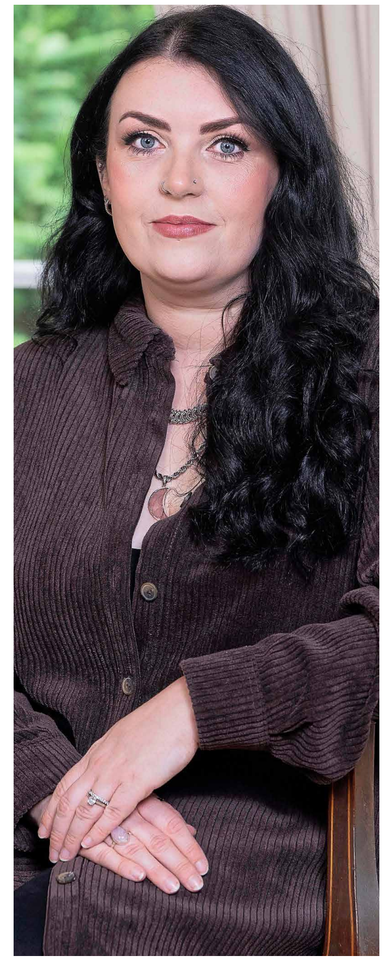
It costs just £16 and provides rapid pain relief for a procedure 'more agonising than childbirth'. So why are NHS trusts denying women the GREEN WHISTLE?



Ordeal: Laura Crosby was left 'whimpering in pain' during her hysteroscopy

Picture: DAMIEN MCFADDEN

Daily Mail CAMPAIGN

GIVE WOMEN EFFECTIVE PAIN RELIEF

By PAT HAGAN

LAURA CROSBY has one word to describe the pain she experienced during a routine gynaecological procedure: 'Horrific.'

During an outpatient hysteroscopy – a common procedure to investigate heavy or abnormal bleeding – in November last year, the 38-year-old council worker from Liverpool was left 'whimpering in pain'. She adds: 'My legs were shaking so violently that the nurses had to hold them steady for it to be performed.

'At one point I asked them to stop – the whole experience has left me terrified of any further procedures.'

Hysteroscopies are an important diagnostic tool.

But, like Laura, thousands of women in the UK say they were offered inadequate pain relief before the examination.

Many describe pain that is worse than that felt during childbirth, breaking a bone or even a ruptured appendix (regarded as one of the most painful medical emergencies).

Some report passing out with the pain and have been diagnosed with post-traumatic stress disorder (PTSD) after their experience, according to the Campaign Against Painful Hysteroscopy (CAPH), a UK support group.

Good Health has previously reported on how many NHS trusts are failing to follow guidance from leading medical bodies, including the Royal College of Obstetricians and Gynaecologists (RCOG), that calls for all women undergoing an outpatient hysteroscopy (around 60,000 a year) to be offered a range of pain relief options.

These include local anaesthetic gels or injections, as well as conscious sedation – where drugs are given to sedate the patient without them losing consciousness – and even a general anaesthetic.

Instead, many women are told to expect nothing more than a bit of mild discomfort and to take a couple of paracetamol or ibuprofen beforehand if they are worried.

One option that should be available, say the RCOG guidelines, is Penthrox, a safe and effective vape-like device that contains a fast-acting painkilling drug called methoxyflurane (see the box, right).

This activates GABA receptors in the brain, which acts as a 'brake' on pain signals, stopping them reaching the brain.

Also known as the 'green whistle' due to its appearance, Penthrox came into use 50 years ago in Australia, when ambulances started to carry it to provide almost instant pain relief – and where it is widely used today including, more recently, for hysteroscopies.

It was introduced in the UK in 2016 and is used by many of the 14 ambulance trusts, which issue it to paramedics. It is also used in some NHS trusts.

The fact that it is portable, effective and easy to use makes Penthrox 'perfect for an outpatient hysteroscopy clinic', says Irina Stankeviciute, a clinical hysteroscopy nurse specialist at Chelsea and Westminster NHS Foundation Trust in London, which started offering it to gynaecology patients last year.

Not only does it have relatively few side-effects, but it is cheap – as little as £16 per 3ml device (enough for a hysteroscopy procedure).

