

Patient Information

Gynaecology

Removal of an endometrial polyp or sub-mucous fibroid

You have had a trans-vaginal scan and/or a hysteroscopy. This has identified an endometrial polyp or sub-mucous fibroid.

What are polyps and fibroids?

A **polyp** is a small lump of tissue that can grow on the endometrium (lining of the uterus).

A **fibroid** (myoma) is a benign (non-cancerous) growth. Sub-mucous fibroids are found in and affect the endometrium.

For this information leaflet, both will be referred to as 'tissue'.

Why should I have this removed?

If you are suffering with heavy or erratic periods, the polyp or fibroid is likely to be the cause.

If you are asymptomatic (have no symptoms), your clinician will discuss with you whether treatment is necessary.

How effective is the procedure?

The overall effectiveness for reducing heavy bleeding caused by a fibroid or a polyp is greater than 90% and has a recurrence rate of less than 10% after 2 years.



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Having the tissue removed

The procedure can be performed under local or general anaesthesia. This depends on various factors, but mainly your tolerance and the size of the fibroid.

Routinely during your procedure, the specialist will perform a hysteroscopy which allows them to look inside your womb (uterus) with a telescope. This is done by inserting a small tube with a telescope at the end (hysteroscope) through the vagina and into your uterus. Any tissue collected is sent for analysis and you will receive a letter with the results.

The procedure takes between 5 and 25 minutes depending on the size or nature of what needs to be removed.

How will the fibroid or polyp be removed?

- resection of fibroid
- polypectomy
- morcellation

Resection of fibroid - TCRF (Transcervical Resection of Fibroids)

TCRF is a procedure in which the fibroids in the lining of the uterus are removed or shaved to make the lining normal (also called resected) with a wire loop. The operation is performed using a hysteroscope, an instrument like a telescope which allows the surgeon to see the inside of the womb.

Special instruments can then be passed along the hysteroscope so that surgical procedures can be carried out. When the hysteroscope carries a wire loop it is called a resectoscope.

Polypectomy

The polyp may be removed by passing a small wire loop (a snare) along the scope and twisting the entire polyp off; diathermy is used to cauterise the base.

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Morcellation

The morcellation device is passed into the womb and held against the polyp/fibroid which is then cut away. This is performed in a different way to the other procedures and rather than removing the tissue in its entirety at once, the device chews the tissue and collects it.

Some research shows that this method, when used for simple lesions, may reduce the incidence of recurrence. However, it is not the chosen method for complex lesions.

Morcellation does not require an incision (cut). It may also be used to remove scar or other abnormal tissue within the uterus. Your doctor will discuss this with you if necessary.

Risks

There are risks with any operation, but these are small, less than two percent.

Potential complications can include:

- bleeding
- infection
- fluid overload
- perforation of the uterus

Should perforation occur, you may require an operation to put a telescope through your naval under general anaesthesia (laparoscopy) to see if any other organs have been damaged and whether there is any bleeding from the site of perforation, but this is very unlikely.

Will I need future treatment?

This will be discussed with you by your clinician.

Such treatments include:

- using the contraceptive pill or hormones
- Mirena IUS (intrauterine system)

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- endometrial ablation

If any of these are appropriate to you, the staff will give you information.

Further Information

If you have any further queries or concerns, please call Jules McEnroe or Michelle Lewis on **024 7696 7222** Monday to Friday, 8.00am to 5.00pm, or you can leave a message on the answering machine, and we will call you back.

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