Hysteroscopic Adhesiolysis ± Copper Coil Insertion

LONDON PRIVATE GYNAECOLOGY

Individualised Evidence-Based Care

This leaflet explains why hysteroscopic adhesiolysis may be recommended for you, what the procedure involves and what to expect before, during and after treatment with Mr Subramanian.

Why is this procedure recommended?
Hysteroscopic adhesiolysis is performed to treat intrauterine adhesions, also known as scar tissue inside the womb.
Intrauterine adhesions form within the uterine cavity, often following trauma or damage to the deeper (basal) layer of the womb lining. Adhesions can partially or completely distort or affect the womb cavity and may interfere with implantation, embryo development and ongoing pregnancy.
Hysteroscopic adhesiolysis aims to restore the normal shape and function of the uterine cavity. Improving the cavity environment may improve fertility and outcomes from fertility treatment, including IVF. The operation benefiting you depends on how severe the adhesions are and how much healthy womb lining remains.
Mr Subramanian will advise whether adhesions are likely to be affecting your fertility and whether surgery is recommended.

What is hysteroscopic adhesiolysis?
A hysteroscopy is a procedure in which a thin telescope (hysteroscope) is passed through the vagina and cervix into the womb to examine the uterine cavity.
Hysteroscopic adhesiolysis involves carefully dividing and removing scar tissue from inside the womb under direct vision in order to restore the uterine cavity.
The womb is gently expanded using sterile fluid so the lining can be clearly visualised. If required, an endometrial biopsy may be taken.
The procedure is usually done as a day case under a general anaesthetic, so you are asleep. Sometimes deep sedation may be used if this has been agreed with you and the anaesthetist. Following the procedure, an adhesion barrier gel will be administered to reduce the risk of new adhesions forming.
The procedure usually takes around 30-60 minutes, but you will be in hospital for longer because of admission, anaesthetic, recovery and discharge checks.
Mr Subramanian may also recommend a course of oestrogen and/or progesterone therapy after surgery to help regenerate and strengthen the womb lining. This will be individualised based on your clinical situation.

Copper coil insertion after adhesiolysis
In some cases, Mr Subramanian may recommend inserting a copper intrauterine device (non-hormonal coil) at the end of the procedure. This helps keep the walls of the womb separated during early healing and may reduce the risk of adhesions reforming.
The copper coil is a contraceptive device. It will usually be temporary and removed once healing of the uterine lining has been confirmed.

Review & Consent
You will have a consultation with Mr Subramanian to review your history, scan findings and fertility plan.
You will be asked to sign a consent form confirming that you understand:
The nature of the procedure
- Expected benefits
- Possible risks and complications
- Alternative options including conservative management

Please ask any questions before signing.

Alternatives
Depending on your clinical situation, alternatives may include:
- Conservative monitoring
- Proceeding with fertility treatment without surgical treatment of adhesions

Mr Subramanian will discuss the most appropriate option for you.

Preparing for surgery

Eating and drinking before surgery
You will receive instructions about when to stop eating and drinking. It is important to follow these carefully, as failure to do so may result in your surgery being postponed.

Pre-assessment
You may undergo routine pre-operative checks to confirm you are fit for anaesthetic and surgery.

Sexual intercourse
It is important not to have unprotected intercourse for at least two weeks prior to surgery or from the first day of your period in that cycle. We cannot proceed with this
procedure if there is any chance of pregnancy, as doing so introduces the risks of miscarriage or ectopic pregnancy.

Day of surgery
You will meet Mr Subramanian and the anaesthetist. The procedure will be explained again and any remaining questions answered.

During the surgery
The procedure is performed under general anaesthetic or sedation. A small cannula is placed into a vein in your arm or hand to administer fluids and medication. A hysteroscope is gently passed through the cervix into the womb, and sterile fluid is used to expand the cavity for clear visualisation. Adhesions are carefully divided under direct vision to restore the uterine cavity. If required, a biopsy of the womb lining may be taken. The procedure typically takes 30-60 minutes depending on the severity and complexity of adhesions.

