while before trying to walk back to the car. I got as far as the ward door and had to grab the door frame to stop myself from fainting and collapsing. A wheel chair was found and I was wheeled back to wait for another 45 minutes – 1 hour before slowly walking back to the car.

When I got home I went straight to bed and cried myself to sleep.

I have never felt so violated as a woman and am appalled after the fact, to find that so many other women experience similar.

## **THE ROYAL GLAMORGAN HOSPITAL (1 of 2)**

Posted on Care Opinion website in February 2017 by [Poppy16](#)

### **“Painful hysteroscopy”**

I attended my hospital for this procedure. I had expected mild cramping pain, however I found it incredibly painful.

I have a strong pain threshold delivering my son with no pain relief, but this was awful. I vomited following the procedure, probably due to shock. I would recommend general anaesthetic to anyone who has to have this investigation.

## THE ROYAL GLAMORGAN HOSPITAL (2 of 2)

Posted on Care Opinion website in May 2017 by [Pandabear81](#)

### “Lack of information about my hysteroscopy”

I can't complain about the doctors and nurses as they were all very kind and didn't do the procedure in the end as it wouldn't fit. My problem is that I had no knowledge of what was going to take place at this appointment, the letter didn't say anything about it at all. I had read online about the painful hysteroscopies many women had experienced and worked myself up into a state of terrible anxiety about it, having to take a day off of work even due to the panic attacks I was having. When I got there they mentioned the hysteroscopy, which even though the appointment letter told me nothing I was expecting it because I had done research online. I had taken a strong painkiller beforehand so for this reason only agreed to try it. As I said, the doctor didn't try to force it when it was clear it wouldn't fit, but I felt completely lied to about the whole process. I think this is a barbaric practice which harkens back to the old days of women's medical care, 'ignore her- she's just being hysterical'. Had I had any real information about what to expect, including the fact that I could say no and choose to have it done under GA, it would have spared me many sleepless nights in the run up to my appointment.

## TORBAY HOSPITAL

Posted on Care Opinion website in April 2017 by [Hallmark](#)

I had this procedure done without any explanation of what was going to happen. The pain was unbearable. I thought the whole thing was quite barbaric. I believe that there is no way this should be done without pain relief.

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## PATIENTS' VIDEOS DESCRIBING THEIR HYSTEROSCOPIES

**Julie Smith** tells her story:

<https://www.facebook.com/HysteroscopyA/videos/245582446099232/>

**Deb Drinkwater** tells her story:

<https://www.facebook.com/HysteroscopyA/videos/1946839298712876/>

**Elaine Falkner** tells her story:

<https://www.facebook.com/HysteroscopyA/videos/280011462834330/>

## HOW THE NHS GETS AWAY WITH TORTURING 1 in 4 WOMEN

Katharine Tylko – [k@tylko.idps.co.uk](mailto:k@tylko.idps.co.uk)

You've read the patients' stories and watched their videos. You're now wondering how on earth the NHS is able to torture women on such a regular basis.

But, first of all

### WHY IS THE NHS TORTURING HYSTEROSCOPY PATIENTS?

Simple.

There's a desperate shortage of anaesthetists, surgeons, nurses, beds and operating theatres. Hospitals need to test thousands of women with abnormal bleeding to rule out womb cancer. Hysteroscopy with directed biopsy is the gold-standard test.

The government has set a '2 Week Wait' target for cancer testing. So hysteroscopy must be done as quickly as possible.

Outpatient Hysteroscopy is quick, cheap and relatively easy to perform. And, unless performed on carefully selected patients by highly trained and experienced operators with modern equipment, it's extremely nasty for 1 in 4 women.



### THE TORTURE STARTS WITH THE DEPARTMENT OF HEALTH

The DH must decide how to ration its scarce resources.

So it thinks LITIGATION. Which medical areas are least likely to incur huge clinical negligence claims? Outpatient hysteroscopy fits the bill perfectly. The worst that's likely to happen to patients is severe pain, vomiting, fainting, phobia of future medical treatment and PTSD. A low-cost claim. No legal aid. Patients know they can't win so they don't sue. Yes, in 2015 the Supreme Court ruled in *Montgomery v Lanarkshire* that patients must be warned upfront of any '*material risks*' and given choices of alternative treatments. But there haven't been many new prosecutions which haven't involved shoulder dystocia, so we can safely ignore it.<sup>1</sup>

Perfect. Under the guise of a 'Best Practice Tariff' the Department of Health promises a huge financial reward to hospitals that do at least 70% hysteroscopies in outpatients, without an anaesthetist, and without an individual pre-op risk assessment.

