TRANS-CERVICAL RESECTION
OF FIBROID
WHAT ARE FIBROIDS?
Fibroids are defined as benign tumours (growths), coming from the muscle or wall of the womb. They can be single or multiple. Most of women with fibroids may not have symptoms, depending on the size and location of the fibroids in the womb.

Fibroids can cause heavy bleeding and as a result some women may become anaemic (low iron level), causing weakness and tiredness. Fibroids can also cause painful periods and lower abdominal (pelvic) pain. Fibroids may be present in about 5-10% of women who have infertility.

Diagram of uterus and fibroids

WHAT IS TRANS-CERVICAL RESECTION OF FIBROID?
This is done hysteroscopically (by introducing a telescopic camera into the womb through the vagina). Then a telescopic instrument called a resectoscope is used to shave the cavity of the womb.

WHY IS IT PERFORMED?
It is generally performed to remove fibroids that are causing bleeding or fertility problems

WHAT ARE THE ALTERNATIVES?
Drug treatments can be given for some fibroids. Embolisation, which is a non-surgical procedure to stop the blood supply to the fibroid, can be offered in some cases or a hysterectomy (removal of the womb) can be offered as a definite treatment. It is important to discuss the alternatives in order to consider the treatment options, prior to surgery.
RISKS OF TRANS-CERVICAL RESECTION OF FIBROID?

**Infection:** May include one or more of these signs:

- Vaginal discharge 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

**Bleeding:** Which in rare cases can be heavy enough to require blood transfusion or 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.

**Anaesthetic risks:** After the procedure 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, drink alcohol or sign any legal documents/make important decisions.

**BEFORE SURGERY**

Plan ahead. Try to get yourself into the best physical condition that you can to help improve your post-operative recovery. Eat healthily and go on a diet if you are overweight. Exercise as much as you can. When you come out of hospital you are going to need extra help at home. Get support from family and friends.

Smoking increases the chances of problems during and after the operation. If you smoke try to stop completely. This will make your anaesthetic safer, reduce the risk of complications after the operation and speed up the time it takes to recover. You will not be able to smoke during your admission to hospital.
We strongly advise to use contraception during intercourse after your last period. If there is any possibility that you may be pregnant, the procedure may have to be cancelled.

You may 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. Please discuss with your doctor.

**PRE-ASSESSMENT UNIT**

You will be seen in this clinic by a nurse who will take a medical history and base-line physiological observations such as weight, height, BMI (Body Mass Index), blood pressure, heart rate, respirations and oxygen levels (pulse oximetry). There will be blood tests and some women may have an electrocardiogram (ECG – tracing of the heart). You will have swabs taken from your nose, throat and groin for MRSA (Methicillin-resistant Staphylococcus aureus) screening. An explanation will be given to you about your operation and what to expect before coming in and going out of hospital.

Some medicines such as aspirin, warfarin or clopidogrel, may need to be stopped or altered before and after your operation. This will be discussed with you during your pre-assessment visit. You will need to bring all your medications with you on the day.

**ON THE DAY OF SURGERY**

In most cases you will be admitted to hospital on the day of your operation.

You will have been asked not to eat or drink anything prior to your operation, including chewing gum or sucking sweets. The pre-operative assessment nurse will inform you of the date and time you will need to stop eating and drinking.

You will be given a surgical gown and some women may need antithrombotic stockings to wear to reduce the risk of blood clots during and after your operation. The nursing staff can help you with this.
WHAT HAPPENS DURING THE PROCEDURE?
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 of 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 and it is inserted through the cervix. We may need to dilate (stretch) the cervix first. The surgeon will then use the resectoscope to remove tissue fibroids/large polyps. Any specimens taken will be sent to the laboratory for routine examination. The average time of operation is 20-80 minutes.

AFTER SURGERY
You will wake up in the recovery room and nurses will check your vital signs (your blood pressure, pulse, temperature). You will be given painkillers if you need them. A doctor or nurse will explain the findings of the procedure. You may not fully understand the explanation, as you may still be drowsy from the general anaesthetic. If your surgeon needs to see you again we will write to you offering you a new appointment. We do advise you see your GP in six weeks for a check-up.

Once you are fully awake, you will be offered a drink like water or a cup of tea. You will also be given light food before you leave the hospital.

Most modern general anaesthetics are short acting and you should not suffer any long lasting (more than 24 hours) effects. You may feel sleepier and your judgement may be impaired. If you take alcohol, it may affect you more than normal. You are advised to have an adult with you during this time, and avoid making important decisions.

If there are no complications, you may leave the hospital within four to six hours of the procedure. We will give you painkillers before you go home if necessary.
You may experience blood-tinged, watery vaginal discharge for more than a month and frequent urination for the first few days. Usually women have bleeding for a few days.

Most women are able to return to their regular activities after just a few days; however you may experience crampy period-like pain, usually relieved with simple painkillers given to you.

Your next period should come in the next 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.

RETURN TO WORK
How long you need to be away from work depends on the extent of the surgery, how soon you recover and how physical is your work. Many patients can return to work within a week of surgery and most are back to work within two weeks. Please inform us if you require a medical sick note.

WHEN TO SEEK MEDICAL ADVICE AFTER TRANS-CERVICAL RESECTION
Smelly and offensive vaginal discharge: this could indicate an infection, and treatment is antibiotics.

Increasing tummy pain: with temperature and lost appetite and vomiting can be an indication of an injury to the bowels or the bladder. You need to be seen in the hospital, which may require admission.
Painful, swollen, red, hot leg: with cough or shortness of breath can be an indication for deep vein thrombosis with a clot in the lungs (pulmonary oedema). Please seek medical help immediately.

No improvements of your symptoms: please see your doctor or call NHS 111 to discuss the next steps.

If you experience any acute symptoms then you should come directly to the Emergency Gynaecology Unit on Cornflower B ward where you will be seen by a doctor.