

## Patient information

# Myosure® hysteroscopic procedure

This is a procedure performed under local anaesthetic. The aim of the procedure is diagnosis and removal of endometrial polyps or small submucosal fibroids (fibroids that are projecting inside the uterus). Removal of fibroids is sometimes called myomectomy and removal of polyps is called polypectomy. The procedure may help to reduce heavy period bleeding or bleeding in between periods, while keeping the uterus intact.

### Benefits of the procedure

- No need for general anaesthesia
- You are awake and interactive during the procedure
- You can watch the procedure as it is done
- You can eat and drink before the operation
- There is no incision or visible scarring
- Fast recovery, most women can go home within 20 minutes of the operation
- Rapid return to normal activity, within 1 - 2 days of the procedure

### Before the procedure

You should take paracetamol and/or ibuprofen in standard dose (if you are able to) 1 hour before your procedure.

You must ensure that you are not pregnant at the time of the operation. If unclear, a pregnancy test may be done on the day of the procedure. The procedure can be performed at any time of the menstrual cycle, even during a period. If the bleeding is

very heavy, visualisation with the camera may be difficult but we advise you to attend the appointment as often the procedure can still be completed.

## **How the procedure is performed**

This procedure is done in the minor operation theatre setting. Local anaesthetic is given to the cervix (neck of the womb) and around it. The cervix is gently dilated. A small telescope with a camera on the end is passed through the vagina into the uterus. Fluid is passed into the uterus to distend the cavity and obtain clear views. Once the fibroids or polyps are visualised, the Myosure® device is inserted and the unwanted tissue is removed by cutting and suctioning. If a Mirena intrauterine system (IUS) is to be fitted, it will be done at the end of the procedure.

## **Risks and side effects associated with the procedure**

Sometimes patients may experience some of the following:

- Pain or cramping during the procedure
- Feeling sick, dizzy or faint
- Vaginal bleeding or spotting after the procedure
- Infection of uterus, usually requiring antibiotics
- Perforation of uterus (creating small hole in the wall of the womb). Rarely, it can lead to bowel or bladder damage.
- Fluid overload
- Failure to gain entry in to the uterus, or failure to remove the fibroid or polyp after entering the uterus

The overall complication rate is less than 2%.

## **Alternatives**

- To have the procedure done under general anaesthetic
- Do nothing, wait and watch

## What to expect after the procedure

- Some bleeding or spotting can be present, which can last up to two weeks. Please avoid using tampons to reduce the risk of infection. You can take paracetamol and / or ibuprofen in routine dose (if no contraindications) if you have any pain.
- Please avoid swimming and sexual intercourse for up to two weeks or until the bleeding stops. Have showers instead of baths. Your next period is likely to be heavier. You can return to work and resume normal activity when you feel comfortable, usually the next day
- You are advised to contact your GP or emergency department if you develop a fever higher than 37.5°C, worsening lower abdominal pain associated with nausea, vomiting, dizziness, shortness of breath or greenish offensive vaginal discharge.

## Further information

The tissue removed from your uterus is sent for histopathological examination. Results are written directly to you. The doctor will discuss any follow up that might be required.

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<https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust>



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