**So routine Outpatient Hysteroscopy without anaesthesia is a big fat CASH COW!**

<b>COST BENEFIT ANALYSIS:</b>						
300 Outpatient endometrial polypectomies performed in 2015.						
30% of 300 = 90						
2% of 300 = 6,						
<b>Prevented 84 cases from going onto daylist</b>						
	Time per procedure	Running cost per procedure	Reimbursement per procedure	Std disposable cost	Truclear cost	Profit per procedure
Theatre: polypectomy	35 mins	£700	£893	£35		£158
Outpatient polypectomy	30 mins	£150	£893	£35	£296	£412
Equates to <b>saving</b> of $84 \times (412-158) = \text{£}21336$						
<b>Theatre time saved</b> for other elective activity $84 \times 35/60 = 49\text{hrs}$						
<div> <div>  </div> <div> <b>3 year trend of service outcome and patient satisfaction with Outpatient Hysteroscopy at a University Hospital in U.K</b>  <small>Dr. Pragna Gupta, Dr. Junny Chan (Consultant Obstetricians and Gynaecologists) University Hospitals of North Midlands, Stoke-on-Trent</small> </div> <div>  </div> </div>						

Hospital managers, hysteroscopy consultants and practitioners then have to find a way of justifying the severe pain that 1 in 4 women will suffer from hysteroscopy without anaesthesia.

## SO HOW DO THEY JUSTIFY INFLICTING SEVERE PAIN?

### IF YOU'RE A MANAGER OR CLINICAL DIRECTOR:

- **IGNORE SIGNIFICANT PUBLICATION BIAS** – Show your doctors the publications of the famous Italian hysteroscopists who boast of their pain-free outpatient procedures and 90 -95% 'success rate'. Encourage your young, new gynaecologists to believe they can easily learn to do pain-free procedures just like those experts who've honed their technique on tens of thousands of patients. Here Stefano Bettocchi, 'The Father of OPH' proudly claims to have broken open 10,000+ cervixes using no analgesic or anaesthetic drugs.<sup>2</sup>

**Challenging the cervix: strategies to overcome the anatomical impediments to hysteroscopy: analysis of 31.052 office hysteroscopies**

Stefano Bettocchi<sup>1</sup>, Silvia Bramante<sup>2</sup>, Giuseppe Bifulco<sup>3</sup>, Maria Luigia Spinelli<sup>3</sup>, Oronzo Ceci<sup>1</sup>, Fabiana Divina Fascilla<sup>1</sup>, Attilio Di Spiezio Sardo<sup>3</sup>

1 Department of Biomedical Sciences and Human Oncology (D.I.M.O.), University of Bari, Italy.  
2 Department of Obstetrics and Gynecology, Santo Spirito Hospital, Pescara, Italy.  
3 Department of Neuroscience and Reproductive and Odontostomatological Sciences, University "Federico II", Naples, Italy.

0:04 / 7:59

**1996 – 2002**

**2002 – 2014**

**Saline solution (NaCl 0.9%)  
Electronic system of irrigation/aspiration**

**No analgesic / anaesthetic drugs  
Vaginoscopic approach**

- **EXPLOIT THE SHRINKING DENOMINATOR EFFECT** – If you're NHS Monitor, use the landmark study from UCLH by Professor Ertan Saridogan which found that NHS OPH was 'successful', i.e. was completed by 96.2% patients. Unfortunately, one report on the UCLH study failed to disclose the number of women who had opted for a GA right from the outset: [https://www.rbmojournal.com/article/S1472-6483\(09\)002788/fulltext](https://www.rbmojournal.com/article/S1472-6483(09)002788/fulltext). So one cannot conclude that 92.6% of all women are able to complete outpatient hysteroscopy. But keep spreading the myth that "It's only 2%, 5%, 10% who suffer severe pain – er sorry, '*mild discomfort*'" – even when a hospital's audit shows severe pain suffered by 25%, 30%, 40%. [www.whatdotheyknow.com](http://www.whatdotheyknow.com) **Outpatient hysteroscopy/biopsy – pain control and patient choice 2017.**

