

# Trans-cervical Resection of Fibroid or Polyp

**This leaflet explains more about the trans-cervical resection of your fibroid or polyp 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 a fibroid / polyp?**

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

## **Why should I have a trans-cervical resection of fibroid / polyp?**

We suspect there is a fibroid or polyp protruding into the cavity inside your womb which is causing your symptoms. This procedure will allow us to confirm if this is the case, investigate for other possible causes for your symptoms as well as remove the fibroid or polyp with the aim to relieve your symptoms.

## **What are the risks?**

Like any surgical procedure, trans-cervical resection of a fibroid or polyp 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 the 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 cut on your abdomen (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. Sometimes the fibroid is too large to be removed in one operation, in which case as much as possible will be removed and then you will be scheduled for a further similar procedure.
6. 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 fibroid or polyp is the most suitable option for you. Alternative management modalities include doing nothing, hormonal treatments such as a progesterone only pill or Mirena coil.

### **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 fibroid / polyp?**

A trans-cervical resection of a fibroid or polyp is performed under general anaesthesia, i.e. you will be asleep for the procedure.

After passing a small telescopic camera into your womb through your cervix the womb is filled with fluid. The fibroid or polyp is then removed by shaving it off using a loop with electricity running through it. The fibroid or polyp is then sent to the laboratory for histological assessment. The length of the procedure will depend on the size of your fibroid but on average will be 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.

If you experience any severe abdominal pain or fever once 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](http://www.stgeorges.nhs.uk)**

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## **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](mailto: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](http://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](http://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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