Information on Hysteroscopic Resection

What is a hysteroscopic resection?

This is an operation that involves first looking inside the womb using a small telescope passed via the vagina and the cervix (neck of the womb). Polyps and fibroids (small growths, usually benign) may be removed (resected) using electrical energy passed through a narrow loop placed inside the hysteroscope. It is usually performed as a day case procedure with a short hospital stay.

Why do I need a hysteroscopic resection?

To be considered for a hysterscopic resection procedure you have probably been experiencing abnormal vaginal bleeding, or have a history of infertility/miscarriage. Pre-operative tests (such as scans) may have suggested structural abnormalities of the womb such as fibroids, polyps or a dividing septum. The resection procedure aims to restore normal anatomy and hence deal with the problems which you have experienced.

What happens before the procedure?

The procedure, benefits and risks will have been explained to you by your gynaecologist and you will be required to sign a consent form. There will be a number of routine pre-operative tests carried out and your admission date arranged. It is most important that we know if you have any serious medical problems, have any allergies or take any regular medications as this information may alter the advice you receive before coming to hospital.

You may require a short, one to three month course of a once-monthly injection of a "hormone-blocker" called Zoladex to reduce the size of any fibroids and make the procedure easier. These injections can also give symptomatic relief whilst you are awaiting surgery by stopping bleeding and letting your blood count recover if you are very anaemic. This treatment will be discussed with you by your surgeon if it is felt appropriate.

What happens on admission?

You will usually be admitted on the day of the procedure and discharged on the same day, once you have fully recovered.

The date of your last menstrual period will be obtained and a pregnancy test carried out if required. Your informed consent form will be checked and the surgeon will check that you wish to go ahead with the operation. The anaesthetist will enquire about previous anaesthetics, abnormal reactions to drugs, allergies, smoking status and presence of dentures, caps or crowns and any other medical problems you may have. Some medications may be given to you before the operation to make you more relaxed. These will be discussed with you by the anaesthetist.

You will change into a hospital gown and be taken down to the operating theatres by a nurse from the ward just before your operation.

What does the procedure involve?

The operation is carried out under a general anaesthetic. The procedure involves first gently dilating (stretching) your cervix to allow passage of the hysteroscope to the womb. The hysteroscope is connected to a video camera (video-endoscopy) and the procedure is carried out by watching on a TV monitor. A special saline solution is instilled under gentle, controlled pressure to distend the uterine cavity and allow a good view of the lining of the womb. A consultant gynaecologist with special training, or a trainee under supervision, would perform the procedure. The polyp or fibroid is removed by electrical cutting. The resected specimen is then extracted from the womb with forceps, either whole or piecemeal and placed in a pot filled with formalin prior to sending it off to the laboratory for analysis. The whole operation takes between 20-45 minutes.

What occurs after the operation?

You will be taken to a recovery ward where you will be monitored by specially trained nurses as you return to consciousness. You may require oxygen to breathe, replacement of fluids and pain control. Once fully awake, you will be returned to the ward. Once on the ward you will be able to rest further before going home. In some cases an overnight stay may be required. Someone should be available to collect you and take you home. It is preferable that you are not alone for the first 24 hours.

You can usually resume normal activities within 24 hours of the operation, but should avoid using tampons or having sex for two weeks after the procedure to minimise the risk of infection.

In most cases removal of a polyp or fibroid does improve symptoms. You will require some time to assess any desired effect. Usually your gynaecology consultant would arrange a follow up visit to the clinic in six-twelve weeks.

Are there any complications?

Most operations of this type are very straight forward and without problems, however, as with any surgery there can be complications. Some procedures are more difficult than others (such as women with large fibroids or those who have had previous operations on the womb) and will consequently take longer and have higher complication rates. Therefore, your surgeon will discuss risks with you on an individual basis pre-operatively.

General complications which can happen after any operation can include:-

- **Complications of general anaesthetic** See separate Trust leaflet.
- **Post-operative pain and bleeding**

Some mild pain and bleeding is usual after this type of procedure and responds well to simple pain killers and settles over 72 hours in most cases. You should not use tampons during this time but may use towels. Increasing pain or bleeding after this time should be reported to your doctor in case there is an underlying problem.