F	G	H	
ASHFORD & ST PETER'S - PIL "Some women experience 'period like' discomfort whilst other women feel nothing at all."	ASHFORD & ST PETER'S - What we don't tell the patient: 30% of our patients suffer severe pain of VAS 8/10 or more	ASHFORD & ST PETER'S <a href="https://www.whatdotheyknow.com/request/outpatient-hysteroscopybiopsy_pa_173#incoming-984911">https://www.whatdotheyknow.com/request/outpatient-hysteroscopybiopsy_pa_173#incoming-984911</a>	AS In pa Pl se Th
CROYDON PIL: "Most women report mild discomfort similar to period pain"	CROYDON: What we don't tell the patient - 40% of our patients had severe pain during the procedure	<a href="https://www.whatdotheyknow.com/request/outpatient-hysteroscopybiopsy_pa_192#incoming-980220">https://www.whatdotheyknow.com/request/outpatient-hysteroscopybiopsy_pa_192#incoming-980220</a>	
DERBY - PIL "About 8 out of 10 women do not feel the need for any pain relief for this procedure. Some women do find the procedure uncomfortable and will be offered Entonox"	DERBY - What we don't tell the patient - 35% of our patients reported severe pain of 7/10 or more during the procedure	<a href="https://www.whatdotheyknow.com/request/outpatient-hysteroscopybiopsy_pa_195#incoming-982539">https://www.whatdotheyknow.com/request/outpatient-hysteroscopybiopsy_pa_195#incoming-982539</a>	
FRIMLEY -PIL - Some women experience period-like pains	FRIMLEY - What we don't tell the patient: 24% of our patients have severe pain of 8/10 or more	<a href="https://www.whatdotheyknow.com/request/outpatient-hysteroscopybiopsy_pa_151#incoming-974746">https://www.whatdotheyknow.com/request/outpatient-hysteroscopybiopsy_pa_151#incoming-974746</a>	
HARROGATE PIL: " some women experience a slight cramping pain			

- **DENY THE PROBLEM** – Argue that OPH without anaesthesia is ‘an established practice’ and therefore valid. Ignore information supplied by patient advocacy groups. Just as with vaginal mesh – argue that surgeons don’t want to lose a valuable procedure that works in most women. Close your eyes and ears to the mounting evidence of patient harm. Use the migrating Essure coils defence: assert that OPH without anaesthesia is a good procedure and there’s no compelling evidence against it.<sup>3</sup>
- **DON’T RECORD SEVERE PAIN OR PTSD AS AN ADVERSE EVENT** – Ignore the concept of ‘the Number Needed to Harm’. Accept severe pain, fainting, vomiting, iatrogenic medical phobia and PTSD as minor collateral damage associated with an accurate and inexpensive diagnostic/therapeutic procedure. Ignore the fact that gynae patients have in the past successfully litigated against unnecessary pain. Remind your staff to document in the notes, ‘Patient tolerated the procedure well’ if the hysteroscopy was completed, regardless of any crying, tears or screams.
- **IGNORE ‘PROMS’ - PATIENT REPORTED OUTCOMES** - Just as with the vaginal mesh scandal, in your health-economics analysis ignore the secondary PROM of VAS pain-score. In your patient-satisfaction surveys suggest to women that if there’s a choice of anaesthesia it’s only between a GA and a high pain-score OPH. Don’t allow patients the options of safely monitored conscious sedation or LA upfront. Thereby

conclude “Women prefer OPH to GAH”. Start shortening this to “Women prefer OPH”. Disregard the fact that your OPH audits are showing severe pain-scores of 7/10 or more in up to 40% cases. Stop asking your patients their pain-scores and enquire instead about ‘*privacy and dignity*’, as University Hospitals Leicester did in 2016-2017.

