



## Operation Information

### Hysteroscopic Excision of Fibroids/ Polyps

#### Introduction

Hysteroscopic Excision of Fibroids / Polyps is an operation to remove fibroids or polyps from the uterus through the hysteroscope.

Polyps are small, usually benign, growth in the lining of uterus. They can cause heavy periods and bleeding in between periods.

Fibroids are growths of muscle cells in uterus and usually benign. They can cause symptoms such as heavy, painful period and irregular bleeding.

#### Outcomes

The expected outcome of this operation is to remove the polyp(s) and small fibroid(s) in order to reduce abnormal vaginal bleeding and heavy period.

#### Procedures

1. The operation can be performed under regional or general anaesthesia.
2. Dilation of cervix.
3. A hysteroscope is passed through the vagina into the uterus.
4. Glycine/ normal saline/ other appropriate fluid is used to distend the uterine cavity and facilitate the assessment.
5. The fibroids or polyps are removed.
6. The specimens taken will be sent to the pathology department for examination.

#### Possible Risks and Complications

1. Bleeding
2. Infection
3. Cervical tear
4. Perforation of uterus is not common (0.12-3%) and seldom causes damage to other organs. It is of higher likelihood in procedures for treating uterine bleeding
5. Fluid overload
6. Incomplete removal of fibroids which may required a second operation
7. Scarring of uterine lining which may affect fertility potential

\*\* 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. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
2. Please inform the doctor if you are pregnant or suspected pregnancy.
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. You may have a gynecological exam and ultrasound before the operation if needed.
5. No food or drink six hours before operation. (For general anaesthesia only)
6. Please change into a surgical gown after removing all clothing including undergarments, dentures, jewellery and contact lenses.
7. Please empty your bladder before the operation.

## **Post-operative Instructions**

### **General**

1. **After regional anaesthesia:**
  - Close observation will be performed by nurse and nurse will monitor your sensory and motor of lower limbs.
  - Please rest on bed for 8 hours and seek help from ward nurse if needed.
2. **After general anaesthesia, you may:**
  - experience discomfort in the throat after tracheal intubation.
  - experience side effects of anaesthesia includes feeling tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.
3. Please inform the nurse of wound pain. Proper pain relief treatment by injection or oral medication may be prescribed by the doctor.
4. Mild bleeding and some abdominal cramps for the first few hours are normal.
5. You are typically discharged on the same day after the operation.

### **Diet**

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

## **Advice on Discharge**

1. You may experience mild vaginal bleeding in the first 2 weeks. Tampons, douching and sexual intercourse should be avoided if there is still vaginal bleeding present.
2. Normal activity and work can usually be resumed within a week.
3. You may have one or possibly two fairly heavy periods during the healing phase.
4. You should avoid having sex for a week, or until any bleeding has stopped to reduce the risk of infection.
5. You should avoid swimming while you are still bleeding.
6. Your next period may be delayed a little, but it should arrive within six weeks.
7. Immediately consult your doctor or return to hospital for professional attention in the event of massive vaginal bleeding, increasing abdominal pain (pelvic cramps), shivering, high fever over 38°C or 100.4°F, or any other unusual symptoms etc.
8. 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.

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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

