

Women’s experiences of Hysteroscopy: A qualitative study

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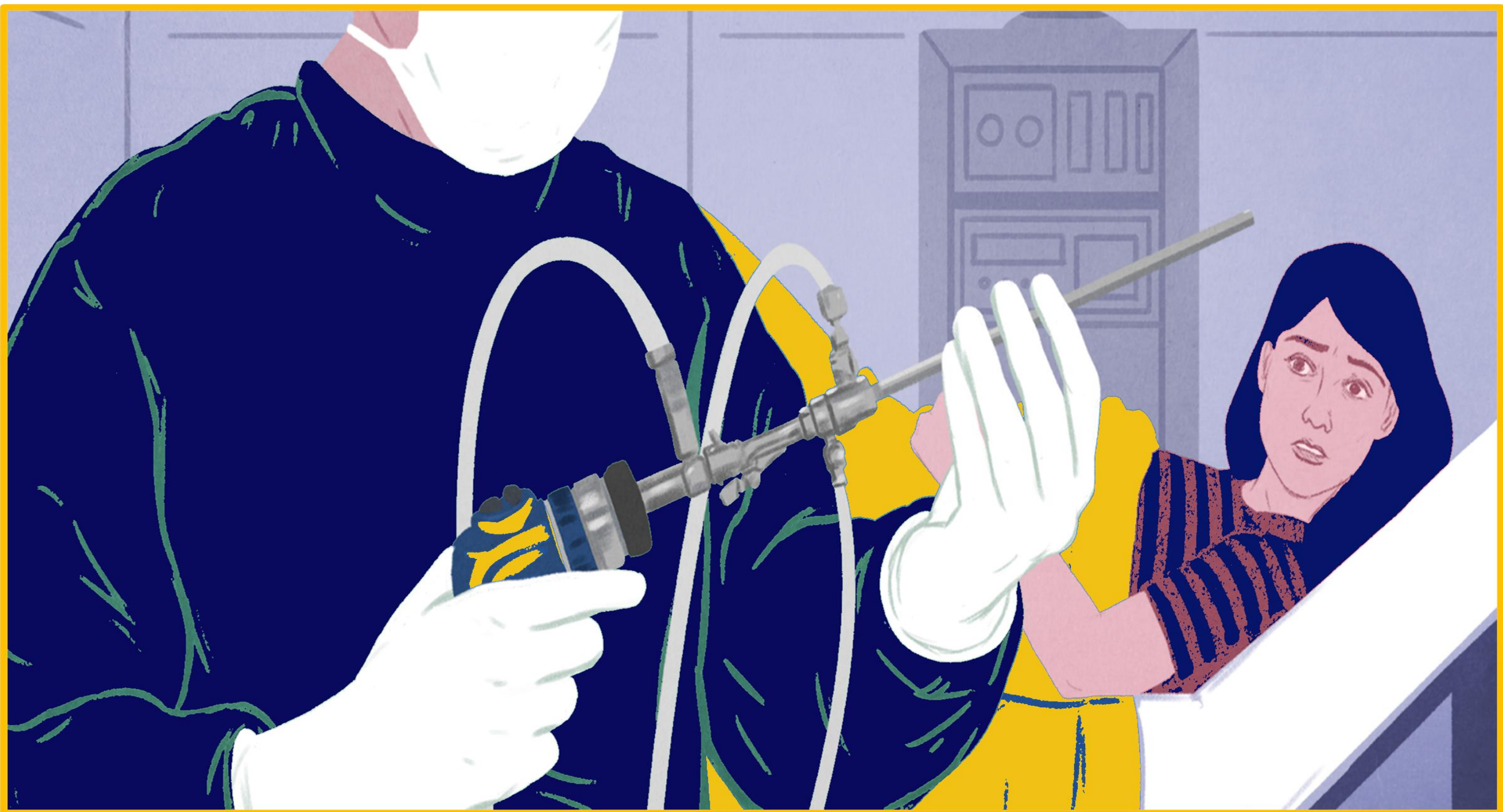


INTRODUCTION

- Hysteroscopy remains marked by inconsistent outcomes and unaddressed patient suffering (Harrison et al, 2021)
- Unidimensional pain and satisfaction scores are limited in capturing women’s experiences
- RCOG is calling for a prioritisation of qualitative research examining patients' experiences along the hysteroscopy pathway (De Silva et al. 2024)

OBJECTIVES

- Explore women’s lived experiences of hysteroscopy



METHODS

- **Design:** A qualitative investigation of hysteroscopy experiences
- **Participants:** Forum-users who posted about their personal hysteroscopy experience on Mumsnet between 2018 and 2024
- **Method:** Posts were analysed using the six stages of Reflexive Thematic Analysis (Braun & Clarke, 2021)
- **Data Extraction:** A total of 277 threads consisting of 4769 posts were extracted using R

RESULTS

Five themes were constructed during inductive rTA

Contingent Consent

Consent hinges on accurate and comprehensible procedural information

“As part of the consent process there should be a mention of alternatives with risk and benefits explained [...] and yet I haven’t been through any consent process which completely contradicts the British Society for Gynae Endoscopy’s statement.”

Unacknowledged Vulnerability

Physical and emotional exposure induces feelings of vulnerability and defencelessness

“I had a hysteroscopy with no pain relief, it was the second day of my period and it was utterly horrendous. I felt violated and if I ever had another I would want to be sedated. I cried all the way home.”

Pain Roulette

Pain relief offering is unstandardised and risk factors for pain unclear

“It [hysteroscopy pain relief] shouldn’t be the lottery that it is and it’s not fair that some women are allowed to be in agony and left traumatised. We should all get the same [options].”

Gynaecological Pain Gaslighting

Women’s symptoms, concerns, or experiences are dismissed

“And then the doctor kept telling me that it shouldn’t hurt that much as if I was making up how much pain I was in. Absolutely awful [...]. It wasn’t far off feeling like I’d been tortured and then told off because it hurt.”

Gendered Pain Gap

Female pain and unequal standards for pain management are normalised

“It’s nothing less than utter misogyny. A man would NEVER be expected to undergo such an invasive procedure with nothing.”

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Braun, V. and Clarke, V. (2021) Thematic Analysis: A Practical Guide. Sage, London

Image: <https://www.vice.com/en/article/is-hysteroscopy-painful-womens-health/>



CONCLUSION

1. **Consent** is shaped by limited choices and misinformation
2. **Vulnerability** is heightened by procedural **exposure**
3. **Pain relief** is **inconsistently** applied
4. **Women's suffering** is routinely **dismissed**
5. **Gender bias** reinforces **unequal standards** of care

ACTION TARGETS

- **Policy implementation**
- **Targeted clinician education**
- **Structural reform**