- **PRETEND IT’S NOT REALLY TORTURE** – Many of the women who contact the Campaign Against Painful Hysteroscopy describe their OPH as torture. But is it legally torture? The International Criminal Court Act 2001 defines torture as “*the intentional infliction of severe pain or suffering, whether physical or mental, upon a person in the custody or under the control of the accused; except that torture shall not include pain or suffering arising only from, inherent in or incidental to, lawful sanctions*”. State that “*OPH is in a woman’s best interests*”. Doctors say so. Doctors are the Gods in the national religion that is the NHS. Doctors know best. One mustn’t question them. Just a second – maybe the severe pain of OPH isn’t legally sanctioned? The State, in the person of the Department of Health, instructs doctors to inflict severe pain on 1 in 4 hysteroscopy outpatients ‘*under their control*’ in order to obtain information about the presence of cancer or pre-cancer. Severe pain is not ‘*inherent*’ or ‘*incidental*’ to obtaining information about the threatened existence of womb cancer, pre-cancer, polyps, fibroids. If the patient has a GA or safely monitored conscious sedation severe pain is not inflicted. So yes, by deciding to deny patients the option of available effective analgesia and anaesthesia, the NHS is complicit in torture.
- **EXPLOIT THE ‘VAGINA TABOO’** – Many women are too embarrassed to complain about painful hysteroscopy because women’s complaints are still largely regarded as taboo and even shameful. The word ‘*vagina*’ has only recently been uttered in Parliament. Congratulations to Paula Sherriff MP, who popularised the word during her successful 2017 Tampon ‘Vagina Added Tax’ campaign. But generally speaking, in polite society, menstruation and gynae-clinics are still under the radar. The women who’ve been harmed by hysteroscopy have to put up and shut up. If they’ve got PTSD they’ll have to find and pay for counselling outside the NHS since most of the NHS psychosexual health clinics have been axed.
- **SILENCE THE WHISTLEBLOWERS** – Good doctors hate inflicting pain on their patients. Many hysteroscopists remain unconvinced that outpatient hysteroscopy is suitable for the Best Practice Tariff quota of 70% of their patients. Doctors and patients both dislike being railroaded. But there is an awful pressure on the system and hysteroscopies must be completed as quickly as possible. A hysteroscopy clinic in Bristol recently proudly tweeted a photo of its smiling staff and compared it to an F1 pit-stop. Doctors who dare blow the whistle on poor clinical care are traditionally silenced by management and ostracised by their colleagues. So it’s possible for torture to continue for years, even decades, unrecorded.

## IF YOU'RE A CONSULTANT OR PRACTISING HYSTEROSCOPIST

Practise wilful blindness:

- **IGNORE THE SCIENCE OF PELVIC NEUROLOGY** – Don't dwell on the neurological evidence contained in the massive Cochrane review of **Pain relief for outpatient hysteroscopy** - Ahmad, G – updated 2017. <sup>4</sup>

“Although safe, studies of the acceptability of outpatient hysteroscopy have displayed various completion rates, ranging between 77% to 97.2% ([Agostini 2003](#); [Critchley 2004](#); [De Iaco 2000](#); [De Jong 1990](#)), with pain cited as the most common cause for failure to complete the investigation ([Critchley 2004](#); [Jivraj 2004](#); [Nagele 1997](#); [Paschopoulos 1997](#)

The pain experienced is due to several factors including cervical instrumentation, uterine distension and peritoneal irritation from spill of dilatation media. Pain stimuli from the cervix and vagina are conducted by the pelvic splanchnic nerves whereas pain sensation from intraperitoneal structures, such as the uterine body, is conducted by the hypogastric nerves ([Moore 2006](#)). Destruction of the endometrium and endometrial biopsy can cause further pain as they may induce uterine contraction ([Zupi 1995](#)). Additional delayed pain is also caused by the release of prostaglandins from the cervical manipulation as well as distension of the uterus. Furthermore, blind cervical dilatation, cervical stenosis or tortuosity may increase chances of uterine lacerations ([Jansen 2000](#); [Pasini 2001](#)).”

Focus instead on the review's conclusion that fully effective, definitive analgesia for OPH hasn't yet been established. Draw a veil over the complex innervation of the cervix and uterus and hope that ibuprofen + paracetamol will be sufficient to stop your patients from complaining. These are over-the-counter drugs so you can expect no law-suits.

Similarly, ignore the excellent PhD thesis of Dr Antonio Santos Paulo with its discovery that outpatient hysteroscopy with miniature scopes is not as pain-free as first thought.<sup>5</sup>

shown in table IV, there seems to be a non-negligible percentage of patients for whom the procedure is quite uncomfortable.

