Department of Obstetrics & Gynaecology - The University of Hong Kong

PREOPERATIVE INFORMATION SHEET FOR HYSTEROSCOPIC ENDOMETRIAL ABLATION / RESECTION

Clinical diagnosis: Dysfunctional uterine bleeding / _____

Indication for surgery: Menorrhagia / _____

Nature of the procedure:

- may need preoperative endometrial preparation with GnRH injection
- cervical preparation using misoprostol
- general anaesthesia / regional anaesthesia
- dilatation of cervix
- passage of resectoscope with roller-ball electrode / cutting loop into the uterine cavity
- uterine cavity distended with glycine
- lining of the uterine cavity eliminated by roller-ball (endometrial ablation), or shaved off with an cutting loop(endometrial resection) under hysteroscopic control
- surgery takes 20 to 40 minutes to complete
- 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 (satisfactory control of abnormal uterine bleeding in majority of women: 40-45 in every 100 have lighter periods, 40-45 in every 100 stop menstruation completely, while 5-10 in every 100 will have persistent or recurrent abnormal periods)
- detailed examination of the uterine cavity
- no incision in the abdomen or vagina
- uterus and all other pelvic organs preserved (regular cervical smears still required)
- short recovery period and short hospital stay (around 24 hours)

Other consequences after the procedure:

- may have some vaginal spotting in the first 2-4 weeks after the operation
- endometrial ablation / resection is not a form of contraception. Needs to practice contraception after the procedure
- pregnancy after the procedure can be risky. Endometrial ablation / resection recommended only for women who have completed family and are definitely sure they no longer wish to have more children
- pain during periods may develop after the procedure, occasionally required hysterectomy
- 5-10 in every 100 women may have persistently or recurrent abnormal periods requiring other alternative of treatment including hysterectomy

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

  cervical tear (1 to 2 in 100, common)
  failure to gain entry into uterine cavity and complete intended procedure (uncommon)
  perforation of uterus (2 to 5 in 100, common) with or without damage to adjacent organs and may require laparoscopic or open repair with or without urinary/fecal diversion(2 in 10000, rare)
  absorption of glycine leading to fluid overload/electrolytes disturbance (2 to 6 in 10000, uncommon)
  3 to 8 women in every 100 000 undergoing diagnostic hysteroscopy when performed under general anaesthesia die as a result of complications (very rare)
  recurrence
  pelvic infection

haematometra
- Frequent
  uterine cramps
  bleeding (5 in every 1000, uncommon), may need blood transfusion (rare)
  mild fluid overload

Risks of not having the procedure
- persistence of symptoms
- progression and deterioration of disease condition

Possible alternatives
- other medical treatments
- LNG-IUS (Mirena)
- impedance controlled endometrial ablation disposable device kit (NovaSure)
- hysterectomy
- others _____

Other associated procedures (which may become necessary during the operation):
- blood transfusion
- laparoscopy or laparotomy in case of uterine perforation and suspected adjacent organ injury

Special follow-up issue:
- avoid sexual intercourse until vaginal bleeding stops
- further operation may be required in case of incomplete procedure

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 _____