



Having a trans-cervical resection of a fibroid

This leaflet is for women having a trans-cervical resection of a fibroid (TCRF), either as a treatment for heavy periods or for subfertility. The procedure is performed under a general anaesthetic as a day surgery procedure.

If there is anything you do not understand or if you have any other questions, please ask the clinic nurse or call us on the numbers at the end of this leaflet.

What is a TCRF?

A TCRF is an effective surgical method to remove sub-mucous fibroids (those which are inside the uterus or impacting the womb lining). Fibroids can grow inside the womb lining, within the womb muscle or on the outside of the womb. Depending on location and number of the fibroids a TCRF, MyoSure® (see MyoSure® leaflet) or myomectomy surgery (see Myomectomy leaflet) may be appropriate. Details of the surgery can be discussed in the clinic appointment.

How well does a TCRF work?

The surgeon will try to ensure that the procedure completely removes the fibroid but occasionally when the fibroid is very large a second procedure at a later stage is required.

How is the operation performed?

TCRF is performed under a general anaesthetic (i.e. you will be asleep). It is usually done as a day case (you will be going home the same day).

A narrow telescope (hysteroscope) is inserted through the vagina and cervix into the uterus. A camera attached to the hysteroscope allows the uterine cavity to be shown on a TV monitor during surgery. Your uterus is filled with a sterile, harmless liquid to give a better view. The fibroid is then removed under direct vision with a heat-generating instrument inserted through the hysteroscope.

What are the risks of TCRF?

No surgery is completely without risk. The risks with TCRF however are small and include:

- **Puncture of the uterus:** The hysteroscope can puncture the uterus. This is a rare complication (up to 2 in every 100 operations) but if it does, the operation will have to be abandoned and postponed until the uterus/womb has healed. On very, very rare occasions the perforation may damage the bowel. This would require additional surgery, a laparoscopy, to correct the problem.
- **Bleeding:** Up to 2 in every 100 procedures may have heavy bleeding during the operation. This almost always settles. In the very rare cases where bleeding cannot be stopped it would require an emergency hysterectomy.
- **Fluid overload:** If your body absorbs too much of the liquid used to fill up your uterus during

the operation, the procedure will be discontinued. This occurs in about 2 in every 100 cases.

- **Infection:** The procedure can cause infection in the uterus (1 in every 100 operations). Antibiotics will be given during the operation to try and prevent this.
- **Adhesions:** There is a small chance scar tissue can form within the womb lining following surgery. If this does occur further hysteroscopic surgery may be required.

What can I expect after the operation?

- **Cramping:** You may experience some cramping for a day or two, for which you may require some simple painkillers, such as paracetamol. Follow the dosage instructions.
- **Bleeding:** There is usually a blood-stained discharge lasting up to three weeks. Until it has stopped, avoid sexual intercourse and the use of tampons.
- **Infection:** If you develop an unpleasant, smelly discharge or the bleeding becomes heavier, this might indicate an infection. If this happens you will need some antibiotics from your GP.
- **Work:** You should be able to go back to work after a few days. If required, a sick certificate for one week can be provided for your employer. You will need to ask the nurses for this when you arrive on the ward so that the certificate can be prepared in time for your discharge later in the day.
- **Sex:** You can resume sex when you feel ready and comfortable. We would advise that you wait until any bleeding or discharge has completely stopped.

Follow up appointment

Please keep any appointments made for you. These will either be given to you when leaving the ward or sent in the post. If you have any concerns or questions regarding your operation, you can contact the Fertility Clinic on **0118 322 7286**.

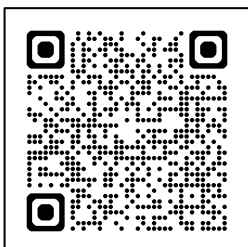
Where can I get more information?

NHS Website www.nhs.uk/Conditions/Periods-heavy/Pages/Treatment.aspx

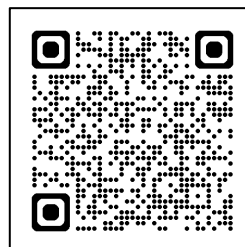
The clinic doctors produce a number of information sheets especially for this clinic and update them frequently. You can find some of these sheets on the Trust website here <https://www.royalberkshire.nhs.uk/leaflets?&s=4780>.



MyoSure®



Myomectomy



To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

Fertility Clinic, December 2018

Reviewed: January 2025. Next review due: January 2027.