

Women's Services Patient Information

Resection of Fibroids

This leaflet aims to answer your questions about having an operation to remove a fibroid from inside the cavity of your womb. It explains the benefits and risks, as well as what you can expect when you come to hospital.

Your doctor or nurse specialist has arranged for you to have your fibroid(s) removed hysteroscopically (removed from inside of the womb using a small telescope). You will need a general anaesthetic (be asleep) and should be able to go home the same day.

What happens before the operation?

You will be added to the waiting list for the procedure and the waiting list coordinator will contact you with the procedure date.

Sometimes for larger fibroids before the procedure the lining of the womb needs to be as thin as possible as this makes the procedure more likely to be straight forward and to make the fibroid smaller. An injection, can be used, when fibroids are big and may stop your period before the procedure. The injection is usually given four or five weeks before the planned date of your procedure. During this time you may have temporary menopausal symptoms, but these are likely to stop within weeks after the procedure has been performed. Your specialist will inform the waiting list coordinator if you need the injection and then they will contact you with when to attend the hospital for this injection to be given.

Sometimes it is helpful to have a pessary called misoprostol placed inside the vagina shortly before your operation, this helps soften the cervix and makes it easier for the surgeon to insert the resectoscope (telescope with an operating channel to remove your fibroid). Your doctor or nurse specialist will advise you if this is required.

What does the operation involve?

You will be given a general anaesthetic and your surgeon will gently stretch open the cervix (neck of the womb) with dilators. When the cervix is wide enough a special instrument (Resectoscope) will be passed into the womb through the cervix.

Fluid will be circulated inside the womb so that the surgeon can easily see the fibroid. There is a small electric wire on the end of the resectoscope, which is used to slice small pieces from the surface of the fibroid. Gradually the fibroid is removed and the pieces are then sent to the laboratory for examination.

The operation lasts about 30 minutes.

Are there any risks?

These will all be discussed with you by the specialist when taking your consent. Please feel free to ask further questions during this time if anything is not clear. It is important that you fully understand any procedure and are happy to go ahead. The information below briefly outlines any common problems to help with any questions you may have.

Bleeding: Very rarely there can be bleeding during the procedure. On the rare occasions this happens we can give medicines to help stop the bleeding and sometimes a small fluid filled balloon can be placed inside the womb for a few hours to stop the bleeding. This fluid is drained, deflating the balloon to allow its removal before you go home. You may need a drip to give you fluids to replace any blood lost. Very rarely patients will need a blood transfusion.

Perforation: Sometimes, 1 case in 100, the telescope may accidentally pass through the wall of the womb. Usually, if there is no bleeding and the hole was only made with the telescope, we would admit you to hospital overnight for observation and give a short course of antibiotic tablets. If this happened and there was concern about heavy bleeding, or concern that one of the organs inside your body had been injured (e.g. your bowel or your bladder) you would have an immediate operation to fix the hole, stop any bleeding and repair any damage which had occurred. This would involve a keyhole or open operation on your tummy to check inside the cavity of your tummy. Very rarely, (less than one case in thousands of procedures like this) it would not be possible to close the hole and you would need to have the womb removed straightaway (hysterectomy). This would mean a longer stay in hospital.

Infection: You will be given a strong dose of antibiotics during, or before the procedure. However if you get lower abdominal pain, a temperature and smelly discharge after your operation you may have an infection in the womb. This needs treatment with a course of antibiotics please contact your GP to get a prescription.

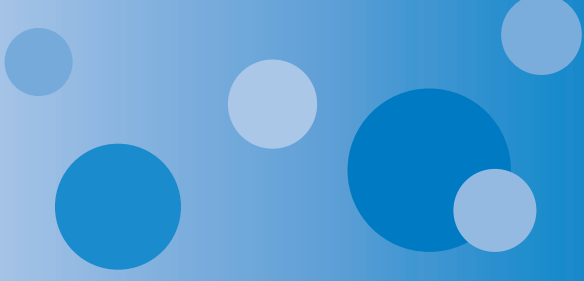
Failure: Sometimes it will not be possible, for technical reasons to safely perform your operation and we would need to abandon it. If this happens, your specialist will discuss your options and next steps.

Fluid overload: Very rarely the fluid we use to fill the womb can get into your bloodstream. If this happened the procedure would have to be stopped and drugs given to counteract the excess fluid. Again you would need to stay in the hospital longer than planned.

What happens after my operation?

A doctor will see you before you go home and talk to you about your operation. You may be discharged back to your GP, given a telephone appointment, or a clinic appointment, depending on your problems and/or the operation findings.

You may have some period like pain for few days. Simple pain killers like paracetamol should relieve this.



It is normal to bleed for a few days followed by bloodstained discharge for 2-3 weeks as the womb heals - do not use tampons as this can cause infection, use sanitary towels. You can resume sex once the discharge stops. If you have no post procedure vaginal discharge you can resume sexual intercourse when you feel comfortable

- You should rest for 24 hours to help you recovery from the general anesthetic.
- You can bathe or shower the following day.
- You can go back to work and drive as soon as you feel able.

Contact numbers:

If you have any concerns please telephone:

The Women's Health Unit where a nurse will be available on 01274 364895 8.00am – 5.00pm
Monday – Friday

or Ward 25 Gynaecology Assessment Trauma Unit (GATU) for urgent advice on
01274 364380 (24 hour contact).

We use Next Generation Text for people with hearing difficulties.
To contact us ring 18001 01274 384438

If you need this information in another format or language, please ask a member of staff to arrange this for you.

Smoking

Bradford Teaching Hospitals NHS Foundation Trust is a smoke-free organisation. You are not permitted to smoke or use e-cigarettes in any of the hospital buildings or grounds.

Wristbands

When you are in hospital it is essential to wear a wristband at all times to make sure you are safe during your stay. The wristband will show accurate details about you on it including all the information that staff need to identify you correctly and give you the right care.

If you do not have a wristband whilst in hospital, then please ask a member of staff for one. If it comes off or is uncomfortable, ask a member of staff to replace it..