

# Having polyps or fibroids removed from your womb with hysteroscopy

## Gynaecology

Information for Patients

Produced: September 2021

Review: August 2022

Leaflet number: 464 Version: 2.1

### Introduction

This leaflet is for women having a procedure to remove endometrial polyps, directed biopsies of the womb lining or fibroids from inside the womb. This is called hysteroscopic morcellation of polyps, fibroids or biopsies. The name of the device we use is called Myosure.

A polyp is a growth of tissue from the tissue that lines the womb (endometrium). Most polyps are non-cancerous but about 1 in 6 polyps have precancerous or cancerous changes within them.

A fibroid is a non-cancerous smooth muscle growth of the womb wall which can bulge into the womb. This can cause bleeding problems or make abnormal bleeding worse.

Occasionally precancerous cells may have been found within the womb biopsy and we may need to take samples from the whole of the womb lining to thoroughly test the tissue.

### Why do I need this procedure?

You may be having problematic bleeding - either bleeding after the menopause or heavy/irregular/ prolonged periods or bleeding in between periods or after sex. You will have already had a hysteroscopy camera test to look inside the womb which has identified a polyp, fibroid or lesion that needs to be removed for testing. You may have had a biopsy test which shows there are precancerous cells inside the womb.

Removing the polyp or fibroid will usually treat these symptoms.

After the procedure you may be offered a Mirena IUS (hormone coil) fitting if you wish. This can help with bleeding problems and can also be used as a contraceptive, or as part of HRT or as a treatment for precancerous cells.



**Health information and support is available at [www.nhs.uk](http://www.nhs.uk)  
or call 111 for non-emergency medical advice**

Visit [www.leicestershospitals.nhs.uk](http://www.leicestershospitals.nhs.uk) for maps and information about visiting Leicester's Hospitals  
To give feedback about this information sheet, contact [InformationForPatients@uhl-tr.nhs.uk](mailto:InformationForPatients@uhl-tr.nhs.uk)

## Before your appointment

- **You must make sure you are not at risk of pregnancy by using condoms or other effective contraception for at least 3 weeks before the procedure where necessary.** If you have had unprotected sex we will have to rearrange do your procedure on another day.
- **Please rearrange your appointment if you are bleeding heavily or if you think you will have your period around the time of the procedure.** Alternatively, you can be given progesterone tablets to delay the bleeding by your GP.

## What will happen on the day?

- **Eat breakfast/ lunch** before your procedure time or you may become dizzy or faint.
- Please do not take painkillers within 6 hours of your appointment as we will give you strong painkillers before the procedure. These will be given at least an hour before the procedure to give them time to work. **You may wish to bring a book while you are waiting as you may be in the department up to 3 hours.**
- We will explain the procedure and you can ask any questions before signing a consent form.
- You will then use a changing room to undress from the waist down and change into a gown.
- You will sit on the procedure couch in a semi-seated position. There will be nurses or healthcare assistants in the procedure room to help look after you. One of the team will keep you comfortable and chat to you.
- **Local anaesthetic** will usually be injected in the neck of the womb to numb the area and we will allow it to work before beginning the procedure. The steps of the procedure will be explained and you can watch it on the monitor if you wish. **Entonox gas and air** is available if you need it.
- At the end of the procedure you will be taken back to the changing room. We will check your blood pressure before you return to the waiting room to rest and have a drink. If you feel unwell you can rest on a bed in the ward area. You will be able to go home within 30 minutes in most cases.

**You should not drive after the procedure. We recommend that someone drives you home. However, they will not be able wait in the waiting area while you have your procedure due to social distancing restrictions.**

## When will I get the results?

All the tissue removed will be checked under a microscope to check for abnormalities such as cancer or precancerous changes.

Your consultant will contact you with the results of the analysis of the tissues removed either by post or in person. You should get the results within 4 weeks of your appointment. **If you have not had any results after 4 weeks please contact your original consultant's secretary, not the consultant that did your procedure.**

You will not usually have a follow-up appointment arranged unless there are other reasons that we need to see you again.

## Benefits

The benefits of this procedure are that we can see through the hysteroscope to safely remove the abnormal tissue so there is lower risk of accidental damage. This should stop the abnormal bleeding and allows the tissue to be checked under a microscope to look for abnormalities such as precancerous and cancerous changes.

The procedure is safer and more effective than having it done under a general anaesthetic.

We have good experience of carrying out over 2000 procedures under local anaesthetic in Leicester's hospitals. The average pain score in patients having this procedure in our clinic is 3.8 out of 10 and 97% of patients recommend this procedure under local anaesthetic. Most patients find it less painful than the biopsy you may have already had.

The Myosure device cuts up the tissue with a covered mechanical blade and removes it down a narrow tube where it is collected in a basket. It is safe as the tissue is removed whilst watching continuously with the camera. The blade is within the tube so accidental damage with it is very unlikely. You can watch a video animation here: <https://www.youtube.com/watch?v=og7flTqwUmc>

## Risks of the procedure

Overall failure rates with this procedure are less than 3 out of every 100 procedures and lower than the alternative procedures which are carried out under general anaesthetic.

- **Bleeding:** Blood loss like a period is to be expected for a few days after the procedure. Occasionally the bleeding can last up to 2 weeks. If you are worried there may be an infection (see below) or need advice, please contact the Gynaecology Assessment Unit on the number on page 4.
- **Infection:** Infection after the procedure is seen in 2 to 5 out of 100 women. If you become unwell with tummy pain that is getting worse, you have a fever or notice a smelly discharge, then please contact the Gynaecology Assessment Unit on the number on page 4.
- **Pain:** Most women will have some mild cramping pain after the procedure. You may need a mild painkiller for 1 or 2 days after the procedure. You will be given painkillers before your procedure but you will feel some period type cramps during the procedure. Entonox gas and air is available at any time and if the pain is not manageable, the procedure can be stopped at any time.
- **Hysteroscope accidentally piercing the wall of the womb (uterine perforation):** Sometimes it can be difficult to stretch the cervix to allow the camera to be inserted. Occasionally this can lead to a puncture through the womb wall or a false passage can be made into the muscle wall of the womb. This is a rare problem (1 in 500) but may require the procedure to be stopped and a course of antibiotics to be prescribed.

- **Fluid overload:** Clean (sterile) water known as 'saline fluid' will be used to see inside your womb. There is a very low risk of too much fluid going into your body too quickly which could put a strain on the heart and lungs. This is monitored closely with a machine during the procedure.

If the fluid reaches the top of the safe level we will need to stop the procedure for your own safety. If there is concern about the fluid levels then you would be kept in hospital overnight and you would need a blood test to check there are no ill effects. The risk of this is extremely low (especially with polyps) and response to treatment is rapid where it does happen.

- **Unable to complete the procedure:** Very occasionally we have to stop the procedure or are not able to complete the procedure in 1 appointment. For example, if there are technical issues with the equipment, we reach the safe fluid level or we are unable to remove all of a large fibroid in one go. The chance of failing to complete the procedure is about 3 in 100.

## Who can I contact if I feel unwell after my procedure?

Please see your own GP, call the NHS helpline on 111 or go to the Urgent Care Centre.

You can also contact the Gynaecology Assessment Centre on 0116 258 6259 for advice if you are unwell, but they are not able to give you your results over the telephone.

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔  
على هذه المعلومات بلغةٍ أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email [equality@uhl-tr.nhs.uk](mailto:equality@uhl-tr.nhs.uk)