

Gynaecology, sexual health reproductive and retroviral medicine

Having a MyoSure hysteroscopy

Information for patients, relatives and carers

Introduction

This leaflet explains what MyoSure (hysteroscopy) is and what to expect from the procedure. Please ask our team any questions you have about the information below.

What is MyoSure (hysteroscopy)?

A hysteroscopy is an investigation where a thin tube with a small camera inside (hysteroscope) is passed through your vagina and your cervix to examine the inside of your womb. The MyoSure is a small device which is placed inside the tube to remove polyps or fibroids without having to cut the womb.

Why do I need to have this procedure?

You may have already had an outpatient hysteroscopy to diagnose:

- an excess growth of the lining of the womb called a polyp. These can be associated with abnormal vaginal bleeding including heavy or irregular bleeding
- overgrowth of the muscle of the womb called a fibroid. These can result in heavy and prolonged periods

Or we may need a larger biopsy of the lining of the womb.

A MyoSure procedure is a safe and quick way of removing polyps and fibroids in an outpatient setting. It allows women to go home soon after the procedure.

What are the benefits of having this procedure?

- MyoSure does not involve making a cut on the womb or any visible scarring
- the procedure is usually performed under local anaesthetic in the outpatient setting
- MyoSure does not require you to stay in hospital afterwards
- recovery is faster, with most patients going home soon after the procedure
- you can watch the procedure on a screen while it is being performed

What are the risks associated with this procedure?

- **pain** after an outpatient hysteroscopy (OPH) is usually mild and like period pain. It is usually controlled with simple pain relief, like paracetamol and ibuprofen
- **severe pain, feeling or being sick or fainting** can affect a small number of women. But these symptoms usually settle quickly
- **bleeding** is usually mild, watery and lighter than a period. It normally settles within a few days. It is recommended that you use sanitary towels, not tampons. If the bleeding does not settle or gets very heavy, please contact your GP or go to your nearest A&E
- **infection** is rare. It happens to 1 in 400 women who have the procedure. So, it **does not** happen to 399 out of 400 women
- **fluid overload**: This is when too much of the salt water that we use to help us see inside your womb is absorbed by your body. We will need to stop the procedure if this happens. This happens to less than 1 in 1000 women who have the MyoSure procedure. So, more than 999 women out of 1000 are not affected
- **a hole being made in the womb (perforation)**. There is a very small risk (1 in 1000 women) of making a hole through the wall of your womb. If this happens:
 - you will need to stay in hospital overnight for observation
 - you will need a short course of antibiotics
 - may need to have a further procedure under general anaesthesia, called keyhole surgery (laparoscopy) or a larger cut on the abdomen (laparotomy) to repair the damage to the womb and very rarely the bladder or bowel
- **unsuccessful procedure**: in rare circumstances, it may not be possible to enter the womb with the tube to remove the polyp or fibroid. Or it may not be possible to completely remove the polyp or fibroid after entry into the womb. In this case, the procedure may need to be rescheduled either in the outpatient setting or under general anaesthesia

A small amount of bleeding and abdominal discomfort is common after the procedure.

Are there any alternatives to having this procedure?

The alternative to having a MyoSure would be to have the polyp or fibroid removed under general anaesthetic. If you want to be asleep to have the procedure, please contact the hysteroscopy department. Please see our contact details on page 5.

How should I prepare for my procedure?

- it's important you are not pregnant when we carry out this procedure. So please use contraception from your last period until the appointment date

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- eat and drink normally before the procedure
 - take any prescribed medications as normal on the day of your procedure
 - ensure that you take the recommended pain relief (usually ibuprofen/Nurofen 400mg and paracetamol 1g) at least one hour before your appointment
 - **there is also an option to use PENTHROX 99.9%, 3 ml inhalation vapour, liquid (methoxyflurane) if this is suitable for you**
 - if you have started your period and the bleeding is heavy, please contact us to rearrange your appointment

What should I expect at my appointment?

