Transcervical Resection of Fibroids (TCRF) for Heavy or Irregular Bleeding and Pelvic Pain

LONDON PRIVATE GYNAECOLOGY

Individualised Evidence-Based Care

This leaflet explains why removal of a fibroid affecting the uterine (womb) cavity may be recommended to treat heavy menstrual bleeding, irregular bleeding, bleeding between periods or pelvic pain 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 likely to cause abnormal bleeding and menstrual symptoms.

Why is removal of a cavity-distorting fibroid recommended?

Fibroids that distort the womb cavity can cause:

- Heavy menstrual bleeding (menorrhagia)
- Irregular bleeding
- Bleeding between periods (intermenstrual bleeding)
- Pelvic discomfort or cramping
- Prolonged periods or passage of clots

Removing a fibroid from the womb cavity aims to improve bleeding symptoms, reduce menstrual flow and improve quality of life.

Mr Subramanian will advise whether the size and position of your fibroid are likely to be causing your symptoms 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.

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 or medical 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
- 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.

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

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- 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.

Expected outcome
It may take up to 3 menstrual cycles for bleeding patterns to fully settle. If symptoms persist, further treatment options can be discussed with Mr Subramanian.

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

Expected
- Period-like cramps or discomfort for 1-2 days
- Moderate bleeding or watery/blood-stained discharge for a few days

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.
- 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.

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

Mirena coil insertion at the time of TCRF
In some cases, Mr Subramanian may recommend inserting a Mirena coil at the time of your procedure to further improve bleeding symptoms.

The Mirena is a small plastic T-shaped device placed inside the womb that slowly releases a progesterone-type hormone called levonorgestrel. This hormone thins the womb lining, reducing menstrual bleeding and, in some women, stopping periods altogether. The effect builds gradually and may take several months to reach its full benefit. Around one in three women experience no periods after several months of use. Two very fine threads remain at the cervix (neck of the womb) to allow removal when required. These are usually not felt.
The Mirena coil can be retained for up to five years for the purposes of managing heavy menstrual bleeding.

Notably, the Mirena coil is a contraceptive device which can be used for contraceptive purposes for up to eight years. It is therefore not suitable for patients planning to conceive in the near future. It can, however, be easily removed in clinic with rapid return of fertility.

Possible risks and side effects of the Mirena coil:
- Irregular bleeding is common in the first few months but usually becomes lighter over time.
- Expulsion (the device falling out) occurs in around 1 in 20 women and may be slightly more common when fibroids are present.
- Infection occurs in around 1-2% of women, most commonly within the first few days after insertion.
- Uterine perforation (a small hole in the womb during insertion) is rare.
- Mr Subramanian will discuss whether Mirena is appropriate for you based on your symptoms, fibroid position, and overall treatment plan.

Follow-up
A follow-up appointment will be arranged. Mr Subramanian will discuss recovery, results and any further treatment if needed.

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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