Patient information

East and North Hertfordshire Teaching NHS Trust

MyoSure hysteroscopic polypectomy

The purpose of this leaflet is to explain about the MyoSure® hysteroscopic polypectomy, which is a procedure to remove small lumps, such as fibroids and polyps, from the inside of the uterus.

Why are polyps or fibroids removed?

Polyps (small grape-like growths) can be associated with:

- heavy vaginal bleeding.
- bleeding in-between menstrual periods.
- postmenopausal bleeding.
- pre-cancer or cancer changes within the polyp.

Fibroids can also result in heavy menstrual loss.

How is the MyoSure procedure carried out?

The MyoSure hysteroscopic polypectomy procedure is performed under local anaesthetic and usually takes about 15-20 minutes.

- The procedure is carried out using a hysteroscope (a narrow telescope) with a light and camera at the end.
- The hysteroscope is passed into the womb through the vagina and cervix (entrance to the uterus), which means no cuts need to be made in your skin. Images are sent to a monitor so your doctor can see inside your womb.
- A slender tube is then passed into the uterus which is used to gently cut away the polyp or fibroid; the tissue is then removed. The hysteroscope and tube are then removed from the vagina.
- The procedure takes place in the outpatient hysteroscopy clinic; you can return home the same day.

What are the risks of having the procedure?

As with all surgical procedures, there are risks associated with the MyoSure procedure. The risks and side effects that you need to be aware of are:

- Some discomfort/pain during and after the procedure.
- Vaginal bleeding.
- Feeling sick, dizzy or faint.
- Trauma/perforation to the cervix or uterus. Very rarely, an injury to the surrounding pelvic structures like bladder or bowel requiring further surgery. However, as this procedure is viewed on a television monitor while it is performed and the specialist can see what's happening, this risk is very small.

- Infection of the uterus, which can cause smelly vaginal discharge, pain, fever and heavy bleeding; it can usually be treated with a course of antibiotic treatment.
- Failure to gain entry into the cavity of the uterus to remove the polyp, or failure to remove the polyp after entering the uterine cavity. If this happens the procedure at the outpatient clinic will be stopped and future plans will then be arranged.

What are the benefits?

- The MyoSure procedure is mostly performed under local anaesthetic in the outpatient setting.
- You can eat and drink as usual before the procedure.
- There are no cuts to your skin or visible scarring.
- You are able to watch the procedure on a screen while it's being performed.
- The procedure is quick and recovery is fast, with most women able to go home after the procedure.

Is there an alternative way to remove a polyp or fibroid?

The alternative to the MyoSure procedure is a hysteroscopic resection, also known as transcervical resection. This involves the removal of the polyp or fibroid under direct vision with a special camera and diathermy device. It is performed under a general anaesthetic and takes around 45 minutes.

What else can I expect during the procedure?

We will ask you to undress privately, below the waist, and then lie on an examination couch. A nurse or health worker will help to make you as comfortable as possible and she will remain with you throughout the procedure.

You are likely to feel wet during the procedure as fluid is used to flush the cavity of the womb. You are very likely to experience cramps similar to period-like pain whilst the procedure is being performed. **To help ease the discomfort, you are advised to take 2 x 500mg of paracetamol and 400mg of Ibuprofen about 1 hour before your appointment time.** Please bring a sanitary towel with you to use afterwards.

Although the actual procedure takes about 15-20 minutes, you will need to allow more time for before and immediately after the appointment.

What if I am due for a period or have one as I am to attend my appointment?

There is no need to cancel the appointment if you have a period, you should still attend, or contact us directly for advice.

What next?

You can go home after the procedure as soon as you feel ready, although you may want to rest at home for the remainder of the day.

You are very likely to experience some discomfort and may need to take mild painkillers, such as paracetamol, to help alleviate this.

You are also very likely to have some mild vaginal bleeding for the next couple of days; occasionally this can go on for a bit longer but should stop within 7 days. To reduce the risk of infection it is advisable to use sanitary towels at this time and not to use tampons until your next normal period.

You should be able to resume your normal activities and/or work the following day. However, refrain from swimming and sex until the bleeding stops.

Important - please note:

- If you are of childbearing age, you **must** use contraception at least from the start of your last period.
- You **cannot** have this procedure if you are, or think you may be pregnant, or if you were pregnant in the last six weeks prior to the procedure.
- Take 2 x 500mg of paracetamol and 400mg of Ibuprofen an hour before your appointment time.
- Tell us of any symptoms that may suggest an infection, i.e. smelly discharge, continuing pain, feeling unwell/feverish.
- You may wish to have someone with you to take you home after the procedure but should be able to return to normal activities and/or work the following day.

Any further questions?

If you have any questions or concerns regarding your condition or treatment, please contact the hysteroscopy co-ordinator or your GP.

Useful contact details

East and North Hertfordshire Teaching NHS Trust:

- Website www.enherts-tr.nhs.uk
- Telephone 01438 314333

Hysteroscopy Co-ordinator, Lister Hospital:

- Telephone 01438 286062

Bancroft Clinic Reception, Pink Zone, Lister Hospital:

- Telephone 01438 284650

Leaflet information

You can request this information in a different format or another language; please speak to your doctor or nurse.

Date of publication: December 2017
Version number: 2
Author: G Ahsan, L Brady
Reference: Gynaecology
Review Date: December 2028

© East and North Hertfordshire Teaching NHS Trust
www.enherts-tr.nhs.uk