Table IV

*Pain evaluation during hysteroscopy*

	<i>Scope size</i>	<i>Moderate</i>	<i>Severe</i>
De Angelis	Traditional Hysteroscopy	57%	14%
	Mini Hysteroscopy	21%	2%
Bettocchi (Surgery)	Mini Hysteroscopy	5% to 26%	No record
Campo	Traditional Hysteroscopy	Mean VAS 2.8	No record
	Mini Hysteroscopy	Mean VAS 1.8	
Van den Bosch	Endometrial biopsy	Median 5.1	No record
	Mini Hysteroscopy	Median 2.7	
Diniz	Traditional Hysteroscopy	32%	41.4%
	Mini Hysteroscopy	32%	20.3%
Paulo 2015 Systematic Review	Mini Hysteroscopy	30% (VAS ≥ 4)	
	Mini hysteroscopy	13% (VAS ≥ 5)	

- **GAS-LIGHT** – Blame ‘*emotionally labile*’, ‘*urban*’, ‘*educated*’, ‘*overweight*’ woman for being unable to tolerate OPH without anaesthesia. Praise the ‘*sensible*’, ‘*rural*’ woman who can be persuaded of its merits over GA. Label patient advocates for pain-free gynae procedures as ‘*contentious*’. Ignore the very sensible doubts expressed in Dr Natalie Cooper’s monumental thesis which examines the best way to reduce the pain of OPH. Dr Cooper remarks that “*outpatient hysteroscopy (OPH) needs to be acceptable to patients*” and “*the outpatient setting can present many challenges, with the conscious patient being less forgiving of induced discomfort*”.<sup>6</sup>
- **DISTORT YOUR PAIN DATA** - Don’t reveal your full data set. Just talk about the ‘*median*’ pain and don’t report the % of patients who suffer severe pain. After all, this is an “*established test*”. If you do a patient survey and, like Mid-Yorkshire Trust, find that many women score their pain as VAS 10/10 then call these women liars or blame their lack of understanding and cultural backgrounds, with a gaslighting caveat:

"Caution should be given to VAS pain scores as pain is subjective - monitoring this in isolation lacks validity as there are external / background influences (prev experiences, lack of understanding, cultural, anxiety, pain thresholds, analgesia - type amount, timings). Score may not truly represent pain experienced at time of actual hysteroscopy but overall perceived pain experienced at the visit as questionnaire completed retrospectively)."<sup>7</sup>

- **LIE ABOUT THE PAIN** – Pretend that the hysteroscopy “only lasts 1 or 2 minutes”. Don’t tell patients that 1 in 3 women will need their cervix dilating in order to access the womb. In leaflets pretend that “it shouldn’t be painful”. Downplay the 25% risk of severe pain; say it’s only 1 in 10. Or even 2%. A patient treated in Salisbury sums up the lie: *The literature accompanying this procedure is wholly inadequate, and women are being led up the garden path like children who are told, ‘Oh this won’t hurt’, and offered a bit of chatty distraction rather than grown up clinical solutions and choices regarding this procedure. At least now, following this experience I know I am by no means the only one, which is cold comfort considering that women up and down the country are suffering these experiences of Hysteroscopy. In 2017 women should not have to fight to be heard, and they most certainly should not have to fight not to be hurt.*

Posted on Care Opinion website in May 2017 by [Cathyk](#)

- **EXPLOIT EUPHEMISMS** – Talk about ‘mild discomfort’ rather than pain. Patient members of the Campaign Against Painful Hysteroscopy have compiled a helpful dictionary of the terminology used in NHS Patient Information Leaflets: “
  - *You may feel some period-like cramps* = It will be agonising
  - *A little camera to look inside* = A 3.5 -5mm rigid metal rod pushed through your cervix
  - *Most ladies don’t make a fuss* = Most women aren’t as informed as you are
  - *Short and simple procedure* = Longest 10 minutes of your life
  - *The most appropriate investigation* = Cheapest option
  - *If you are unable to cope with the discomfort* = If we have submitted you to intolerable pain
  - *Induce discomfort* = torture

## IF YOU’RE A NURSE OR HEALTH CARE ASSISTANT

‘Mother’ your patient as if she’s a rather dim child:

