



Operation Information

Cervical Polypectomy

Introduction

Cervical polyps are the small piece tissues that are smooth, red or purple, finger-shaped growths on the cervix. Polyps are growing on the surface of the cervix or inside the cervical canal. Polyps are generally benign (non-cancerous) and can occur alone or in groups. Cervical Polypectomy is a surgical procedure that involves removing the polyps. The polyp(s) may be sent for the histological examination as needed.

Outcomes

The expected outcome of this procedure is to remove the cervical polyp(s) in order to reduce abnormal per vaginal bleeding and discharge.

Procedures

1. The operation is performed without anaesthesia. General anaesthesia is only recommended if the polyp is large and deeply inside the cervix.
2. Insert a speculum into the vagina to expose the cervix.
3. The cervix is cleaned.
4. The polyp is removed.
5. All tissue removed will be sent for examination or disposed of as appropriate.

Possible Risks and Complications

1. Infection
2. Bleeding
3. Recurrence of polyps

** The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all operations are carried out with utmost professionalism and care, this does not rule out the possibility of complications arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operations may be required.

Pre-operative Preparations

1. Good hygiene can prevent infection.
2. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
3. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia.
4. No food or drink six hours before operation. (For general anaesthesia only)
5. Please change into a surgical gown after removing all belongings including undergarments, dentures, jewelry and contact lenses. (For general anaesthesia only)
6. Please empty your bladder before the operation. (For general anaesthesia only)

Post-operative Instructions

General

1. After general anaesthesia, you may:
 - experience discomfort in the throat after tracheal intubation.
 - experience side effects of anaesthesia including feel tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.

Wound Care

1. You may experience some crampy pains for a few hours after the operations.
2. It is normal to have discharge or some light vaginal bleeding for 7 days following the operation.

Diet

A normal diet may be resumed as instructed after recovery from general anaesthesia.

Advice on Discharge

1. The medication should be taken as prescribed by the doctor.
2. Sanitary pads (not tampons) may be used for a few weeks for vaginal discharge and some light bleeding.
3. Please avoid sexual intercourse until the discharge stops.
4. You can take a bath or shower as normal, please avoid long soaks in the bath and bubble baths until your discharge has stopped.
5. Immediately consult your doctor or return to hospital for professional attention in the event of persistent bleeding or discharge from vagina, persistent pelvic pain, shivering, high fever over 38°C or 100.4°F, or any other unusual symptoms etc.
6. Any follow-up consultations should be attended as scheduled.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification

