

Procedure Information Sheet - Hysteroscopic Excision of Fibroid/Polyps

Introduction

Hysteroscopy is the inspection of the uterine cavity by endoscopy with access through the cervix. It allows for the diagnosis of intra-uterine pathology and serves as a method for surgical intervention.

Indications

- Abnormal uterine bleeding, distortion of uterine cavity.
- Fibroids/ polyps inside the uterine cavity.
- Removal of retained IUCD.
- Thickened endometrium with suspicion of uterine cancer.
- Excision of intra-uterine adhesion.

Procedure

1. General anaesthesia / regional anaesthesia.
2. Dilatation of cervix.
3. Passage of resectoscope.
4. Glycine / normal saline to distend the uterine cavity.
5. Resection of the pathology under direct vision.
6. All tissue removed will be sent to the department of pathology or disposed of as appropriate unless otherwise specified.

Pre-operative preparation

1. Ideally performed soon after a menstrual period is finished.
2. You will need to sign a consent form and your doctor will explain to you the reason, procedure and possible complications.
3. Blood taking for blood typing and screening.
4. No food or drink for 6 to 8 hours before operation if the operation is performed under general anaesthesia.
5. Pubic hair is shaved if necessary as instructed by your doctor.

Possible risks and complications

- Anaesthetic complications.
- May need blood transfusion if excessive bleeding occurs.
- Pelvic infection.
- Cervical tear.

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- Perforation of uterus with or without damage to adjacent organs and may need to repair.
- Fluid overload.
- Excision may be incomplete and further operation may be required.
- Recurrence.

Post-operative information

1. May have some vaginal spotting in the first 2 weeks after the operation.
2. Period would return according to usual menstrual cycles.
3. Contact your doctor if severe abdominal pain, purulent discharge, heavy vaginal bleeding or fever (body temperature above 38°C or 100°F) occurs.

Remark

The above-mentioned procedural information is not exhaustive, other unforeseen complications may occur in special patient groups or different individual. Please contact your physician for further enquiry.

Reference: http://www21.ha.org.hk/smartpatient/tc/operationstests_procedures.html

I acknowledge that the above information concerning my operation/procedure has been explained to me by Dr. _____. I have also been given the opportunity to ask questions and receive adequate explanations concerning my condition and the doctor's treatment plan.

Name:

Pt No.:

Case No.:

Sex/Age:

Unit Bed No:

Case Reg Date & Time:

Attn Dr:

Patient / Relative Signature: _____

Patient / Relative Name: _____

Relationship (if any): _____

Date: _____