

PREOPERATIVE INFORMATION SHEET FOR

HYSTEROSCOPIC EXCISION OF FIBROIDS/POLYPI/SEPTUM

Clinical diagnosis: fibroid / endometrial polyp / uterine septum / _____

Indication for surgery:

Abnormal uterine bleeding / distortion of uterine cavity / miscarriage / _____

Nature of the procedure:

- may need preoperative endometrial preparation with GnRH analogue injection
- cervical preparation using misoprostol
- general anaesthesia/regional anaesthesia
- dilatation of cervix
- passage of resectoscope
- glycine to distend the uterine cavity
- resection of the pathology under direct vision, with or without ultrasound guidance
- an intrauterine device may be inserted or alternatively, auto-cross-lined hyaluronic acid (as self-financed item) instilled into the cavity of the uterus to prevent adhesion
- all tissue removed will be sent to the Department of Pathology or disposed of as appropriate unless otherwise specified
- photographic and/or video images may be recorded during the operation for education/research purpose. Please inform our staff if you have any objection.

Benefits of the procedure:

- improvement of symptom
- restoration of normal uterine cavity
- have a definitive diagnosis

Other consequences after the procedure:

- may have some vaginal spotting in the first 2 weeks after the operation
- in patients of reproductive age, period would return after effect of preoperative GnRH analogue wears off

Risks and complications may include, but are not limited to the following:

- Women who are obese, who have significant pathology, who have undergone previous surgery or who have pre-existing medical conditions must understand that the quoted risks for serious or frequent complications will be increased.
- Anaesthetic complications
- Serious
 - damage of the uterus including the cervix (uncommon)
 - failure to gain entry into uterine cavity and complete intended procedure (uncommon)
 - damage of bladder/bowel/major blood vessels (rare)
 - incomplete excision requiring another procedure (uncommon)
 - fluid overload/electrolytes disturbance (uncommon)
 - 3 to 8 women in every 100 000 undergoing hysteroscopy die as a result of complications (very rare)
 - pelvic infection
 - intrauterine adhesion
 - recurrence
- Frequent
 - bleeding (up to 5 in every 1000, uncommon), may need blood transfusion

Risks of not having the procedure:

- progression and deterioration of disease condition

- exact diagnosis cannot be ascertained

Possible alternatives

- hysterectomy
- others _____

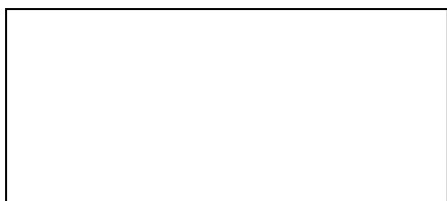
Other associated procedures (which may become necessary during the operation):

- dilatation of cervix
- blood transfusion
- laparoscopy or laparotomy in the event of perforation of uterus and significant injury suspected

Special follow-up issue: further operation may be required in case of incomplete excision

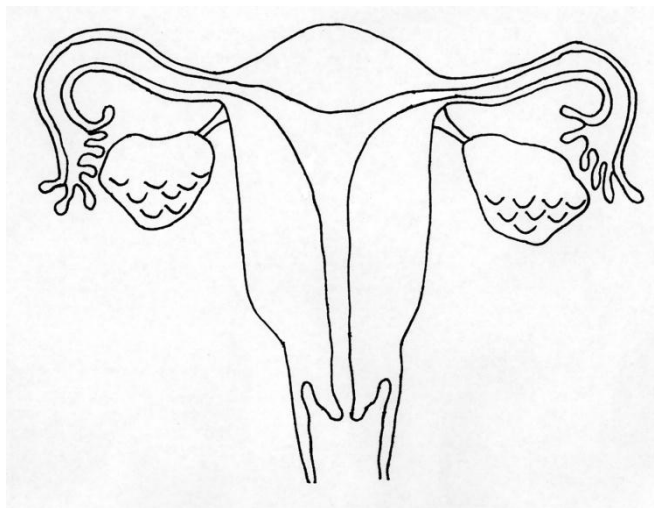
Statement of patient: procedure(s) which should not be carried out without further discussion:


I acknowledge that the above information concerning my operation/procedure have been explained to me and discussed with me by the medical staff and I fully understand them. I have been given the opportunities to ask questions pertinent to my condition and management and satisfactory answers have been provided by medical staff.



Signature _____

Date _____



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