



Procedure Information - Hysteroscopic Excision of Fibroids or Polyps

Visit No.: Dept.:
Name: Sex/Age:
Doc. No.: Adm. Date:
Attn. Dr.:
Patient No.: PN

Page No:

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*Please fill in /
affix patient's label*

Introduction

Inspection and removal of fibroids or polyps by accessing the uterine cavity with endoscopy through the cervix.

Indications

1. Abnormal uterine bleeding
2. Distortion of the uterine cavity
3. Uterine fibroids or polyps
4. Removal of retained IUCD
5. Thickened endometrium with suspicion of uterine cancer
6. Intrauterine adhesion

The Procedure

1. General or regional anaesthesia
2. Dilatation of cervix
3. Passage of resectoscope
4. Glycine or normal saline to distend the uterine cavity
5. Inspection of uterine cavity under direct vision
6. Resection of the pathology, with or without ultrasound guidance
7. All tissue removed will be sent to Pathology Department or disposed of as appropriate unless otherwise specified

Risk and Complication

There are always certain side effects and risks of complications of the procedure. Medical staff will take every preventive measure to reduce their likelihood.

Possible risks and complications (not all possible complications are listed)

1. Anaesthetic complications
2. Bleeding (uncommon, 0.5%), may require blood transfusion
3. Pelvic infection
4. Cervical tear
5. Perforation of uterus with or without injury to adjacent organs, such as bladder, bowels and abdominal blood vessels, may require repair
6. Fluid overload
7. Incomplete excision, may require another operation
8. Recurrence

Pre-operative information

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



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Post-operative information

1. May experience some vaginal spotting in the first 2 weeks after operation
2. Contact your doctor or attend a hospital if you experience severe abdominal pain, purulent discharge, heavy vaginal bleeding, fever (body temperature above 38°C or 100°F), or other unusual symptoms
3. Period would return to usual menstrual cycle in patients of reproductive age

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor.

Reference

Department of Obstetrics & Gynaecology - The University of Hong Kong

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.

Patient / Relative Name

Signature

Relationship (if any)

Date