

Hysteroscopic Resection of Uterine Fibroids

Are there any risks? What is this operation?

This is a treatment to remove fibroids from the uterus. A thin telescope (hysteroscope) is passed via the vagina and cervix (neck of the womb) to examine the cavity of the uterus. Special instruments can then be passed along the hysteroscope to remove fibroids by electrical cutting (resection). The operation is relatively minor and the hospital stay and recovery time are short.

Could this operation help me?

Yes, if you have had heavy periods or you have been experiencing bleeding irregularities that are thought to be due to the fibroid. The operation is not suitable for very large fibroids or fibroids that are not visible from within the cavity of the uterus.

Treatment before the operation.

This is not needed for removal of small fibroids.

If you have a large fibroid you may be given a monthly injection to shrink the fibroid for 2-3 months prior to the fibroid resection, to make them safer to remove. This injection (a gonadotrophin releasing hormone analogue – GnRHa), reduces estrogen production from your ovaries, that feed the fibroids.

GnRH injections are not contraceptives, it is therefore important to use barrier methods of contraception to avoid getting pregnant. You should not take oral hormonal contraception whilst using GnRH injections

Your admission

You will usually come into hospital as a 'day-patient' and being discharged home again later the same day.

How is the operation carried out?

You will be given a general anaesthetic. The neck of the womb is gently stretched by passing gradually increasing sized dilators. A hysteroscope is passed through the vagina into the uterus. The cavity of the uterus is filled with a solution to improve the view and the lining inspected. The fibroids are then removed by electrical cutting. The cut shavings from the fibroid are removed and sent for analysis in the laboratory.

Frequent risks

- There is a small risk of infection of the uterus. This will usually present as an offensive vaginal discharge and you will need to be treated with antibiotics from your GP.

- Bleeding during the operation can be stopped with diathermy coagulation before you wake up. Occasionally the bleeding from the uterus may need to be controlled by the pressure of an inflated balloon (catheter) inserted into the uterus.
- Excessive fluid absorption in to your body can occur in 1-5% of hysteroscopic resections. We therefore closely monitor the fluid balance during and at the end of the operation. This can usually be managed by blood test monitoring and diuretics, and may require a longer stay in hospital.

Serious risks are uncommon (approximately 2 women in every 1000).

- Perforation of the uterus (making a small hole in the uterus). If this occurs, there is a very small risk of injury to bowel, bladder or major blood vessels. If necessary a laparoscopy or laparotomy (open procedure) may be performed at the time of your operation.
- There is also a small risk (1:10,000) of needing to proceed to a hysterectomy.

Despite these potential risks, hysteroscopic resection is a safe procedure.

After the operation?

There will usually be blood loss and may be some abdominal cramps for the first few hours but patients are usually fit to go home the same day. You may still have some abdominal cramps; so it will be useful to have simple pain killers like Paracetamol or Ibuprofen available. We recommend rest for the first few days but full activity and work can usually be resumed by 2 weeks.

Vaginal bleeding is usually minimal, reducing to a blood-stained discharge over about 2 weeks. To avoid an infection during this time you should not use tampons or have sexual intercourse until the discharge has cleared. Sometimes during the healing phase you may have one or possibly two fairly heavy periods.

Does the operation work?

Your surgeon should be able to tell you after the operation as to the success of fibroid removal.

Following removal of fibroids it may take several months to establish the effect of the operation. Sometimes the surgeon may suggest a follow-up hysteroscopy with or without resection for multiple fibroids.

Where should I seek advice or help?

While it is unusual to have problems once you are at home, seek medical advice if any of the following occurs:

- High temperature.
- Increased abdominal pain which is not relieved by pain medications.

- Increased / prolonged bleeding.
- Foul smelling vaginal discharge.
- Difficulty or inability to pass urine.
- Nausea or vomiting.

If any of these occur or you need advice please contact the Cley Gynaecology ward on **01603287242**

Alternatively you may be able to see your General Practitioner.

Other sources from where to obtain information:

www.britishfibroidtrust.org.uk

www.nhs.uk/conditions/Fibroids