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After the surgery
You will wake in recovery before returning to the ward. You may experience mild cramping for 24-48 hours and light vaginal bleeding or discharge for up to 1 week. Pain relief is provided and symptoms are usually mild.

Eating and drinking after surgery
You may eat and drink once you feel ready and will be encouraged to mobilise when safe.

Length of hospital stay
Most women go home the same day. Occasionally an overnight stay is recommended depending on recovery. You will need someone to take you home and stay with you for 24 hours after anaesthetic.

Recovery at home
- Most patients resume light daily activity within 24 hours, but plan for 24 hours of rest.
- Most patients can return to work usually within 48 hours, depending on your job.
- Light exercise after a few days; increase gradually.
- You can usually return to driving within a few days. You should not drive until you can comfortably perform an emergency stop and are not taking any strong painkillers. You are advised to check with your insurance provider.
- Avoid sex, tampons and swimming for at least 2 weeks and until bleeding or discharge has completely stopped.

Possible risks and complications
This is generally a safe procedure, but complications can occur.

Expected
- Cramps and light bleeding or discharge for a few days.

Common >1:100 (greater than 1% of patients)
- Infection of the womb or urinary tract may need antibiotics.
- The procedure may not be completed in one stage, especially if adhesions are severe. A planned second-stage procedure may be safer.
- Adhesions can reform. This can affect periods and fertility. Follow-up imaging or a second-look hysteroscopy may be recommended.

Uncommon <1:100 (less than 1% of patients)
- The procedure cannot be completed, for example if the cervix is tight, the view is poor or it is not safe to continue. A repeat procedure or a different plan may be needed.
- Uterine perforation (making a small hole in the uterus) is possible, especially when the cavity is very scarred. This often heals by itself, but you may need observation, antibiotics, keyhole surgery, or, rarely, open surgery if there is concern about injury or bleeding.

Rare <1:1000 (less than 1 in 1000 patients or less than 0.1%)
- Bleeding requiring blood transfusion
- Excessive absorption of fluid used to distend and visualise the uterus. This may require additional blood test monitoring and a urinary catheter.
- Injury to nearby organs such as bowel, bladder, ureters, or blood vessels. If any damage to the womb or other organs is suspected, you may need to have a laparoscopy (keyhole surgery) or less commonly a laparotomy (opening the tummy) to inspect and repair any damage.
- Blood clots in the legs or lungs are rare after short hysteroscopic surgery but can occur after any operation.

Follow-up
A follow-up appointment will be arranged to discuss your recovery and next steps. A scan, saline scan, or repeat hysteroscopy may be recommended to check healing before pregnancy treatment or embryo transfer.
Do not try to conceive until Mr Subramanian has advised that the womb lining has had time to heal and any temporary coil or device has been removed.

When to seek medical attention
Seek urgent medical attention if you experience:
- Severe or worsening abdominal pain
- Heavy bleeding, for example soaking pads quickly or passing large clots
- Fever 38°C or above, chills or feeling very unwell
- Smelly vaginal discharge
- Feeling faint, shoulder-tip pain with feeling unwell, or any symptoms that worry you

How do I make an appointment?
You can make an appointment either by emailing us at info@londonprivategynaecology.co.uk or contacting 07379 271915 and we will be happy to assist you with appointments, scheduling and any questions you may have.

How to book or ask a non-urgent question

Email:
info@londonprivategynaecology.co.uk
Phone: 07379 271915

If you have urgent symptoms after surgery, use the hospital discharge number you have been given. If you cannot get advice promptly, contact NHS 111 or go to A&E. Call 999 for chest pain, severe shortness of breath, collapse, or very heavy bleeding with faintness.

Surgery location:
King's Private, The Guthrie Wing, King's College Hospital NHS Foundation Trust, Denmark Hill, London, SE5 9RS.

Outpatient appointments:
- The Medical Chambers Kensington, 10 Knaresborough Place, London, SW5 0TG
- HCA Healthcare UK Chelsea Outpatients, 272 King's Road, London, SW3 5AW
- 86 Harley Street, London, W1G 7HP

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