

# Having polyps, fibroids or samples removed from your womb with hysteroscopy

## Gynaecology

### Information for Patients

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## Introduction

This leaflet is for women having a procedure called **hysteroscopic morcellation** in clinic or in the operating theatre to remove endometrial polyps, directed biopsies of the womb lining or fibroids from inside the womb cavity.

**A polyp** is a growth of tissue from the tissue that lines the womb (endometrium). Most polyps are non-cancerous but about 1 in 6 polyps are precancerous or cancerous.

**A fibroid** is a non-cancerous smooth muscle growth of the womb wall which can sometimes bulge into the inside space inside your womb. This can cause bleeding problems or make abnormal bleeding worse.

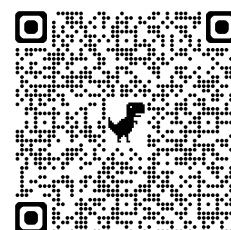
Sometimes precancerous cells may have been found within the **womb lining biopsy**. We may need to take more thorough samples from the whole of the womb lining.

## Why do I need this procedure?

You may be having bleeding problems like bleeding after the menopause or heavy/ irregular/ prolonged periods or bleeding between periods or after sex. You will have already had a hysteroscopy camera test to look inside the womb. This has found a polyp, fibroid or lesion that needs to be removed for further testing and to help treat your bleeding problems.

After the procedure we can fit a [Levonorgestrel IUD](#) (hormone coil) if you wish. This can help with bleeding problems. It can also be used as a contraceptive, as part of HRT or as a treatment for precancerous cells.

To find out more about the hormone coil click the link above or open the camera on your smart phone and hover over this QR code - when you see the prompt click on the link or type this link into your search bar <https://yourhealth.leicestershospitals.nhs.uk/library/women-s-children-s/gynaecology/1552-having-a-mirena-hormone-coil-fitted>



Health information and support is available at [www.nhs.uk](http://www.nhs.uk)  
or call 111 for non-emergency medical advice

Visit [www.leicestershospitals.nhs.uk](http://www.leicestershospitals.nhs.uk) for maps and information about visiting Leicester's Hospitals  
To give feedback about this information sheet, contact [InformationForPatients@uhl-tr.nhs.uk](mailto:InformationForPatients@uhl-tr.nhs.uk)

## Before your procedure

- **You must make sure you are not at risk of pregnancy.** Use condoms or other effective contraception for at least 3 weeks before the procedure (unless you have gone at least 12 months without a period after the menopause). If you have had unprotected sex with a fertile man since your last period we will have to rearrange do your procedure on another day.
- Please rearrange your appointment if you are bleeding heavily or if you think you will have your period around the time of the procedure. Or, you can be given progesterone tablets by your GP to delay or stop the bleeding.

## What happens if you are having the procedure in day case theatre?

- If you are going to have a general anaesthetic or sedation or spinal injection for your procedure in the operating theatre you **must not eat** before you arrive in hospital. **The pre-assessment team will give you instructions. Please follow them carefully.**

## What happens on the day if you are having the procedure in clinic?

- **Eat breakfast/ lunch** before your procedure time or you may become dizzy or faint.
- Please do not take painkillers within 6 hours of your appointment as we will give you strong painkillers before the procedure. These will be given at least 1 hour before the procedure so they have time to work. You will be in the department for up to 3 hours. Bring something to read or do while you are waiting.
- We will explain the procedure. You can ask any questions before signing a consent form.
- You will then undress from the waist down in a changing room and change into a gown.
- You will sit on the procedure couch in a semi-seated position. There will be nurses or healthcare assistants in the procedure room to help look after you. One of the team will keep you comfortable and chat to you.
- We will usually inject **local anaesthetic** in the neck of the womb to numb the area. We will let it work before beginning the procedure. The steps of the procedure will be explained. You can watch on the screen if you wish. You can use **Entonox (gas and air)** if you need it.
- The polyps, fibroids or biopsies will be removed through the camera while we watch on the TV screen. It will usually take 5 to 10 minutes for polyps and biopsies. Fibroids take 20 to 30 minutes. If you are having one, the hormone coil is fitted at the end.
- After the procedure you will be taken back to the changing room. We will check your blood pressure before you return to the waiting room to rest and have a drink. If you feel unwell you can rest on a bed in the ward area. You will usually be able to go home within 30 minutes.

