Transcervical Resection of Fibroids (TCRF) for Fertility Treatment

LONDON PRIVATE GYNAECOLOGY

Individualised Evidence-Based Care

This leaflet explains why removal of a fibroid affecting the uterine (womb) cavity may be recommended for fertility purposes and what to expect before, during and after a Transcervical Resection of Fibroid (TCRF) with Mr Subramanian.

What are uterine fibroids?
Fibroids (also called myomas) are benign (non-cancerous) growths made of muscle and fibrous tissue that develop in or on the womb. They are common and often harmless.
Fibroids can be:

- Submucosal (growing into or distorting the womb cavity/lining)
- Intramural (within the muscle wall)
- Subserosal (on the outside surface of the womb)

This leaflet focuses on fibroids that distort the womb cavity, as these are the most relevant for fertility.

Why is removal of a cavity-distorting fibroid recommended for fertility?
When a fibroid protrudes into or distorts the womb cavity, it can reduce fertility and pregnancy chances by:

- Disrupting the shape of the womb cavity where an embryo implants
- Affecting the womb lining (endometrium) and blood supply
- Increasing inflammation within the cavity
- Reducing implantation and ongoing pregnancy rates, particularly in fertility treatment

Removing a fibroid that distorts the uterine cavity may improve implantation and pregnancy outcomes where the fibroid is contributing to reduced fertility.

Mr Subramanian will advise whether the size and position of your fibroid are likely to be affecting fertility and whether surgery is recommended.

What is a Transcervical Resection of Fibroid (TCRF)?
TCRF is a procedure used to remove a fibroid from inside the womb without any abdominal cuts.
A thin telescope (hysteroscope) is passed through the vagina and cervix into the womb. The womb is gently expanded with sterile fluid so the surgeon can see clearly and the fibroid is removed under direct vision.
The procedure is usually performed under general anaesthetic as a day-case operation.

Review & Consent
You will have an appointment with Mr Subramanian to confirm that TCRF is appropriate for you and fits with your 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 (such as conservative management where appropriate)

Please ask any questions you may have before signing.

Preparing for surgery

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

Pre-assessment
You may undergo pre-operative checks (for example blood tests) to ensure 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 (a pregnancy developing in the wrong place which is not viable but can be dangerous to the mother).

Day of surgery
On the 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, meaning you will be asleep throughout. A small plastic tube (cannula) is placed into a vein in your arm or hand to give fluids and medication. A hysteroscope is gently passed through the cervix into the womb and sterile fluid is used to expand the womb cavity to allow clear visualisation. The fibroid is then removed under direct vision in a controlled manner and the removed tissue is sent for laboratory analysis. Images may be taken before and after the procedure for review. The procedure usually takes 40-60 minutes, depending on the size and depth of the fibroid.

After the surgery
You will wake in recovery before returning to the ward.
You may experience:

- Period-like cramping for 24-48 hours
- Moderate vaginal bleeding or blood-stained discharge for up to 2-3 weeks

Pain relief is provided and symptoms are usually well controlled

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.

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Mr Venkatesh Subramanian MRCOG, MRCS, MPhil
Consultant in Gynaecology and Reproductive Medicine
Honorary Senior Lecturer, King's College London

PA: Sabrina McDermott
Email: info@londonprivategynaecology.co.uk
Phone: 07379 271915

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 a few days, but plan for 48 hours of rest.
- Most patients can return to work usually within 2-7 days 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.

Fertility guidance after TCRF

Mr Subramanian will advise you individually. The womb lining is usually allowed to heal before trying to conceive. You may be advised to wait for one or more menstrual cycles before attempting pregnancy or embryo transfer.

Possible risks and complications

TCRF is generally a safe procedure, but complications can occur.

Expected

- Period-like cramps or discomfort for 1-2 days
- Light-moderate bleeding or watery/blood-stained discharge for a few days
- Vaginal bleeding or discharge for up to 2-3 weeks
- Sometimes it is not possible to remove all of the fibroid in one sitting, depending on the type and size of the fibroid. In this case, a second stage surgery after 6 weeks may be needed.

Common >1:100 (greater than 1% of patients)

- Pain that needs simple pain relief
- Infection of the womb or urinary tract. Infection may cause fever, worsening pain, smelly discharge or pain when passing urine and may need antibiotics.

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 different plan may be needed. Your individual risk of this will be discussed with you as it varies based on the size and location of the fibroid.
- Uterine perforation (making a small hole in the uterus). 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.
- Bleeding requiring blood transfusion
- Blood clots in the legs or lungs (deep vein thrombosis / pulmonary embolus)
- Scar tissue inside the womb (intrauterine adhesions) which may affect fertility
- Excessive absorption of fluid used to distend and visualise the uterus. This may require additional blood test monitoring and a urinary catheter.
- Keyhole or open surgery to repair any damage to the womb, bowel, bladder, ureters or blood vessels

Rare <1:1000 (less than 1 in 1000 patients or less than 0.1%)

- Injury to nearby organs such as the bowel, bladder, ureters or blood vessels

Follow-up

A follow-up appointment will be arranged to discuss your recovery, results and next steps. Mr Subramanian will advise when it is reasonable to try to conceive or proceed with fertility treatment.

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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