

Hysteroscopic Surgery

Information for patients

This leaflet covers two procedures commonly undertaken in the Day Surgery Centre:

- Hysteroscopic myomectomy (hysteroscopic resection of fibroid)
- Transcervical resection of the endometrium (TCRE)

Confirming your identity

Before you have a treatment or procedure, our staff will ask you your **name and date of birth** and check your **ID band**. If you don't have an ID band we will also ask you to confirm your address.

If we don't ask these questions, then please ask us to check.
Ensuring your safety is our primary concern.

What is a hysteroscopic myomectomy?

A telescopic instrument called a resectoscope is used to shave the cavity of the womb. It is only suitable for fibroids which are pushing into the uterine cavity (sub mucous) or hanging in the uterine cavity (intracavity).

It uses a telescopic instrument called a resectoscope to shave away or cut off the fibroid. Hysteroscopic myomectomy cannot be used for fibroids that are mainly in the wall or on the outside of the womb.

Why do I need this procedure?

You will have been advised by your doctor that you have fibroids which will be best treated with this procedure.

Fibroids are very common and as many as one in five women over the age of 35 have them. They are more common in women of Afro-Caribbean origin and in women who have never been pregnant.

Fibroids tend to grow slowly in size; however, they can grow rapidly in pregnancy. After the menopause fibroids tend to shrink because of the decreased levels of oestrogen.

What are the benefits of hysteroscopic myomectomy?

- Submucous and intracavity fibroids are removed mainly for women with heavy periods. In these women more than 70% will have a satisfactory response.
- Very large fibroids can cause a bulky enlarged uterus, which can cause discomfort or swelling, and so surgery may relieve these symptoms.

What are the alternatives to surgery?

In some cases symptoms can be controlled by medicines. However, with polyps or fibroids surgical removal is normally required.

What is a transcervical resection of the endometrium (TCRE)?

TCRE is the removal of the endometrium (lining of the womb) using a resectoscope.

Why do I need this procedure?

A TCRE is performed for women with heavy bleeding who wish to avoid hysterectomy (removal of the womb).

What are the benefits of a TRCE?

- Most women who have had a successful TCRE will have little or no menstrual bleeding.
- If you were suffering from anaemia as a result of the heavy bleeding this will improve.

What are the alternatives to surgery?

In some cases symptoms can be controlled by medicines or a coil containing a hormone called Progesterone (Mirena, or Intra-uterine system).

The other alternative surgical approach is a hysterectomy, and your surgeon would have discussed the benefits for and against this during your outpatient appointment.

Consent (for both procedures)

We must by law obtain your written consent to any operation and some other procedures beforehand. Staff will explain the risks, benefits and alternatives before they ask you to sign the consent form. If you are unsure about any aspect of the procedure or treatment proposed, please do not hesitate to speak with a senior member of staff again.

What happens before the operation?

Arranging the date for your operation: In the outpatient clinic the doctor will fill in an admission card and ask you to take it to the Day Surgery Centre. You will then be given a mutually convenient date for you to come in for your operation.

Pre-assessment clinic: Before having your operation, you may be given a date to attend the pre-assessment clinic. When you bring your admission card to the Day Surgery Centre you will be asked to fill out a health questionnaire.

This questionnaire will enable us to determine whether we can offer you a telephone pre-assessment in the evening or if you need to attend in person to see the nurse during the day.

Whichever is the case a mutually convenient time will be arranged with you before the agreed date of surgery.

At the time of your pre-assessment a nurse will explain the operation to you, the type of anaesthetic you will receive (usually a general anaesthetic), what to expect after surgery and at home, and answer any questions you may have.

Please be prepared by having with you details of any medication you are currently taking, or bring them with you if you have your pre-assessment in the hospital. You must also tell us if you are allergic to any medicines, tablets or plasters.

How do I prepare for the procedure?

If you have sexual intercourse in the month before your operation it is important that you use an effective form of contraception from the time of your previous period until you have your operation. If there is any possibility that you may be pregnant, the procedure may have to be cancelled.

Pre-operative hormone treatment

You will be prescribed certain drugs, usually Zoladex or Synarel, about six-eight weeks before your procedure. These drugs thin the lining of the womb allowing a better view to be obtained, so that the risk of bleeding is reduced and the operating time is shortened.

Your periods will normally stop while you are receiving these drugs. The side effects include hot flushes, night sweats and vaginal dryness, which do get better after the drugs have worn off (about four weeks).

It is essential that you finish the course as planned and keep the agreed date of operation arranged for you by your consultant.

What happens during the operation?

After the anaesthetic has taken effect, the doctor will insert a telescope (the hysteroscope) through the cervix (neck of the womb) via the vagina. This enables the doctor to examine the inside to the womb, which can be viewed on a television screen. Fluid is placed into your uterus to improve the view for the surgeon and this is all drained away at the end of the operation. The resectoscope is a hysteroscope with a built in wire that carries electrical current to cut tissue. Like a standard hysteroscope it is inserted through the cervix. It is larger in diameter than the diagnostic hysteroscope and requires dilatation (stretching) of the cervix first.

The surgeon will then use the resectoscope to remove tissue such as the lining of the womb (TCRE) or for fibroids/large polyps (hysteroscopic myomectomy).

Any specimens taken will be sent to the laboratory for routine examination.

How long does the operation take?

This depends on the condition but the average time ranges from 20-80 minutes.

What happens after the operation?

If you had a general anaesthetic you will be returned to the ward for at least one hour to allow you time to recover, as you will feel drowsy. People can vary in the time it takes them to recover so you may be up and about after an hour or it may take a couple of hours (so please let your escort know so they can be flexible).

