

Examination under Anaesthetic (EUA) with or without Cystoscopy and/or Biopsy: Patient Information

Examination under Anaesthetic with our without cystoscopy and/or 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?

If a definite diagnosis has not been confirmed, your doctor will need to perform an examination under anaesthetic 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 lining is examined using a camera and light on the end of the telescope. Your doctor will then look for anything unusual. Before you went under anaesthetic you will have been asked to give your consent 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. 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. 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 (this complication is rare)
- 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 complication is very rare.)
- Bladder damage – there is also a very small risk of damage to the bladder and/or womb including a puncture. If this did occur a further operation could be required. (This complication is very rare.)

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 anaesthetic 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 sexual intercourse for the first week or at least until bleeding has settled.

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 the consultant's secretaries can be contacted on the numbers below. They are available Monday-Friday 9am-5pm:

(0191) 445 6146

(0191) 4452597

(0191) 445 6148/6270

(0191) 445 2872

How can I comment on the treatment that I have received?

Gateshead Health NHS Foundation Trust cares about the quality of care that you receive and strives to maintain high standards of health care. If you would like to talk to someone about any concerns, comments, compliments or complaints that you may have about your care we would encourage you to do so. You can do this by speaking to one of the healthcare professionals caring for you or by contacting the PALS (Patient Advice and Liaison Service) via the contact details at the end of this leaflet. When you are ready to be discharged from the ward, you will be provided a friends and family card. This can be filled in whilst on the ward or when you get home.

What support is available for me?

Clinical Nurse Specialist:

You should have contact details of a clinical nurse specialist (key worker) from your local hospital. Even though you are having treatment at Queen Elizabeth Hospital your local nurse remains an important point of contact for you. Contact details will be provided to you for the clinical nurse specialists from Queen Elizabeth hospital also. You are entitled to attend a holistic needs assessment (HNA). This assessment can take place at your local hospital or Queen Elizabeth Hospital at diagnosis, during any treatment you receive or once treatment has been completed. It gives you the opportunity to discuss concerns and fears they could be:

- Emotional
- Physical
- Spiritual
- Financial
- Practical

It allows both yourself and your clinical nurse specialist to put a plan in place. If you would like to arrange this please do not hesitate to contact your clinical nurse specialist

Who can I contact for further information?

For queries about issues such as appointments, parking and transport please contact your consultant's secretary. Contact details can be found on the "Information for patients" leaflet that you were given at your initial appointment or by contacting the hospital switchboard on 0191 4820000 and asking for the gynaecological oncology secretaries.

Clinical Nurse Specialists:

(Monday –Friday) - 8.30am -4.30pm (not including bank holidays)

Tel 0191 4453404 or 0191 482000 and ask for bleep 2361

Tel 0191 4452123 or 0191 482000 and ask for bleep 2344

Tel 0191 4456707 or 0191 482000 and ask for bleep 2341

Ward 21

24hrs Tel 0191 4452021

Patient advice and liaison service (PALS)

Tel 0800 953 0667

Email: ghnt.pals.service@nhs.net

NHS 111

If you're worried about an urgent medical concern, you can call 111 to speak to a fully trained adviser.

Your GP telephone number :

Research Projects

The NGOC department is actively involved in several research projects with the aim of increasing understanding of cancer and improving care of all patients. You may be approached by a member of the research team during your investigation, treatment or during follow-up to be part of a research project that you may be eligible to participate in. Whilst we encourage all patients to consider getting involved, this is not essential and your care will not be affected if you choose not to participate.

Useful reading

A practical guide to understanding cancer: Understanding cervical cancer.

This booklet is produced by Macmillan Cancer Support and is useful to read alongside this information leaflet. This can be accessed online or copy can be provided by your local support nurse.

Other useful contact

Macmillan Cancer Information & Support – Queen Elizabeth Hospital, Gateshead. Open Cancer information and support centre. Open Monday-Friday 10.00-16.00 Telephone answering service. Telephone on 0191 445 2979 email: Macmillaninfo@ghnt.nhs.uk

Macmillan Cancer Support: 0808239 3783 – seven days a week, 8am - 8pm.

The following organisations provides advice and support for women diagnosed with cervical cancer

The Eve Appeal - Telephone: 02076050100 or visit <https://eveappeal.org.uk>

Jo's Cervical Cancer Trust - Telephone helpline: 0808 802 8000 or visit <https://www.jostrust.org.uk/about-cervical-cancer>

Please use this page to note down any additional questions you may have

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 and Statistics.

Further information is available via Gateshead Health NHS Foundation Trust website or by contacting the Data Protection Officer by telephone on 0191 445 8418 or by email ghnt.ig.team@nhs.net.

This leaflet can be made available in other languages and formats upon request

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