- **USE THE ‘VOCAL LOCAL’** - Adopt the pseudo-anaesthetic ‘distraction technique’ pioneered by Marie Stopes for use in Low Income Countries. “*Sweetie, can you count the fruit on the ceiling? There’s a good girl. You’re doing brilliantly. How was the traffic on the way here?*” Replace time-consuming effective local anaesthesia of the uterine fundus with hairdresser chit-chat.<sup>8</sup>
- **SHAME, ‘DIVIDE & CONQUER’ THE WOMEN WHO SUFFER SEVERE PAIN** – Use expressions like, “*Of course if you were normal,*” [i.e. had given birth vaginally] then you could tolerate this. Say, “*You’re a bit delicate,*” implying that the patient is a wimp and it’s her fault if she ‘perceives pain’.

*"I have since discovered that many other women have found this procedure a bad experience and I wish I had complained to the hospital. I didn't as I was made to feel everyone else was fine."* Posted on [www.careopinion.org.uk](http://www.careopinion.org.uk) February 2018

- **EXPLOIT THE FEAR OF HAVING CANCER** - Your patient may be crying, fainting or throwing up but she doesn't know she has the option of having a GA. Don't tell her. She desperately wants to know if she has cancer. She doesn't want to have to come back and go through the same nightmare again. So let her stay on in the stirrups and valiantly hang on till the torture has delivered the necessary information about cancer/pre-cancer/polyps/fibroids.

*"After a quick chat with the Dr and signing of the form I had agreed to the procedure with biopsy. I felt that if I refused they may take me off the list or have to re-book me for anaesthetic which could cause a long delay. My Mum died from Ovarian cancer so I thought I better try and be brave and get it done. That way I would get results in about 3 weeks.*

*I was never offered any alternative to the outpatient procedure. (...)If at this point I had been given chance to be booked in for sedation I would have made that choice. (...)*

*I took codeine, paracetamol and ibrufen beforehand so was as dosed up as I could be. I think that made the first bit bearable. Then the Dr started the biopsy and polyp removal! It wasn't long before I lost control and threw my head back screaming, shaking and crying."*

(Posted in Care Opinion website in May 2017 about Peterborough City Hospital)

## IF YOU ARE INTERESTED IN ENDING THIS UNNECESSARY TORTURE PLEASE

Contact [www.hysteroscopyaction.org.uk](http://www.hysteroscopyaction.org.uk) On Twitter follow @HysteroscopyA

Visit us on Facebook: Campaign Against Painful Hysteroscopy - We have a community group plus a closed 'secret' Action/Support group.

Follow Lyn Brown MP (Lab, West Ham), Women's Health Minister Jackie Doyle-Price MP

Sign and share our petition <https://www.change.org/p/secretary-of-state-for-health-end-barbaric-nhs-hysteroscopies-with-inadequate-pain-relief>

END NOTES:

1. Montgomery v NHS Lanarkshire Health Board [https://www.supremecourt.uk/decided-cases/docs/UKSC\\_2013\\_0136\\_Judgment.pdf](https://www.supremecourt.uk/decided-cases/docs/UKSC_2013_0136_Judgment.pdf)
2. Overcoming the challenges of Office Hysteroscopy. A study of 31,052 cases by Bettocchi et al <https://lnkd.in/ebR7h78>
3. <https://www.dailymail.co.uk/health/article-5033391/Mother-suffers-crippling-problems-Essure-implant.html>

“Professor Justin Clark, a senior gynaecologist at Birmingham Women’s Hospital, said he has implanted about 1,500 devices since 2004 — between 20 and 30 have had to be removed, because of migration, perforation of organs and pain. *‘These complaints are obviously real but my view is that it’s still a good technology and there is no compelling evidence against it,’*”

4. Pain relief for outpatient hysteroscopy - Ahmad, G - 2017 | Cochrane Library <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD007710.pub3/full#CD007710-sec1-0002>

5. Dr Antonio Santos Paulo

<https://clinicaltrials.gov/ct2/show/NCT02543515>

ClinicalTrials.gov Identifier: NCT02543515

Recruitment Status : Completed

First Posted : September 7, 2015

Last Update Posted : February 2, 2017

Information provided by (Responsible Party): Antonio Paulo, Centro Hospitalar Tondela-Viseu

The investigator believes that although reduction of scope size has brought about significant reduction in distress, **it remains a painful procedure for some patients and therefore subjecting them to this ordeal may be regarded as an aggression**; pain control interventions to reduce suffering might be considered (anxiolytic drugs, local, para-cervical or even general anaesthesia could be of interest in selected cases).

