



Removal of polyps and fibroids

Hysteroscopy

Fibroids – fibroma

Fibroids, sometimes called fibroma, are knots of connective tissue which form in the muscular tissue of the uterine wall. Fibroids are made of connective and muscle tissue cells. The vast majority are benign.

They are often found within the uterine musculature or on its surface. Fibroids can, however, also occur as pedunculated fibroids inside the uterine cavity. In some cases, the fibroid may extend into the cervix. In rare cases, there may be fibroids on the ovaries.

Fibroids occur most frequently in women aged 35-45 and grow as the woman goes through the menopause. They then shrink, unless you have hormone therapy. The size of the fibroids and speed of growth varies a great deal. They may be the size of a pea and can grow to 10 cm or more in diameter. Several fibroids are often found in the same patient, located at different places on the uterus.

What causes fibroids?

We do not know what causes the uterine musculature suddenly to grow, but we do know that there is a greater risk of developing fibroids if other members of your family have them.

What are the symptoms of fibroids?

The vast majority of fibroids do not cause symptoms and are discovered in connection with a routine examination. Large fibroids can, however, cause a number of symptoms, depending on their location:

- Heavy or irregular, often painful, menstrual periods.
- Heavy feeling in lower abdomen.
- Pain or discomfort during sex.
- Urination difficult if the fibroid presses on the bladder.
- Pain in the lower abdomen.

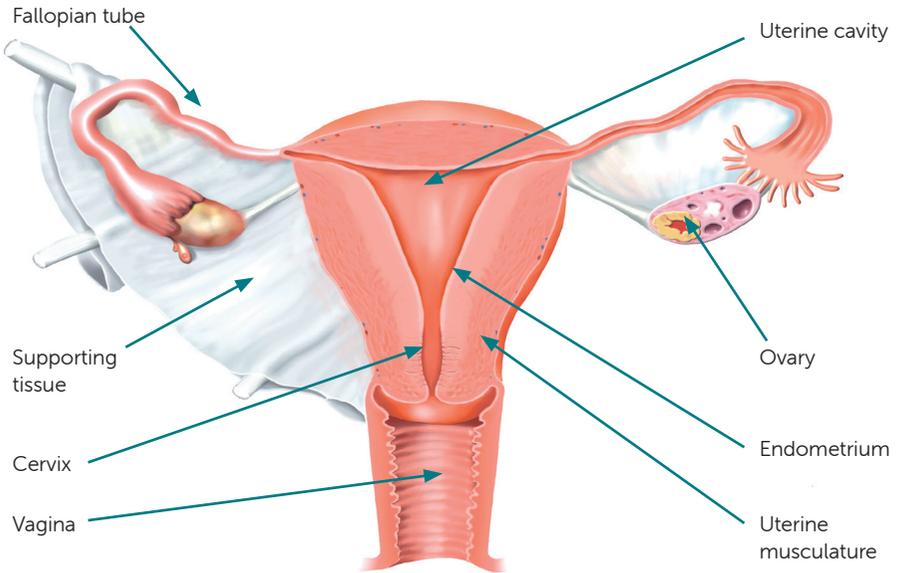
Fibroid complications

A pedunculated fibroid may sometimes become twisted, so that blood circulation is cut off. This may give sudden sharp bouts of pain in the lower abdomen and lead to fibroid tissue degeneration. This condition usually requires acute surgery to remove the fibroid.

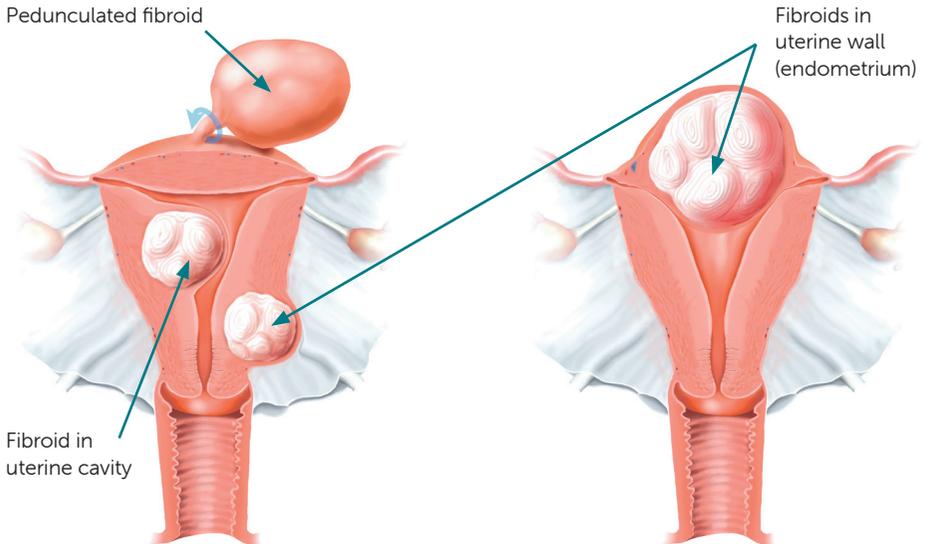
Examination for fibroids

If you have any of the above-mentioned symptoms, you should be examined by a specialist gynaecologist. The specialist will perform a gynaecological examination and an ultrasound scan of your vagina. You may need curettage or laparoscopy of the uterine cavity under local anaesthetic, including taking a sample

Anatomy of the uterus



Different types of fibroids



of tissue from the uterine cavity to see if there is dysplasia.

