

Gynaecology procedure - Hysteroscopic resection of uterine polyps/fibroids.

Introduction

The COVID pandemic has had a significant impact on the NHS' ability to provide routine elective services. We recognise that patients are waiting longer than we would like and that it is not always possible to say when treatment will take place. This document provides our patients with information on how you can support yourself while waiting for treatment at the hospital. The guidance has been written by the clinicians who are responsible for your care.

Your doctor has recommended that you have a procedure called Hysteroscopic resection (removal) of uterine polyps or fibroids (overgrowth of the muscle of your womb). This information sheet will explain your forthcoming procedure and answer any questions you may have.

Guidance for Patients

This procedure is offered to patients who have been diagnosed with polyps (uterine or cervical polyps) or fibroids within your womb (submucous fibroids) and have symptoms such as

- Heavy or prolonged periods.
- Irregular/unexpected bleeding.
- Persistent bleeding after sexual intercourse.

What does the procedure involve?

Hysteroscopic resection (removal) of polyps or fibroids involves the introduction of a hysteroscope – a thin, lighted telescope -like device – inserted through your vagina into your uterus (womb). The hysteroscope transmits the image of your uterus onto a screen. Other instruments (tools) are used along with the hysteroscope to facilitate the removal of the polyps or fibroids.

This procedure is scheduled when you are not having your menstrual period. To make the procedure easier, your clinician may dilate (open) your cervix before the hysteroscopy.

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A speculum device is first inserted, as if you are undergoing a smear test. Then, the hysteroscope is then inserted and gently moved through the cervix into your uterus. Fluid such as warm normal saline (sterile salt water) will be put through the hysteroscope into the uterus to expand the uterus. The expansion of the uterus by the sterile saltwater helps your clinician to see the lining of your uterus and confirm the presence, location and size of the polyps and fibroids.

What are the common risks of Hysteroscopic resection?

Hysteroscopy is a very safe procedure. There is, however, a small risk of problems. The uterus or cervix can be punctured by the hysteroscope, or the tools used to remove the polyps or fibroids. Bleeding may be excessive, or excess fluid may build up in your system. In very rare cases, hysteroscopy can cause life-threatening problems.

What happens before the operation?

After you've seen the doctor and been given the diagnosis and treatment strategy, you will have an opportunity to discuss the diagnosis and treatment once again with your doctor. You will be provided with their contact details should you have any concerns or questions.

Prior to surgery, you will be booked into a Pre-Assessment clinic to confirm that you are fit enough for a general anaesthetic. This clinic is run by specialist nurses with input available from Consultant Anaesthetists. Depending on your pre-existing medical conditions, you may be referred for cardiac or lung tests prior to proceeding with surgery.

What happens after the operation?

You should be able to go home shortly after the procedure. If you had general anaesthesia, you may need to wait until its effects have worn off. You will be taken to the recovery unit in theatres. Once the anaesthetic has worn off, your pain under control, your observations are all satisfactory, vaginal bleeding is not excessive; and you have passed urine, it will be considered safe to allow you to go home. Sometimes, you may be transferred to the gynaecology ward for an overnight stay.

It is normal to have some mild cramping or some minimal bleeding after the procedure. You may be given medication, on discharge, to ease the pain, and bleeding.

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At home, if you have fever, chills, or heavy bleeding, do get in touch with your doctor as soon as possible.

Should you have any new symptoms, problems, or concerns either before or after your operation, then please contact your consultant via the secretary. You may contact your consultant's secretary through switchboard, or email westherts.gynaesecretarieswgh@nhs.net

Contact Us

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