And feedback suggests it is hugely popular with patients – and reduces the number of procedures that need to be repeated because women find the pain unbearable.

BUT damning new figures, which Good Health can exclusively reveal, suggest only a fraction of NHS trusts currently offer Penthrox for pain during hysteroscopies.

The new data, compiled by the CAPH, is based on Freedom of Information requests sent to all 205 NHS trusts in England.

The results show only 31 of the 90 responders routinely offer it to hysteroscopy patients. Another 48 said they didn't provide it at all (11 said they were considering its introduction).

Today Good Health launches a campaign for all women undergoing a hysteroscopy to be routinely offered Penthrox – or another similarly effective form of pain relief.

The failure to do so can have devastating consequences.

Elaine Falkner, chair of the CAPH, explains: 'Many women are so psychologically scarred that they don't feel able to return for gynaecology checks even years later.

'I recently heard of a woman who died from womb cancer because she said she would never go back for another examination after what happened to her during her hysteroscopy. It really is playing with women's lives.'

An ongoing survey by the CAPH, with evidence from 16,000 women, found some had passed out from the pain, while others have been diagnosed with – and needed counselling for – PTSD.

During a hysteroscopy, doctors use a speculum – the same device as for a smear test – via which they insert a metal probe with a camera on the end, called a hysteroscope, into the cervix and the womb.

Gas or fluid may also be introduced to inflate the womb to give the specialist a better view.

The 30-minute procedure is designed to check for causes of bleeding, such as fibroids (abnormal growths, usually non-cancerous, in the womb lining) or smaller growths called polyps, or cancer.

Performed in an outpatient clinic, it's considered so routine that many women are told by their doctors it will be no worse than a smear test.

IN FACT it can be significantly worse, as Fay Jackson, 53, from Northumberland, discovered when she had a hysteroscopy.

A scan to investigate heavy bleeding had shown signs of a thickening of the womb lining and possibly polyps.

She says the first time anyone mentioned pain relief was when she was already in the examination chair and the procedure was about to start.

'It didn't feel like it was really an option at that point,' says Fay, a mother-of-one, who works as a local government officer. 'I agreed to go ahead without anything.'

Within seconds though, Fay was 'crying out in pain'.

'It was horrendous,' she says. 'I've had a vaginal birth and it didn't come close to the pain of a hysteroscopy. I was left shaken and upset and barely able to drive myself home.'

When, five months later, Fay needed a second hysteroscopy to remove the polyps that had been found in the first, she asked for it to be done under general anaesthetic.

'But my consultant – the same one who did the first procedure – said the waiting time for that was up to one year.

'I felt pressured to just have local anaesthetic because of the wait time.'

Once again it was extremely painful. She recalls: 'The doctor kept saying it wouldn't be long but the nurse holding my hand tight was looking at me as if to say, "I know it's horrendous." Afterwards, I nearly passed out – my blood pressure plummeted and I felt awful.'

Penthrox wasn't mentioned as an option at all, says Fay. One potential hurdle is that Penthrox is licensed in the UK only for use in emergency medicine, so there may be administrative hoops for a trust to jump through.

But this has not stopped some trusts using it.

And the evidence for its effectiveness in hysteroscopy procedures is clear.

A 2024 study by doctors from Birmingham Women's Hospital, published in the European Journal of Obstetrics, Gynaecology and Reproductive Biology, tracked 122 women who used Penthrox during an outpatient hysteroscopy – some of which involved removing polyps at the same time.

Pain scores during the procedure were lower than the women had expected and 96 per cent of the hysteroscopies were completed – instead of being abandoned due to unbearable pain, as typically happens in around 10 per cent of procedures.

A more recent trial in New Zealand, involving 90 women having a hysteroscopy, found those given a green whistle registered much lower pain scores than those using a placebo device, according to results published in the Australian and New Zealand Journal of Obstetrics and Gynaecology in 2025.

NHS trusts that are already offering women the device say it's a big hit with patients. Leeds Teaching Hospital NHS Trust has been offering the green whistle to hysteroscopy patients since 2022.

'We quickly realised that it could really help reduce pain and anxiety for patients,' says Dr Tracy Jackson, a consultant gynaecologist at the trust.

