Examination under Anaesthesia (EUA) +/- Cystoscopy +/- Biopsy: Patient Information
Examination under Anaesthesia +/- Cystoscopy +/- Biopsy

This information leaflet is to help you prepare for the above procedure. Your doctor has decided that you need to come into hospital for an examination under anaesthetic. This is a pelvic examination which is carried out while you are asleep.

Why do I need examination under anaesthetic (EUA)?

If a definite diagnosis has not been confirmed, your doctor will need to perform an examination under anaesthetic (EUA) and possibly take a sample of tissue (biopsy) in order to achieve an accurate diagnosis.

If you have already had a diagnosis of cancer these investigations will give your medical team a much better understanding of the type and size of the cancer and will help them to plan the best possible treatment for you – this may be surgery, radiotherapy or chemotherapy, or perhaps a combination of these.

Whilst you are asleep, during the anaesthetic, the doctor will be able to examine you more thoroughly. The examination depends on where your suspected cancer is but may include:

- The use of a speculum (instrument used during a routine smear test) to examine the neck of the womb (cervix).
- Manual examination by gently inserting a finger into the vagina and rectum (back passage).
- Examination of your vulva (the outside genitalia).
- During the examination, a small piece of tissue may be removed and sent to a laboratory for further tests (a biopsy).
- You may also have a cystoscopy and/or a hysteroscopy if appropriate.

What is a cystoscopy?

A cystoscopy is when, under general anaesthetic, a small telescope (about 5mm or half a centimetre wide) is inserted into your urethra (the tube which drains urine from the bladder when you go to the toilet). Your bladder is then filled with fluid and the surface is examined using a camera and light on the end of the telescope. Your doctor will then look for anything unusual. Before you were put to sleep you will have been consented to remove samples (biopsies) for further tests, if this is needed.

What is a hysteroscopy?

A Hysteroscopy is when, under general anaesthetic, a small telescope is inserted into the vagina, through the cervix (neck of womb) and into the womb. The womb is then filled with a small amount of fluid and the lining of the womb is examined using a camera and light on the end of the telescope.
Your doctor will then look for anything unusual, take tissue samples (biopsies) or they may take a scraping of the lining of the womb, with an instrument called a curette. This procedure is called curettage (‘D and C’). The sample taken is then sent to a laboratory and further tests performed.

**Can there be any complications or risks?**

Every care is taken to ensure that you are as safe as possible, and the majority of patients do not experience any problems. However any procedure/operation involving a general anaesthetic has some risks.

- **Infection** is possible and could occur in your pelvis, bladder or chest. If this does happen, it may need treatment with antibiotics.
- **Vaginal spotting of blood** for a few days after the procedure is normal.
- **Heavy Bleeding** following the operation is also possible, and in serious cases a blood transfusion and possibly another operation could be required. This is very rare.
- **Bladder damage** – there is also a very small risk of damage to the bladder and/or womb (uterus), including a puncture. If this did occur a further operation could be required.

If you have any concerns about any risks then please discuss it further with a member of the medical team.

**How do I prepare for the EUA?**

Please read this information leaflet. Share the information it contains with your partner and/or family/friends (if you wish) so that they can be of help and support. There may be information they need to know, especially if they are taking care of you following this examination. The examination/procedure is usually a day case procedure (meaning that you are admitted to hospital and then discharged home the same day) unless you have any medical problems which require a longer stay in hospital.

It is important that you bring in all your medications (including tablets, inhalers and medical sprays) with you when coming into the hospital. If you have any questions at all, please ask your doctor or nurse. It may help to write down questions as you think of them so that you have them ready. It may also help to bring someone with you when you attend your hospital appointments.

**What happens afterwards?**

When the operation is finished you will wake up and be taken to the recovery area. A nurse will stay with you until you are fully awake. When you are awake you will be taken to the ward, or day suite where you may rest until you have fully recovered. You will probably feel quite drowsy for several hours.

**Going Home**

You will be able to go home once you have made a full recovery from the anaesthetic. However you will need to arrange for someone to drive you home and have someone to stay with you for the first 24 hours following the anaesthetic.
General anaesthesia can temporarily affect your co-ordination and reasoning skills, so you should not drink alcohol, operate machinery or sign legal documents for 24 hours after the procedure. Nausea, discomfort and tiredness are common side effects during the first few days following surgery. Prior to going home please ensure you are aware of your follow up plan, please speak to either the medical or nursing team if you do not have a follow up appointment.

**Pain Relief**

You may have some mild discomfort for the first few days following your procedure. Simple pain relief, such as Paracetamol should help (if you are able to take it). If you require any additional pain relief please speak with the ward staff prior to discharge.

**Preventing Infection**

You may experience some light bleeding. Use sanitary pads rather than tampons until your bleeding has stopped. Avoid sources of infection, such as swimming pools or saunas until bleeding has settled.

**Physical Activity**

You will have to take it easy for a day or so but should be able to return to normal daily activities after that.

**Sexuality and Relationships**

We advise you avoid penetrative intercourse for the first week or at least until bleeding has settled. Resuming sexual intercourse will depend on when you feel ready If you experience any problems once you resume sexual intercourse discuss with your GP or Surgeon at your follow up appointment.

**Who should I contact if I want advice about any of these procedures?**

If you wish to discuss the surgery you have had or require advice please contact your consultant’s secretary on the numbers below. They are available Monday-Friday 9am-5pm:

- Miss C Ang (0191) 445 6146
- Miss N Ratnavelu
- Miss AD Fisher (0191) 445 6148/6270
- Mr R Naik (0191) 445 2872
- Mr A Kuckmetin

If you wish to speak to one of our Clinical Nurse Specialists please call (0191) 445 2123/3404.

If you need to speak to someone urgently, the staff on Ward 21 will be happy to help: (0191) 445 2021,
Data Protection

Any personal information is kept confidential. There may be occasions where your information needs to be shared with other care professionals to ensure you receive the best care possible. In order to assist us to improve the services available your information may be used for clinical audit, research, teaching and anonymised for National NHS Reviews. Further information is available in the leaflet Disclosure of Confidential Information IL137, via Gateshead Health NHS Foundation Trust website or the PALS Service.