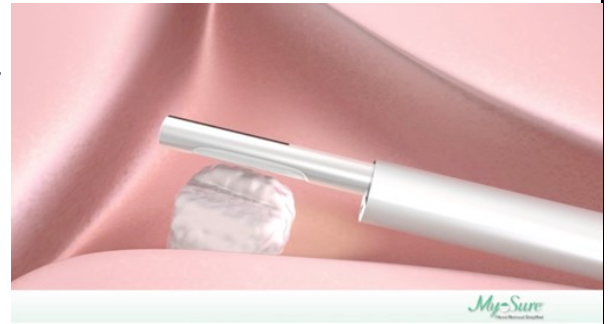
**Please arrange for someone to drive you home as you should not drive yourself.**

## Benefits

The benefits are that we can see through the camera to safely remove the abnormal tissue so there is lower risk of accidental damage. This should stop the abnormal bleeding. It also lets the tissue be checked thoroughly under a microscope to look for abnormalities such as precancerous and cancerous changes.

The procedure is safer if done in clinic than having it done under a general anaesthetic.

We have excellent experience of carrying out over 6000 procedures under local anaesthetic in Leicester's hospitals. The average pain score in patients having this procedure in our clinic is less than 4 out of 10. 97 out of 100 of patients recommend this procedure under local anaesthetic. Most patients find it less painful than the biopsy you may have already had.



The device cuts up the tissue with a covered mechanical blade like in the picture above. It removes it down a narrow tube where it is collected in a basket. It is safe as the tissue is removed whilst watching all the time with the camera. The blade is within the tube so accidental damage with it is very unlikely. You can watch a video animation here by scanning this QR code:



## Risks of the procedure

- **Bleeding:** Blood loss like a period is to be expected for a few days after the procedure. Sometimes the bleeding can last up to 2 weeks. If you are worried there may be an infection (see below) or need advice, please contact the Gynaecology Assessment Unit on the number on page 4.
- **Infection:** Infection after the procedure is seen in 2 to 5 out of 100 women. If you become unwell with tummy pain that is getting worse, you have a fever or notice a smelly discharge, then please contact the Gynaecology Assessment Unit on the number on page 4.
- **Pain:** Most women will have some mild cramping pain after the procedure. You may need a mild painkiller for 1 or 2 days after the procedure. You will be given painkillers before your procedure but you will feel some period type cramps during the procedure. **Entonox gas and air** is available at any time and if the pain is not manageable, the procedure can be stopped at any time.
- **Hysteroscope accidentally piercing the wall of the womb (uterine perforation):** Sometimes it can be difficult to stretch the cervix to allow the camera to be inserted. This can lead to a puncture through the womb wall or a false passage can be made into the muscle wall of the womb. This is a rare problem (1 in 500) but may mean the procedure has to be stopped and a course of antibiotics to be prescribed. Very rarely this could lead to damage of the bowel, bladder, blood vessels or the vagina or cervix. We may need to keep you in hospital or do another operation under general anaesthetic to correct the damage.
- **Fluid overload:** purified salty water (saline) is used to open up the inside of your womb. There is a very low risk of too much fluid going into your body too quickly. This could put a

strain on the heart and lungs. This is checked closely with a machine during the procedure. If the fluid reaches the top of the safe level we will need to stop the procedure for your own safety. If there is any concern about your wellbeing, we will keep you in hospital overnight. You would also need a blood test to check there are no bad effects. The risk of this is very low (especially with polyps). You usually recover quickly if it does happen.

- **Unable to finish the procedure:** in 5 out of 100 procedures we have to stop the procedure or are not able to finish it in 1 appointment. For example, if there are technical issues with the equipment, we reach the safe fluid level or if a fibroid is too big to remove in one go.

## When will I get the results?

Your original consultant will contact you with the results of the analysis of the tissues removed either by post or in person. You should get the results within 4 weeks of your appointment. **If you have not had any results after 4 weeks please contact your original consultant's secretary, not the consultant that did your procedure.**

You will not usually have a follow-up appointment arranged unless there are other reasons that we need to see you again.

## Who can I contact if I feel unwell after my procedure?

Please see your own GP, call the NHS helpline on 111 or go to the Urgent Care Centre.

You can also contact the **Gynaecology Assessment Unit on 0116 258 6259**; 24 hours a day for advice if you are unwell, but they are not able to give you your results over the telephone.

## What to do if you cannot attend your appointment

It is very important that you attend your appointment. If you cannot attend **please let us know** so that your appointment time can be used by someone else and we can arrange another appointment for you.

**Leicester General Hospital (LGH), please call 0116 258 4821**

Please allow plenty of time for parking. If you are more than 20 minutes late for your appointment, you may need to rebook your appointment.

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔  
على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل  
જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।  
Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email [equality@uhl-tr.nhs.uk](mailto:equality@uhl-tr.nhs.uk)