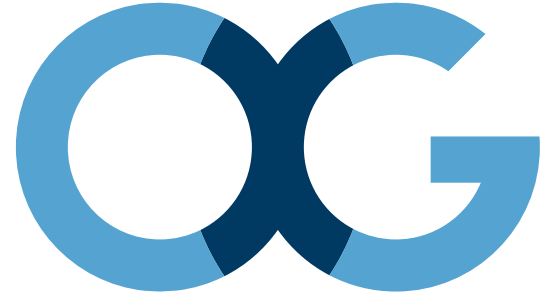


Hysteroscopy and trans-cervical removal of fibroids (TCRF)



How can a hysteroscopy and 'trans-cervical removal of fibroids (TCRF)'; 'removal of polyps'; or 'removal of adhesions' help?

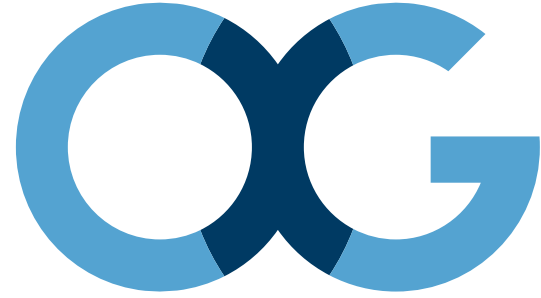
Hysteroscopy is a small camera procedure undertaken to look inside the uterus (womb). It may involve removal of abnormalities such as fibroids (benign lumps), called a TCRF; polyps (smaller benign lumps); or adhesions (scar-tissue). It can be done under general anaesthetic (asleep) or local anaesthetic (awake but with pain-numbing medication) depending on your personal case. The camera is passed through your vagina and cervix (entrance to the womb), meaning no cuts are made in your skin. It may last anywhere between 10 and 45 minutes, depending on your personal situation.

The commonest reasons why people have a hysteroscopy and removal of polyps, adhesions, or fibroids include: post-menopausal bleeding; irregular or heavy periods; difficulty getting pregnant; or to treat abnormalities found on ultrasound scan.

What are the risks of hysteroscopy and trans-cervical removal of fibroids (TCRF), removal of polyps or removal of adhesions?

All treatments and procedures have risks and we will talk to you about the risks of hysteroscopy and TCRF; removal of polyps or removal of adhesions. Risks can be divided up into two categories common (less serious) and rare (more serious).

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Problems that may happen straight away

Common risks of hysteroscopy and biopsy include: bleeding; general abdominal (tummy) or pelvic pain (much like period cramps); pelvic infection; and vaginal bleeding.

Sometimes we find out during a local anaesthetic procedure that it is too uncomfortable or not possible to perform the procedure, and therefore we will discontinue the hysteroscopy and re-book you to undertake the procedure with general anaesthetic.

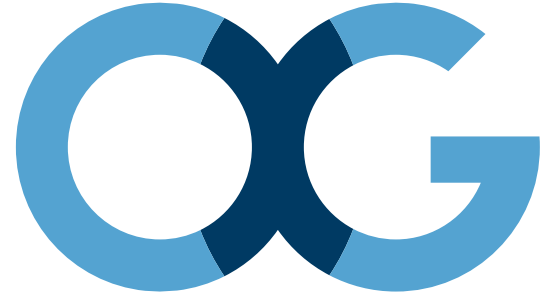
Sometimes due to the size, shape or location of the fibroids, polyps or scar tissue, it may not be possible to remove it all at the time of the procedure and so your doctor may discuss a second hysteroscopy to remove further tissue. There can be side-effects associated with general anaesthesia and include nausea, vomiting and a sore throat. The anaesthetic doctor will discuss these.

Problems that may happen later

There is a small risk of infection which may occur within days to a few weeks, presenting with temperatures or offensive (smelly) vaginal discharge.

Following removal of adhesions or a fibroid there is a risk of further adhesions forming which can prohibit someone from falling pregnant.

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Problems that are rare, but serious

Rare but potentially more serious complications include injury to internal organs such as the cervix and womb which can lead to injury to the bladder, bowels, ureters (tubes that connect the kidneys to the bladder) or major blood vessels.

In more prolonged or complex cases, the fluid used to visualise the womb can 'absorb' into your circulation leading to excess fluid in the lungs (pulmonary oedema) requiring hospital admission and treatment.

There is also a risk of forming blood clots in the legs or lungs or having a severe allergic reaction to drugs used during surgery.

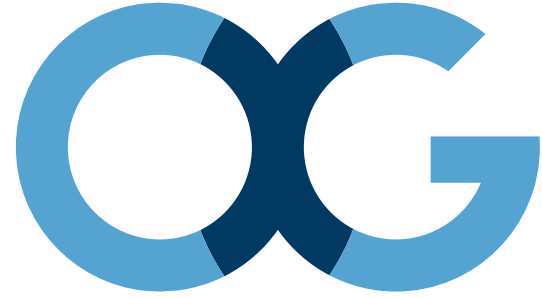
What additional procedures may be required?

Additional procedures that may become necessary but are not planned during your surgery include a laparoscopy (key-hole operation to look in your tummy to exclude and/or treat injury to abdominal organs); laparotomy (opening your tummy to repair injury to abdominal organs); and blood transfusion if there is heavy bleeding.

What will happen if I choose not to have hysteroscopy and TCRF; removal of polyps; or removal of adhesions?

If you choose against having a hysteroscopy and TCRF; removal of polyps or removal of adhesions the symptoms which led you to the gynaecological clinic are likely to continue.

Hysteroscopy and trans-cervical removal of fibroids (TCRF)



For some patients this means a delay or failure to diagnose cancer, leading to a delay or failure to be able to treat these cancers. In some circumstances this could lead to early death due to delay or failure in the diagnosis of cancer.

What alternatives are available?

The alternatives available include: doing nothing; taking medical treatments; and other surgical procedures.

Doing nothing is unlikely to change your symptoms or provide a confirmed diagnosis. Medical treatments can help control bleeding but do not provide a definitive diagnosis and treatment.

Other surgical procedures may include treatment such as embolisation of fibroids (reducing blood flow to the fibroids) and hysterectomy (removal of the). Hysterectomy is major surgery and generally not advisable until a cause of your symptoms such as cancer has been excluded, as the type of hysterectomy may vary according to your diagnosis. These should be covered in your consultation with the doctor.