1. A doctor or nurse will start by asking a few questions about your problem and then explain the procedure to you. You'll be asked to sign a consent form.
2. We will give you a gown to wear for the procedure and ask you to remove your clothing below the waist. We will ask you to lie on an examination couch with your legs resting apart on two leg supports.
3. We will carry out a vaginal examination first. We will insert a speculum into your vagina – much like cervical screening – to enable access to your cervix.
4. A local anaesthetic is then injected into the cervix and the opening stretched slightly to allow the telescope through.

You might experience side effects when local anaesthetic is administered including feeling your heart racing slightly. This is normal.

5. The telescope is connected to a camera and TV screen. This allows your doctor or nurse to see inside your womb. You can look at the screen if you want to.
6. The telescope is then passed through the opening of your cervix and into your womb. Saline (salt-water solution) is passed down the telescope to expand the womb. This gives the doctor or nurse a good view of your womb. You can expect to feel some fluid draining out of the vagina.
7. The MyoSure device is passed down the tube into your womb and held against the polyp or fibroid to remove it.
8. At the end of the procedure, you will be given antibiotics to reduce the risk of infections. This will involve a medication you put up your bottom (rectal suppository) and one dose of medication you put in your mouth.

How long does the procedure take?

The procedure takes between 15 to 20 minutes. But please allow 1 hour for the appointment. This gives you time to discuss any questions you may have.

Will I feel any pain during the procedure?

You might feel some cramping, like period pain, during the procedure, but it will not last very long. If it is too uncomfortable or you have any concerns, please tell the doctor or nurse and they will stop the procedure immediately. **It is important that you take some pain relief at least one hour before your appointment time.**

Going home

After your MyoSure hysteroscopic polypectomy, we'll take you to a seated area to recover. We advise you rest for about 30 minutes or until you feel well enough to go home.

We will usually write to you with the result of the biopsy in 3 weeks. We may also telephone you to discuss your result with you and assess your symptoms. In both cases your GP will also be informed.

It is normal to experience bleeding for up to 3 days after the procedure. You may also experience a dull period pain for about 1 to 2 days. If the bleeding becomes heavier than your normal period or smells unpleasant, or you feel feverish, please contact your GP or the nurse specialist using the email address below.

It is recommended that you:

- use sanitary pads rather than tampons for the bleeding
- do not have sex or go swimming until the bleeding stops
- take the antibiotics prescribed after the procedure
- have someone to escort you home, although it is not compulsory
- wait until the next day before going back to work

Consider asking someone to drive you home after the procedure. This is not essential, and you will not be given any drugs that affect your ability to drive.

You should be able to return to normal activities including work the day after your procedure.

Teaching, training and research

Our Trust is dedicated to teaching, training and research to sustain the development of health and healthcare. We may therefore have healthcare students observing the procedure for this purpose. You can choose to opt out if you do not wish students to be present during your

procedure. We may sometimes ask you if you would like to be involved in our research. Again, you have the choice to not participate.

How do I contact the hospital?

If you have any questions or need to change your appointment:

For Queen Charlotte's & Chelsea
and St Mary's hospitals, call:

020 3313 7320

opening times: 09.00 – 17:0

email: imperial.ophadministration@nhs.net

If you need advice at night or at the weekend:

call hospital switchboard: 020 3312 6666

ask to speak to the senior house officer on call for
gynaecology

How do I make a comment about my visit?

We aim to provide the best possible service. If you have any **suggestions** or **comments** about your visit, please either speak to a member of staff or contact the patient advice and liaison service (**PALS**). The PALS team will listen to your concerns, suggestions or queries. They are often able to help solve problems for you.

call: **020 3313 0088** email: imperial.pals@nhs.net

Or, if you need to **complain**, contact the Complaints department.

call: **020 3312 1337 / 1349** email: ICHC-tr.Complaints@nhs.net

write: Complaints department, fourth floor, Salton House, St Mary's Hospital, Praed Street,
London W2 1NY

Alternative formats

This leaflet can be provided on request in large print or easy read, as a sound recording, in Braille or in alternative languages. Please email the communications team:
imperial.communications@nhs.net

Wi-fi

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