

**Patient
Information**

Hysteroscopic removal of fibroid

Introduction

The information in this leaflet will help to answer some of the questions you may have about the removal of your fibroid.

Your consultant has arranged for you to have your fibroid removed hysteroscopically (removed from the inside of the womb). You will need a general anaesthetic so that you are asleep for this procedure. You should only be in hospital for the day.

What happens before the operation?

Sometimes, about 3 to 5 weeks before the operation you may require an injection to stop your periods. This will also shrink the fibroid a little and it will be less likely to bleed during the operation, making the operation easier and the chance of a complication less likely. The injection will switch your own hormone production off for about 6 weeks so you will experience menopausal symptoms during this time, for example hot flushes or night sweats. It can also cause irregular bleeding. The prescription for the injection will be sent to you by post, and we will be requesting your practice nurse to administer it to you.

What does the operation involve?

During the operation the neck of the womb (cervix) is gently widened to allow an instrument called a resectoscope to be passed into the womb. Fluid is circulated inside the womb so that the fibroid can be seen and removed bit by bit using the resectoscope. These pieces are sent to the laboratory for examination.

The operation takes about 30 to 45 minutes, depending on the size of the fibroid. With this operation it is only possible to remove fibroids protruding into the cavity inside the womb. Any fibroid tissue within the wall of the womb will not be removed.

Reference No.

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Department

Gynaecology

Review due

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If you are sure that you will not want a further pregnancy, then the lining of the womb can be treated with heat (ablation) at the same time which will reduce your periods more than if just treating the fibroid. This may be worth considering if you are suffering from heavy periods and you definitely do not intend to have any more children. If you decide to have the ablation procedure at the same time, then you will need the injection to be administered 3 to 5 weeks before the date of the procedure.

Risks

Bleeding

During the operation there might be some bleeding as fibroids have a large blood supply. If this happens a small tube (catheter) may be placed inside your womb for a few hours to stop the bleeding. This will be removed before you go home.

A blood transfusion may be needed if the blood loss is very heavy. Very rarely, the womb might have to be removed (hysterectomy) to stop the bleeding.

Perforation

In 1 in every 100 cases the instruments used may puncture the wall of the womb. If this happens the operation will be stopped and you will be given antibiotics and may have to stay in hospital overnight.

Rarely, the hole bleeds and a keyhole operation (laparoscopy) is needed to close the hole. You may need to stay in hospital longer. Very rarely, the womb might have to be removed (hysterectomy) if the bleeding cannot be stopped.

Rarely, if a perforation of the womb (puncture hole) occurs and the surgeon is concerned about bowel injury, a keyhole operation will be required to make sure that there is no injury to bowel. If an injury is detected, further surgery may be required to repair the bowel.

Fluid overload

During the operation the fluid that is used to distend (expand) the inside of the womb can enter the blood stream. If a large enough amount gets into the blood stream the operation will be stopped and you will need to stay in hospital overnight. You will then need to come back on another day to have the operation completed.

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Infection

At the time of the operation, you are normally given 1 dose of antibiotic to reduce the risk of infection. Sometimes, despite the antibiotic injection, you may get an infection inside the womb which will cause you to have a smelly discharge and heavy bleeding. If this happens, please make an appointment with your GP as you will need a course of antibiotics.

What happens after the operation?

A doctor will see you before you go home and talk to you about your operation.

You may have some period type pain for a few days. Simple pain relief such as paracetamol should relieve these symptoms.

It is normal to bleed for a few days, you should use sanitary towels **not** tampons. A blood-stained discharge or bleeding for most patients can be expected for 3 to 4 weeks as the womb heals and sometimes this bleeding may last up to 8 weeks after the procedure. Sometimes this bleeding may be followed by a period.

After the operation

- You should rest for 24 hours.
- You can bath or shower the following day.
- Do not use tampons until the blood-stained discharge has stopped as this could cause an infection.
- You can have sex again as soon as the discharge stops. Continue contraception as before, unless you are wanting to get pregnant.
- You can go back to work and continue with normal activities within 1 week.

Contact information

If you have any queries, please contact your consultant's secretary.

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Further information

For more information, please visit:

British Fibroid Trust

Website: <http://www.britishfibroidtrust.org.uk/resection.php>

Gloucestershire Domestic Abuse Support Service (GDASS)

This is a county-wide service offering a variety of support programmes for women and men over 16 years old who are experiencing domestic abuse.

Tel: 01452 726 570

Monday to Friday, 9:00am to 5:00pm

Domestic Violence Helpline

Tel: 0808 2000 247 (24 hours)

Email: support@gdass.org.uk

Website: www.gdass.org.uk

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Making a choice

Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation.

* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85