'We started rolling it out widely through our elective and emergency gynaecology, with great results and positive feedback from patients.'

At Chelsea and Westminster Hospital, 'between 70 and 80 per cent of our hysteroscopy patients request it because it is easy to use and they can control how much they take', says Irina Stankeviciute.

'The average pain score among our patients is only 3.7 out of 10 when they use Penthrox – and the drug completely clears the body within five minutes of the last puff,' she adds.

Dr Richard Flint, a consultant gynaecologist at Chelsea and Westminster, believes Penthrox – along with all other pain-relief options – should be discussed with women days or weeks before the procedure.

As well as sparing women needless suffering, he adds that pain relief such as Penthrox could save the NHS the cost of performing the procedure under general anaesthetic for women who have had to halt their examination due to the pain.

In April the Government launched a revamped Women's Health Strategy for England, which set new standards of care calling for women having invasive gynaecological procedures – including hysteroscopies – to be offered 'a genuine choice' of effective pain relief.

A spokesperson for the Department of Health and Social Care told Good Health: 'It remains for the patient and clinician to decide on the most appropriate options for managing pain – including whether to use Penthrox where available and clinically appropriate. But we expect all NHS services to explain the choices clearly and take patient concerns about pain seriously.'

And paying to go private may not make a difference.

Highly anxious following an earlier painful hysteroscopy on the NHS in 2021, Laura Crosby opted to pay £2,000 to have it done last November at a private hospital.

She asked for it to be done either under general anaesthetic or conscious sedation.

'But the consultant was keen to avoid this and persuaded me instead to have local anaesthetic, which I'd not had during my NHS procedure. But this turned out to be a dab of gel applied to the cervix – it gave no relief whatsoever from the pain.'

Shaken, Laura complained to the hospital.

It apologised and pledged to offer more women gas and air and heat pads (which soothe pain by increasing blood flow and relaxing the muscles).

'It's a step in the right direction, but it's not enough,' says Laura.

'A hysteroscopy is basically internal surgery. A man would not be given pelvic surgery without sedation or adequate pain relief – so why is it OK for women to go through this?'

HOW PENTHROX EASES AGONY

PENTHROX – nicknamed the 'green whistle' because of its colour and appearance – is a handheld inhaler that contains the anaesthetic drug methoxyflurane.

It's used a bit like a vape; the patient sucks on the mouthpiece to inhale a vapour that contains the drug, which quickly gets into the lungs and then into the bloodstream.

It rapidly calms the central nervous system and intercepts pain signals that are travelling to the brain.

The effects are felt after six to ten breaths and, after that, the patient takes more puffs as and when needed.

The drug is generally very safe – it can cause headache or dizziness and some patients experience temporary double vision.

The effects wear off within an hour or two, but patients should not drive or operate machinery for 24 hours.



THE MAIL IS RIGHT TO HIGHLIGHT NEEDLESS SUFFERING



By DR ALISON WRIGHT

President of the Royal College of Obstetricians and Gynaecologists

HYSTEROSCOPY is important for diagnosing and treating gynaecological conditions.

As a clinician, I am very clear that women should not endure avoidable pain during this procedure – and the Daily Mail campaign shines an important spotlight on this.

Improving hysteroscopy care starts with giving women relevant information, so they can make informed choices, including what pain relief they will receive, and ensuring they are listened to.

The Royal College of Obstetricians and Gynaecologists' clinical guideline sets out pain relief options and how these should be offered.

These range from local anaesthetic to inhaled pain relief, such as Penthrox or Entenox [gas and air].

All women should be informed about the available options, and their risks and benefits, so they can reach a decision that is right for them.

Yet too many still face barriers over getting their preferred choice. Availability varies hugely between hospital trusts and long gynaecology waiting lists can leave women feeling they may have no option but to proceed without the pain relief they have chosen.

Every service should be fully resourced to offer the full range of pain relief options.

Yet too many services are still unable to do this.

We welcome the Government's commitment in the refreshed Women's Health Strategy to ensuring women are not expected to endure avoidable pain during gynaecological procedures, including hysteroscopy.

We are now calling on the Government to deliver on that commitment with the investment needed to reduce waiting lists.

It should also ensure every service is able to offer women the full range of choices they need and deserve.