How are fibroids treated?

Hormone treatment

For some women, hormone treatment which reduces the levels of female oestrogen hormone may cause the fibroids to shrink.

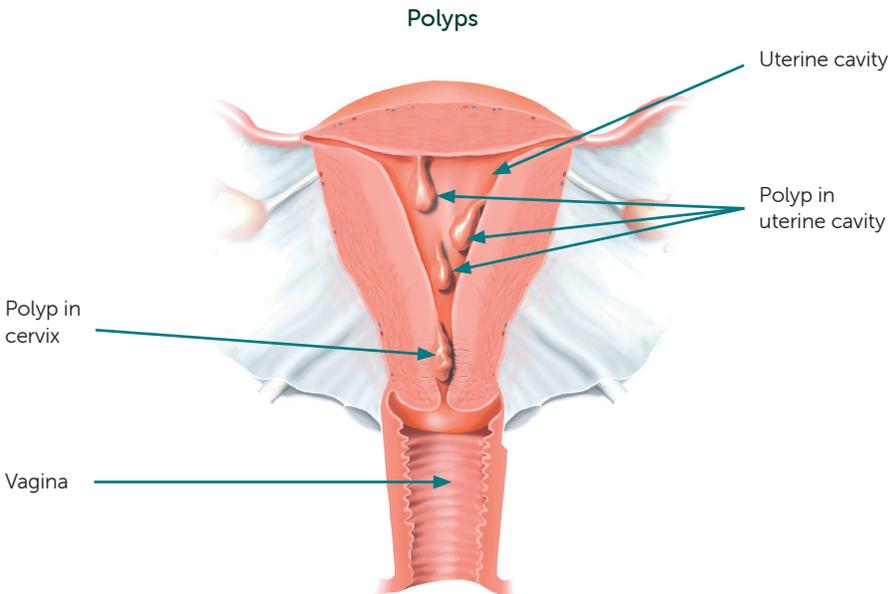
However, this is a temporary solution as the fibroids grow again when the treatment is discontinued.

Vaginal keyhole surgery (hysteroscopy)

Small fibroids inside the uterine cavity can usually be removed by means of keyhole surgery through the vagina. (hysteroscopy). The procedure is performed under either local or general anaesthetic. It may be necessary to remove fibroids in successive procedures.

Polyps

Polyps are grape-like growths which develop in the wall of the cervix or lining of the uterus (endometrium). These are sometimes called endometrial polyps.



Polyps can be up to 2 cm in diameter. Sometimes there is only one but polyps are often found in groups. Endometrial polyps are very common. Fortunately, they are most often benign.

What are the symptoms of polyps?

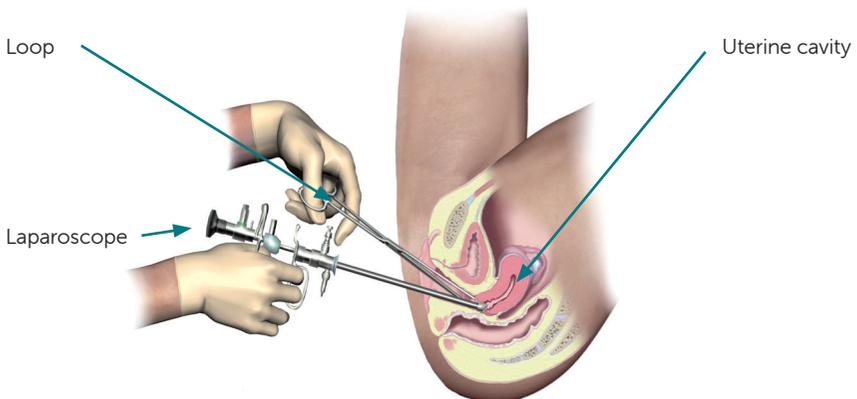
Polyps in the cervix and uterine cavity cause symptoms in the shape of heavy, watery discharge and bleeding between periods or in connection with sexual intercourse. Even though endometrial polyps are usually harmless, you should have a gynaecological examination if you have any of the

above-mentioned symptoms, because they can also be signs of dysplasia in the cervix or uterine cavity.

What is the treatment for polyps?