- **Infection**
  The risk of infection is small but is important to know because it tends to happen when you are at home up to a week after the procedure. Symptoms may include offensive discharge, increased bleeding, low abdominal pain getting worse or having a temperature. If you have any concerns you should see your General Practitioner (GP) to seek advice and they will usually be able to prescribe antibiotics to treat the problem.

- **Thrombosis**
  This is very rare with this type of procedure as you are mobile very soon afterwards. If you have had a thrombosis before or are taking anticoagulant drugs you should inform the hospital before coming in for your operation as special preparations may be needed.

Specific complications related to hysteroscopic resection may include:-

- **Failure to insert the hysteroscope** because of a very narrow cervix occurring in some cases and in this situation the procedure cannot be carried out. Your surgeon would then discuss further options with you after you are awake.

- **Perforation of the womb** (making an unintentional hole in the womb) is a rare event occurring in less than 1% of cases. If it does occur then whilst you are still asleep a laparoscopy (passage of telescope via the belly button) may be required to check for damage to other internal organs such as bowel or bladder. If a problem is identified then a laparotomy (open operation on the abdomen) may be required to repair the damaged organs.

- **Heavy bleeding at the time of surgery** - In a small number of cases there can be very heavy blood loss during the operation. In this situation we may need to take further steps to stop the bleeding or give you a blood transfusion. In most cases a fluid filled balloon can be put into the womb whilst you are still asleep which will compress the blood vessels and stop the bleeding. This can then be removed a couple of hours later before you go home. However, in the most extreme case a hysterectomy may be needed and, whilst this is exceptionally rare, it is important you realise that this possibility exists before consenting to surgery. Also, if you have any objections to receiving blood transfusion (religious or otherwise) in an emergency situation it is important that you let the hospital and your surgeon know before you are admitted.

- **Gas embolism** results when tiny bubbles of gas (generated by the electrical cutting action of the resection) pass into the blood vessels of the womb and are carried back to the heart and lungs. Whilst this probably happens to a minor extent

in most resection operations, these bubbles are normally so tiny that even if they reach the lungs they are usually absorbed quickly and do no harm. However, very occasionally the bubbles can be big enough to cause a temporary drop in the oxygen levels in your blood or your blood pressure. For your safety you will be continuously monitored to look for any such changes during the surgery and the procedure terminated if there is a significant problem. This is more likely to happen when large fibroids are being resected since they contain large blood vessels and the procedure takes longer. In this situation your surgeon will talk to you afterwards and probably arrange a further procedure at a later date.

- **Fluid overload** occurs when excessive amounts of the fluid used to distend the womb are absorbed by the body. In most fit patients up to a litre of saline can be absorbed without problem but if we are aware that you have any pre-existing heart problems then this volume will be reduced accordingly. Constant monitoring throughout the procedure allows us to reduce this risk substantially and if a problem is identified the procedure will be terminated and rescheduled at a later date.

Any Questions

If you have any questions about the procedure before you come in to the hospital then you should speak to your GP or mention your concerns to the nurse you see at the pre-admission anaesthetic assessment clinic. You will also have an opportunity to see the surgeon on the day of your operation prior to going to theatre. If having read this leaflet you are unsure whether to go ahead with the procedure then please ring the booking team at the hospital to discuss matters further rather than leaving it until the day of admission (01733 673768).

Contact Details:

Hinchingbrooke Hospital Huntingdon, PE29 6NT **Procedure Unit** Telephone: 01480 428958 **Daisy Ward** Telephone: 01480 428959	**Peterborough (City Hospital)** **The Emergency Gynaecology Assessment Unit (EGAU)** Women's Health Outpatients, Bretton Gate, PE3 9GZ Telephone: 01733 673758 Open: Weekdays 0800-1800-phone line open until 1730 Weekends/Bank holidays 0800-1200
For emergencies only, out of these hours, please attend the Emergency Departmen	

Within this leaflet we use the term woman/women, however we acknowledge that it is not only people who identify as women for whom it is necessary to access our services. We recognise the importance of providing inclusive and respectful care to all people and their families, including those whose gender identity does not align with the sex they were assigned at birth. Please let us know if there is anything we can do to make you feel more comfortable while you are under our care.