

Hysteroscopic Endometrial Resection

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This fact sheet is for general information about this procedure only. It is not intended to be used as medical advice or to replace advice that your relevant healthcare professional would give you. If you have a particular medical problem, please consult a healthcare professional.

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What is an endometrial resection?

An endometrial resection is an operation to remove the lining (endometrium) of your uterus (womb).

What are the benefits of surgery?

The most common reason for having an endometrial resection is to relieve the symptoms of heavy periods (abnormal uterine bleeding).

About a third of women who have the operation will not have periods anymore.

Are there any alternatives to surgery?

Heavy periods can be treated using a variety of non-hormonal and hormonal oral (by mouth) medications.

Other alternatives include an IUS (intra-uterine system - an implant containing a synthetic form of the hormone progesterone that fits in your womb) but these are usually tried before surgery is recommended.

What does the operation involve?

The operation is usually performed under a general anaesthetic but various anaesthetic techniques are possible.

The operation usually takes about 30 minutes.

Your gynaecologist will examine your vagina. They will pass a small telescope (operating hysteroscope or resectoscope) through your vagina, across your cervix (neck of your womb) into your womb.

Your gynaecologist will pass fluid through the telescope to distend (swell) your womb. They will use a diathermy resecting loop (a loop of wire heated by electricity) to remove the lining of your womb and any polyps or small fibroids they find.

How can I prepare myself for the operation?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

Speak to the healthcare team about any vaccinations you might need to reduce your risk of serious illness while you recover. When you come into hospital, practise hand washing and wear a face covering when asked.

What complications can happen?

Some complications can be serious and can even cause death.

General complications of any operation

- Feeling or being sick
- Bleeding or discharge
- Infection
- Allergic reaction to the equipment, materials or medication
- Blood clot in your leg
- Blood clot in your lung
- Chest infection

Specific early complications

- A small hole in your womb made by one of the instruments, with possible damage to a nearby structure
- Bleeding during the operation
- Fluid overload
- Failed procedure

Specific late complications

- Haematometra, where blood and other menstrual fluid collect in pockets in your womb
- Blood and fluid collecting in your fallopian tubes
- Continued bleeding or pain
- Pregnancy problems

Consequences of this procedure

- Pain

How soon will I recover?

You should be able to go home the same day.

You should be able to return to normal activities after 2 to 4 days. Most women are fit for work after about a week.

You should expect to have some bleeding or discharge for up to 4 weeks.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

The operation is not recommended for women who still want children.

Even if your periods stop, there is still a risk of becoming pregnant.

Summary

An endometrial resection is a common gynaecological operation. It helps relieve the symptoms of heavy periods. You should get less bleeding and pain.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements

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Illustrator

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