6. Dr Natalie Cooper <http://etheses.bham.ac.uk/4421/1/Cooper13PhD.pdf>
7. Mid-Yorkshire patient survey – FOIA 2017 [https://www.whatdotheyknow.com/request/outpatient\\_hysteroscopybiopsy\\_pa\\_237#incoming-981977](https://www.whatdotheyknow.com/request/outpatient_hysteroscopybiopsy_pa_237#incoming-981977)
8. <https://www.mariestopes.org/resources/vocal-local-is-as-effective-as-pharmacological-treatments-for-pain-management-of-tubal-ligation-procedures-in-rural-kenya/re>

## **REPLY FROM THE BRITISH SOCIETY FOR GYNAECOLOGICAL ENDOSCOPY**

In May 2016 our campaign sent the following questions to the BSGE:

1. Please would the BSGE support the patient's right (unless medically contra-indicated) to choose sedation, LA or GA for hysteroscopy and/or endometrial biopsy?
2. Please would the BSGE recommend removal of the QIPP Best Practice Tariff which gives NHS Trusts a large financial reward to persuade or sometimes coerce 70% women to have an outpatient 'See and Treat' hysteroscopy with no sedation, epidural or GA?
3. In light of the MERT research at Birmingham and Bettocchi's article cautioning against the high setting of electrical resection Versapoint will the BSGE recommend that Versapoint is replaced by less painful surgery?
4. If these Trusts are still using Versapoint: Stepping Hill, Stockport; Rotherham; East Kent; Liverpool; Taunton; Newham; Sherwood Forest; South Tees; North Cumbria - please would you advise them to use the lowest, least painful setting and offer sedation?
5. Please, when will Dr Mary Connor's patient-friendly Hysteroscopy Info Leaflet be adopted by all NHS Trusts?
6. Why is there no standardisation of hysteroscopy protocols across the NHS. Is this because people have been trained at different times using different technologies?
7. Why isn't anaesthetic Instillagel regularly used before cervical injections?
8. When a hysteroscopist sees a tightly closed cervix why don't they offer to reschedule the hysteroscopy after misoprostol?
9. Why do dentists numb the gum before injecting it? Why don't they just drill using a 'vocal local'?
10. Something that's upset patients is seeing their blood on the wall or floor. Should this be happening?
11. At the BSGE 2015 SJM, Nurse hysteroscopists said their 'success' was judged by the % of completed procedures. This encourages Nurse hysteroscopists to continue with a very painful procedure. Has this measure of 'success' been changed?
12. Will your BSGE set up a hysteroscopy patient-advisory group? **THANK YOU!**

Here is the reply of August 2017 from their former President Mr Dominic Byrne, MD, FRCOG, sent via Matthew Miles the RCOG Head of Patient and Public Involvement – Education & Quality

Dear Matt

Firstly can I point out that Sanjay Vyas, the BSGE Vice President, President elect is leading on this and working closely with Natasha Waters.

The view of the BSGE Council was that the best way forward was to work with Katharine Tylko to produce a suitable patient and clinician information leaflet. Like Katharine the BSGE wishes to ensure that patients do not suffer unnecessary pain at hysteroscopy and hope the information leaflet will guide best practice to achieve this.

The BSGE is a charity established to promote education and training in endoscopic surgery and is not the appropriate organisation to intervene in professional standards of individual clinicians, instruct commissioners to change tariffs or respond directly to individual patients.

To constantly improve standards in hysteroscopy the BSGE continue to run joint training courses with the RCOG on best practice in Hysteroscopy. In addition, as Eddie Morris is already aware, the BSGE Subcommittee chair for Hysteroscopy (Natasha Waters) is working with the RCOG to produce suitable shared guidance for clinicians. I am aware through copied emails that Katharine Tylko is directly involved in some of these processes, and I hope that we are all working together to provide the most effective method of ensuring clinicians are well guided and perform hysteroscopy in the best possible way.

