

MyoSure Hysteroscopic Procedure

Information and advice for patients

Gynaecology

What is the operation/treatment/investigation?

This is a procedure performed with a small telescope (hysteroscope) passed through your neck of the womb (cervix) to the inside of your womb (uterus). The aim of the procedure is removal of small womb cavity (submucous) fibroids or womb cavity polyps.

Fibroids are tissue growths in the muscle walls of the womb. Polyps are small protrusions of tissue that grow on the womb lining (endometrium). They may appear as finger-like projections or little mushrooms. As they grow, they become fragile and bleed, and as such, they are a common cause of abnormal uterine bleeding.

Removal of fibroids is called myomectomy and removal of polyps is called polypectomy.

What are the benefits?

This procedure aims to reduce heavy period bleeding, bleeding in between periods or postmenopausal bleeding, whilst keeping the womb intact.

What are the risks?

This risk of developing a complication is low, less than 1%. Unlike the removal of fibroids through the abdomen, a hysteroscopic myomectomy requires no cuts or incisions in the skin and the recovery period is quick.

Potential complications can include:

1. Bleeding
2. Infection
3. Perforation of the uterus (making a hole in the womb).

Should perforation occur, you may require an operation to put a telescope through your belly button 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.

What are the risks of not having the operation/treatment/investigation?

- Your abnormal bleeding may continue
- There is a small chance that the Fibroid or Polyp will contain an early pre-cancer or cancer that may not be diagnosed if the Fibroid or Polyp is not removed
- You may be referred back to the hospital for investigation of your abnormal or unscheduled bleeding

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Are there any alternatives to this operation/treatment/investigation?

- Myosure is the only technique of its kind used within this department.
- An alternative procedure is a Transcervical Resection of a Fibroid or Polyp (TCRF/TCRP) but this involves having a General Anaesthetic. Please discuss with your gynaecologist if this is something you would be interested in.

How is the Myosure polypectomy/myomectomy performed?

The MyoSure procedure is an outpatient procedure; you can return home the same day.

Step 1: Your gynaecologist opens your cervix slightly, then passes a telescope through your vagina, your cervix and into your womb. This allows him/her to see inside.

Step 2: Your gynaecologist passes the MyoSure device through the telescope into your womb. The side of the MyoSure gently cuts the fibroid or polyp into tiny pieces and suction is used to remove the tissue, through a small open window and out of your body.

Step 3: Once the fibroid/polyp has been taken away, the MyoSure device is removed from the uterus. Nothing is left in your body after the procedure.

During the operation/treatment/investigation

During the procedure a local anaesthetic is administered into the cervix (neck of the womb) if required.

Gas and Air is available within the clinical room if you wish to use it

What does it feel like?

You may experience mild abdominal cramps during the procedure.

How long does the procedure last?

The procedure can last between 2 and 10 minutes.

After the procedure

- Following your procedure you may require pain killers (such as paracetamol or ibuprofen) for a few days that you can purchase over the counter.
- Because the operation is performed as an outpatient at Sandwell, you will be able to go home after you have adequately recovered.

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Going home

You may experience post-treatment cramping/pelvic pain, which can be mild to moderate, usually lasting a few hours and rarely continuing beyond the day after the procedure.

Vaginal discharge and vaginal bleeding or spotting may occur after the procedure, and usually last a few days. Avoid using tampons until the bleeding has stopped.

In most cases, women return to normal activities the next day. Avoid sexual intercourse for two weeks.

If you encounter any problem after going home, please consult your general practitioner or attend the Emergency Department at City Hospital (not Sandwell).

Follow-up

The tissue (Fibroid or Polyp) that has been removed from the uterus (womb) will be sent to the Histopathology labs for testing (normal hospital protocol).

A letter confirming your results will be sent to you in around 2 – 4 weeks.

Occasionally you will be asked to return to the hospital for a further consultation with your consultant.

Symptoms to report

If you experience any of the below symptoms following your procedure please attend the A and E department, at City Road Hospital, Birmingham.

- Abdominal pain that is increasing in severity
- Excessive vaginal bleeding where you are soaking a sanitary pad every 1 – 2 hours
- High temperature or fever and chills
- Inability to pass urine or a reduction in the amount of urine passed
- Feeling generally very unwell

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Contact details

Please contact the Out Patient department you attended if you have any further questions

Gynaecology 6A, Sandwell hospital Tel: 0121 507 3249

BTC1, City Hospital Tel: 0121 507 4246

What days and times can they call?

Monday – Friday, 9.00am – 4.00pm

Further information

National Health Service (NHS) (2020) Available at:

<https://www.nhs.uk/> (Accessed: 28 February 2020).

Sources used for the information in this leaflet

- Arnold, A. (2015) 'Prospective Study on the Use of the MyoSure® for Hysteroscopic Resection of Endometrial Pathology', *Journal of Minimally Invasive Gynecology*, 22(6), pp. S45-S46.
- Lukes, A. (2013). 'Efficacy of the MyoSure Procedure for Removal of Polyps and Myomas: Impact on Health-Related Quality of Life at One Year', *Journal of Minimally Invasive Gynecology*, 20(6), pp. S77-S77.
- Hologic (2018) *Myosure*. Available at: <http://www.myosure.com/patients> (Accessed: 28 February 2020).

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