

Trans-cervical Resection of Endometrium

This leaflet explains more about the trans-cervical resection of endometrium discussed with you in clinic, including the benefits, risks and any alternatives and what you can expect when you come to hospital. If you have any further questions, please speak to a doctor or nurse caring for you.

What is a trans-cervical resection of endometrium?

Trans-cervical resection of endometrium involves passing a small telescope into your womb via your cervix. The womb is then inflated with a fluid and the lining of your womb is removed using electricity running through a loop.

Why should I have a trans-cervical resection of endometrium?

This procedure will allow us to investigate for possible causes of your heavy bleeding symptoms and to remove the lining of your womb (endometrium) hoping to relieve your symptoms.

What are the risks?

Like any surgical procedure, trans-cervical resection of endometrium comes with the following risks:

1. Risk of infection. Infection usually presents as foul vaginal discharge. If you have vaginal discharge with or without fever, you may need to be treated with antibiotics.
2. Risk of bleeding. If the bleeding is heavy, we might need to put a balloon in your womb, give you medication to stop bleeding and sometimes even give you a blood transfusion.
3. A 1 in a 1,000 risk of making a small hole in your womb (perforation). If we suspect a perforation of your womb, we may need to confirm this by putting a small camera through your navel (laparoscopy). If there's any injury to an internal organ such as the bowel, bladder, blood vessels or ureters, it will need to be repaired by either keyhole surgery or by making a bigger incision (cut) on your stomach (laparotomy).
4. Sometimes the body absorbs a lot of the fluid used during the procedure. If this happens, we may need to stop surgery and complete it another day and admit you to monitor your electrolytes and urine output.
5. There is a very rare risk of blood clots forming in your veins. Therefore, we advise early mobilisation and adequate hydration post-surgery.

Are there any alternatives?

After a detailed discussion with your doctor about the various management modalities for your symptoms we will have mutually agreed that a trans-cervical resection of your endometrium is the most suitable option for you. Alternative management modalities include doing nothing, hormonal treatments such as a Mirena coil or a hysterectomy.

How can I prepare for my surgery?

You will be seen by a nurse for a pre-operative assessment before the day of your surgery where some blood tests and your fitness for surgery will be assessed. There you will be given all the information regarding what time to come and to where on the day of your surgery as well as what you should bring with you.

Asking for your consent

It is important that you feel involved in decisions about your care. You will be asked to sign a consent form to say that you agree to have the treatment and understand what it involves. You can withdraw your consent at any time, even if you have said 'yes' previously. If you would like more details about our consent process, please ask for a copy of our policy.

What happens during a trans-cervical resection of endometrium?

A trans-cervical resection of endometrium is performed under general anaesthesia, i.e. you will be asleep throughout the procedure. After passing a small telescopic camera into your womb through your cervix, the womb is filled with fluid. The endometrium is then removed by shaving it off using a loop with electricity running through it. This tissue is then sent to the laboratory for histological assessment. The length of the procedure is on average 40-60 minutes.

Will I feel any pain?

Patients usually describe a cramping abdominal discomfort and vaginal bleeding after the procedure. The pain settles down with routine analgesia (pain killers).

What happens after my surgery?

You should be able to go home the same day. You will be able to eat and drink once you feel ready to do so and to move about. However, if you are in a lot of pain or have not been able to pass urine, we shall advise you to stay in the hospital overnight. The surgical team will try to see you before going home to explain what was found during the operation but if they are not able to then the details of your procedure will be in your discharge letter.

What do I need to do after I go home?

You will need someone to take you home and to be with you for the first 24 hours after the general anaesthetic. You will not have any stitches and you should be able to resume normal activities within a week or two, including returning to work. You can resume swimming or sexual intercourse when brownish discharge has stopped.

If you experience any severe abdominal pain or fever when you have gone home then please present yourself to A&E.

Will I have a follow-up appointment?

You will be contacted about two weeks after your operation by telephone by the consultant to discuss your results and any further management plan if necessary.

Contact us

If you have any further questions or concerns, please feel free to contact Miss Pandey via her secretary.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you advice and information when you have comments or concerns about our services or care. You can contact the PALS team on the advisory telephone line Monday, Tuesday, Thursday and Friday from 2pm to 5pm.

A Walk-in service is available:

Monday, Tuesday and Thursday between 10am and 4pm
Friday between 10am and 2pm.

Please contact PALS in advance to check if there are any changes to opening times.

The Walk-in and Advisory telephone services are closed on Wednesdays.

PALS is based within the hospital in the ground floor main corridor between Grosvenor and Lanesborough Wing.

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health. **Web:** www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

AccessAble

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are

designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



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