



## Procedure Information Sheet

### Introduction

A small hysteroscope is inserted into the uterine cavity through vagina and cervix to remove fibroids / polyps in order to restore a normal uterine cavity.

### Indication

- Submucosal uterine fibroids and endometrial polyps
- Abnormal uterine bleeding / Distortion of uterine cavity

### The Operation / Procedure

1. General anaesthesia / regional anaesthesia.
2. Dilatation of cervix.
3. Passage of resectoscope.
4. Glycine / normal saline to distend the uterine cavity.
5. +/- Intramyometrial injection of vasoconstrictive agent e.g. vasopressin.
6. Resection of the pathology under direct vision.
7. All tissue removed will be sent to the Department of Pathology or disposed of as appropriate unless otherwise specified.

### Before the Operation / Procedure

1. A written consent is required.
2. Keep fast 6 hours before operation.
3. Cervical priming with Cytotec.
4. Take off all clothes (including underwear) and things such as denture, jewelry and contact lens, then put on operation gown.
5. Empty urinary bladder before operation.

### After the Operation / Procedure

1. Patient who have undergone general anaesthesia may have fatigue, nausea or vomiting. If the symptoms persisted or aggravated, please inform health care providers.
2. May have some vaginal spotting in the first 2 weeks after the operation.
3. In patients of reproductive age, period would return after effect of preoperative medication wears off.

### Risks and Complications

Women who are obese, who have significant pathology, who have undergone previous surgery or who have pre-existing medical conditions must understand that the quoted risks for serious or frequent complications will be increased.

1. Anaesthetic complications.
2. Side effects from the drug used for cervical priming such as nausea, vomiting, diarrhoea, fever, asthmatic induced and allergy.
3. Bleeding, may need blood transfusion.
4. Pelvic infection.

#### Patient's Label

Patient Name: \_\_\_\_\_  
Hospital No: \_\_\_\_\_  
Episode No: \_\_\_\_\_



5. Cervical tear.
6. Perforation of the uterus( up to 1% )with or without trauma to the surrounding organs including the fallopian tubes, bowel, bladder, ureters, or major blood vessels which might require immediate repair by laparoscopy or laparotomy. Some of the injuries might not be noted at the time of surgery.
7. Failure to gain entry to uterine cavity and cannot complete intended procedure.
8. Excision may be incomplete and further operation may be required.
9. Recurrence.
10. Cardiovascular complications e.g. hypertension, bradycardia related to the administration of vasoconstriction agent.
11. Fluid overload / electrolyte disturbance requiring hospitalization, may result in serious complications e.g. pulmonary edema, hyponatraemia, heart failure, cerebral edema etc.
12. Intrauterine adhesion.
13. Risk of death 3-8 women in every 100,000 undergoing hysteroscopic surgery as a result of complications.

## Alternative Treatment

Hysterectomy.

## Remarks

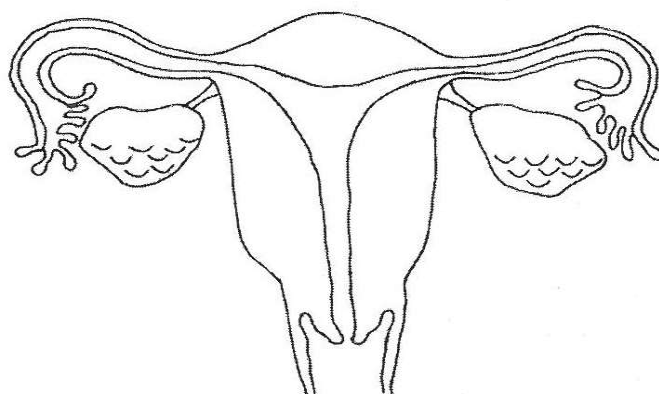
Please ensure proper contraception before the procedure if necessary, or avoid sexual intercourse after the last menstrual period. The procedure may be rescheduled or cancelled if there is chance of pregnancy.

## Disclaimer

This leaflet only provides general information pertaining to this operation / procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.

## Reference

Department of Obstetrics & Gynaecology, United Christian Hospital, Pre-operative Information Sheet: Hysteroscopic Excision of Fibroids / Polyps / Septum (2022)



## Patient's Label

Patient Name: \_\_\_\_\_  
Hospital No: \_\_\_\_\_  
Episode No: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_