You will have a sanitary towel in place and the nurse will ask to check this during your time on the ward to ensure that everything is normal. Once you feel well enough to sit up you will be encouraged to drink and eat. You will be allowed to go home as soon as you are passing urine normally and are comfortable enough to travel.

Please bring with you some sanitary towels for after the procedure, as you will experience some vaginal bleeding. Please refer to our main Day Surgery Centre booklet for advice on travelling home and the support of a carer in the first 24 hours following surgery.

Returning to normal activity

You may experience frequent urination for the first day after the procedure and blood-tinged, watery vaginal discharge for more than a month.

Most women are able to return to their regular activities after just a few days, however you may bleed slightly from your vagina for up to two weeks (sometimes heavier than your normal period) and you may experience slight discomfort, similar to period-like pain. This can be relieved using over-the-counter painkillers.

Your next period may be delayed a little, but it should arrive within six weeks.

To help avoid an infection following your procedure we recommend that you:

- use sanitary towels rather than tampons for the first two weeks
- do not have sexual intercourse for up to one week after the procedure, or until the bleeding has stopped
- do not go swimming while you are still bleeding
- may have a bath, but preferably a shower, the same day but do not
- use any perfumed bath products or vaginal douches for two weeks.

Will I need to come back to the hospital?

If your surgeon needs to see you again, we will write to you offering you a new appointment.

What are the possible risks from the anaesthetic?

If you have a general anaesthetic: Immediately after a general anaesthetic you may feel tired, dizzy or weak. You must have someone collect you and stay with you for the first 24 hours.

During the first 24 hours you must not:

- drive or operate any motorised vehicle or electrical equipment
- sign any legal documents or make important decisions
- drink alcohol.

If you have either a local or general anaesthetic: Whatever type of operation you have had, during the first week to 10 days, you may occasionally feel weak or dizzy. If this happens, sit down until the feeling passes. You may feel a little depressed; we call this 'post-operative blues'. This should soon pass but if symptoms persist, please contact the Day Surgery Centre for help and advice.

What are the possible risks of surgery?

Infection: May include one or more of these signs:

- vaginal discharge becomes heavier than a normal period (if the pad requires changing more than every two hours)
- the discharge smells offensive
- abdominal pain or discomfort
- raised temperature.

If you experience any of these symptoms please contact the Day Surgery pager service or see your GP immediately.

Bleeding: Which in rare cases can be heavy enough to require an immediate hysterectomy.

Uterine perforation: A hole is made through the wall of the womb during the operation, which may require a cut into the abdominal cavity (tummy) to repair the damage.

Fluid overload: Occasionally too much of the fluid put into the womb is absorbed into the bloodstream, which can cause problems with breathing. We can correct this by giving you drugs to make the fluid come out into the urine.

Urgent enquiries or emergencies

For urgent enquiries after your operation, contact your GP in the first instance. Alternatively and out of hours, call **NHS Direct** on **111** or go to your nearest Emergency Department (ED).

Who can I contact with queries and concerns?

For general queries or concerns after your operation, please contact the gynaecology ward or day Day Surgery Centre and ask to speak to the Nurse in Charge.

Contact Numbers:

Kings College Hospital Denmark Hill:

- Brunel Ward (gynaecology): **020 3299 3077** or **0203 299 2063**
- Day Surgery Centre: **020 3299 3483** or **2188** – Monday to Saturday 7.30am to 7pm

Princess Royal Hospital Bromley:

- Surgical 8 Ward (gynaecology): **01689 864748** or **01689 864741**
- Day Surgery Centre: **01689 864381** or **01689 864382**

Valuables

Please do not bring in valuables, jewellery or large sums of money. If this is unavoidable, please ask a relative to take them home for you. The hospital cannot accept liability for the loss of personal items.

Sharing your information

We have teamed up with Guy's and St Thomas' Hospitals in a partnership known as King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy's or St Thomas'. To make sure everyone you meet always has the most up-to-date information about your health, we may share information about you between the hospitals.

Care provided by students

King's is a teaching hospital where our students get practical experience by treating patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.

PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you.

PALS at King's College Hospital, Denmark Hill, London SE5 9RS:

Tel: **020 3299 3601**

Email: **kch-tr.pals@nhs.net**

You can also contact us by using our online form at **www.kch.nhs.uk/contact/pals**

PALS at Princess Royal University Hospital, Farnborough Common, Orpington, Kent BR6 8ND

Tel: **01689 863252**

Email: **kch-tr.palskent@nhs.net**

If you would like the information in this leaflet in a different language or format, please contact PALS on 020 3299 1844.

Useful addresses:

Women's Health Concern

P.O. Box 2126, Marlow, Buckinghamshire SL7 2RY

Helpline: **01628 488065**

www.womens-health-concern.org.uk

Women's Health

52 Featherstone Street, London EC1Y 8RT

Helpline: **0845 125 5252**, Minicom **020 7490 5489**

www.womenshealthlondon.org.uk

The Hysterectomy Association

60 Redwood House, Charlton Down, Dorchester, Dorset DT2 9UH

Helpline: **0871 7811141**

www.hysterectomy-association.org.uk

Email: info@hysterectomy-association.org.uk

Family Planning Association (FPA)

2-12 Pentonville Road, London N1 9FP

Tel: **020 7837 5432**, Helpline: **0845 310 1334**

www.fpa.org.uk

National Electronic Library for Health

www.nelh.nhs.uk

Other websites:

www.netdoctor.co.uk

www.patient.co.uk

Corporate Comms: 0296

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