To further demonstrate how the BSGE is responding seriously to the concerns raised; there was an invited lecture on 'limiting pain in outpatient hysteroscopy procedures' on the main scientific programme at the recent Annual Scientific Meeting in Hull. The meeting was attended by over 420 people. There was also a dedicated session in the 'meet the experts presentations' on how to perform outpatient hysteroscopy well

As a consequence of the multiple methods used by the BSGE I hope it can be seen that the society is responding seriously to the concerns raised and using all the appropriate opportunities it is able to use. I expect that Sanjay and Natasha will be able to add more detail if required.

With kind Regards

Dominic

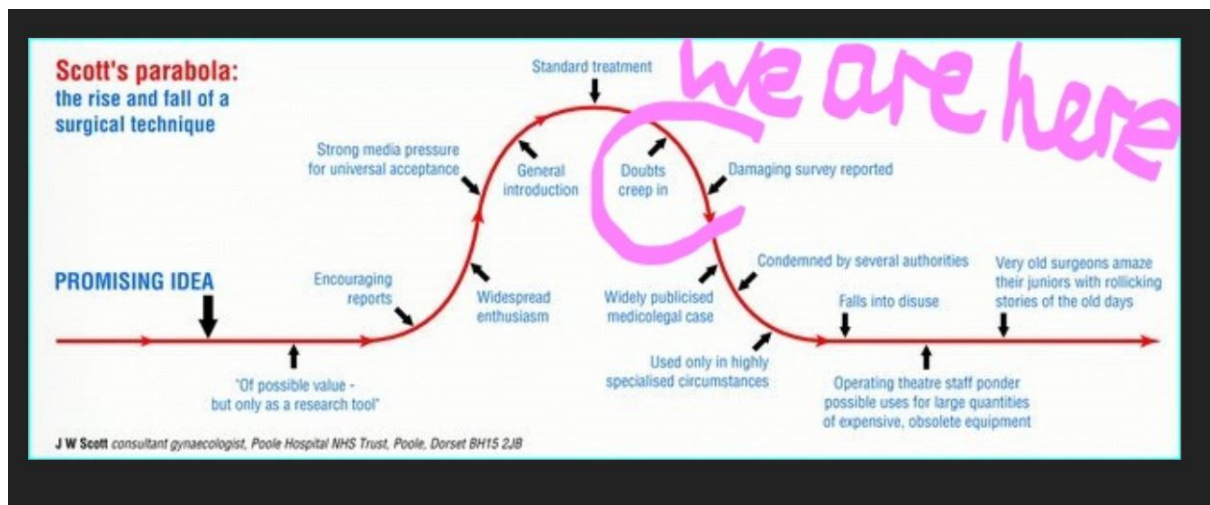
**Mr Dominic Byrne MD FRCOG**

BSGE President

British Society for Gynaecological Endoscopy

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A statue of surgeon J. Marion Sims is taken down from its pedestal in Central Park on Tuesday. A New York City panel decided to move the controversial statue after outcry, because many of Sims' medical breakthroughs came from experimenting on enslaved black women without anesthesia.

Spencer Platt/Getty Images

change.org



End barbaric NHS hysteroscopies with inadequate pain-relief

46K supporters

Petition details




# End barbaric NHS hysteroscopies with inadequate pain-relief




 Campaign Against Painful Hysteroscopy started this petition to Secretary of State for Health The Right Hon Matt Hancock, MP

46,121 have signed. Let's get to 50,000!



 Wera Hobhouse signed 8 hours ago

 laura cummins signed 10 hours ago

Thanks to your support this petition has a chance at winning! We only need



FIGO

@FIGOHQ

Following



Thank you for sharing your [#whatwomenwant](#) ask [@HysteroscopyA](#) Safe, pain-free compassionate care is important. It's not too late to download the poster and photograph yourself for the campaign [ow.ly/NZus30kEvaS](https://ow.ly/NZus30kEvaS)

**Hysteroscopy Action** @HysteroscopyA

Replying to @FIGOHQ

Safe, pain-free, compassionate care, with choice of safely monitored sedation and/or effective anaesthesia/analgesia so that no ob/gynae procedure is traumatic.

9:43 am - 1 Jul 2018