Cervical polyps can be removed in a fast and simple procedure called hysteroscopy. The procedure requires only local anaesthetic of the cervix. The polyps are removed and sent off to the laboratory for microscopic examination, the purpose of which is to determine whether there is any tissue dysplasia. Polyps of this kind do not generally regenerate and there will usually be no further problems.

Keyhole examination



If the polyps are larger polyps in the uterine cavity, they may be removed via hysteroscopy under either general or local anaesthetic.

Hysteroscopy

A hysteroscopy is a laparoscopy of the uterine cavity. During this examination, the specialist can see disorders and dysplasia in the uterine cavity, such as fibroids, polyps, thickening of the endometrium and some benign or malignant tumours.

The laparoscopy is performed using a small laparoscope (a hysteroscope) which is inserted via the vagina and cervix. A hysteroscope is also used in connection with curettage and to remove fibroids, polyps or endometrial mucous membrane.

Preliminary examination

Before surgery, you will be invited to attend a preliminary examination by our specialist gynaecologist. You can talk to him about your symptoms and wishes. The specialist will perform a gynaecological examination and an ultrasound scan of your vagina.

If these examinations reveal abnormalities, you will be informed of operative and post-operative procedures, and potential side-effects and complications associated with surgery.

You will be given an appointment for surgery to fit in with your plans.

Prognosis

During surgery, the fibroids and/or polyps will be removed and their removal will probably resolve the problems. If the uterus is not removed, there is always a risk that fibroids will reappear.

The tissue removed during the operation will be sent for testing. You should expect the tissue test results to arrive 1-2 weeks after surgery.

Preparation

Before surgery, we recommend that you read this brochure carefully, along with the folder, "A general guide for surgical patients".

Fasting

The surgery is performed under local or general anaesthetic. If you have agreed to surgery under general anaesthetic, you must fast before the surgery.

Discontinuing medication

See about this in the booklet "General guidance regarding your surgery" or "Regular medication in connection with surgery."

Bathing

On the day of your operation, you must shower at home.

Bowel cleansing

The rectum must be emptied before surgery. Purchase Microlax at your local pharmacy. Take this little tube of laxative in the morning (not later than one hour before leaving home). Follow the instructions on the pack.

Same-day surgery (out-patients)

The surgery is performed as same-day surgery. You can expect to be discharged shortly after the surgery if it was performed under local anaesthetic and some hours later if you were under a general anaesthetic.

Surgery

The operation takes 15-30 minutes.

If you have agreed to surgery under general anaesthetic, an IV drip will be inserted into the back of your hand and the anaesthetic will be administered through it.

You will lie on your back with your legs in stirrups (as in a gynaecological examination).

The surgery is performed using a small laparoscope (a hysteroscope) which is inserted via the vagina and cervix.

To get a good picture through the laparoscope, the uterine cavity is expanded using saline solution. A small electrical instrument, called a loop, is used to remove the observed dysplasia. The tissue removed is sent to the laboratory for microscopic examination.

A bandage/pad is inserted into your underwear after the procedure.

After surgery

After surgery the specialist and nurse will talk to you about what happens next and any precautions you need to observe after the operation.

Activity

You should take it easy for the rest of the day.

After discharge

Pain

The patient will normally feel pain similar to contractions or period pains after the surgery. These will usually fade after an hour or two.

If necessary, you may take non-prescription painkillers.

Bleeding

You may have bleeding (like a menstrual period) for a couple of days. The bleeding will gradually fade to nothing after about a week. However, you may

bleed 8-14 days after surgery, when the internal scabs are discharged. There will then be more discharge and spotting for several weeks.

We recommend that you use pads rather than tampons to reduce the risk of contracting pelvic inflammatory disease.

Bathing

You may take showers. Swimming pool and bathtub: Wait until the bleeding has stopped.

Hormone treatment

If you are taking hormone therapy or take contraceptive pills, you should continue to take the medication, unless advised otherwise.

Sex

Avoid sexual intercourse until the bleeding has stopped – and for at least 2-3 weeks.

Activity/daily activities

You can resume your usual activities on the day after the operation. You can engage in sports activities after 4-7 days.

Work and absence due to sickness

You can return to work from 1-7 days after surgery.

Out-patient care and test results

No further out-patient care is normally required after surgery.

Before you are discharged, you agree with the specialist how you wish to receive the tissue test results (by letter or phone). You should allow 1-2 weeks for the test results to arrive.

Potential side-effects and complications

There is always a risk that complications may occur. The anaesthetic itself represents a very small risk.

Heavy bleeding and pain

If you experience pain or bleeding that is heavier than you normally expect during a menstrual period, or if you are running a temperature, contact Aleris.

A hole in the uterine wall

In rare cases, a hole may form in the uterine wall. If this hole is small, it is often insignificant. In very rare cases, it may be necessary to perform keyhole surgery through the navel to ensure that there is no damage to the intestines. In very rare cases, it may be necessary to remove the uterus.

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