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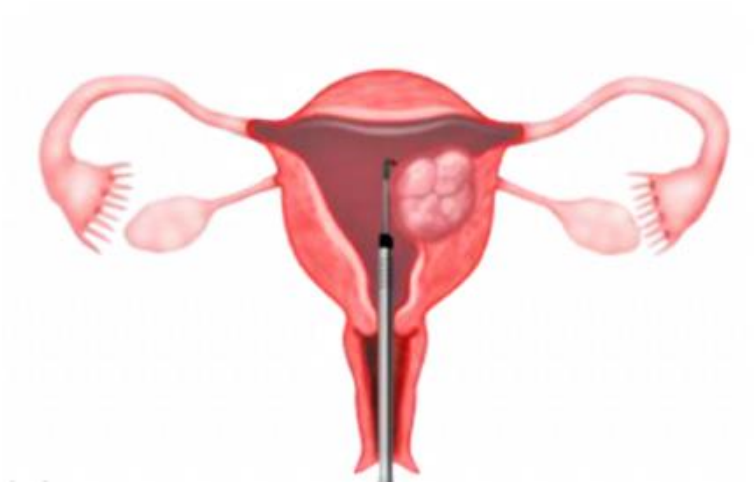
Patient and Family Education

TRANSCERVICAL RESECTION OF MYOMA (TCRM)

What is transcervical resection of myoma (TCRM)?

Transcervical resection of myoma (TCRM) is a procedure where fibroid/s (usually less than 5 cm) that are protruding into the cavity of the womb are removed or shaved with special devices to make the cavity normal.



Why do I need this surgery?

Common reasons for removal of these fibroids which are non-cancerous tumours of the womb include:

1. Abnormal and/or heavy uterine bleeding.

2. Recurrent pregnancy loss.

3. Subfertility.

What does it involve?

A hysteroscope is an instrument with a camera which allows the surgeon to see the inside of the uterus is introduced through the vagina. The fibroid/s would be shaved or cut with an electrical device under direct vision.

Before the Surgery

You should inform the doctor if:

1. You suspect that you may be pregnant unless this is postpartum procedure. You need to inform the surgical team of the first day of your last menstrual period. If you are sexually active, you should avoid getting pregnant prior to surgery, either with reliable birth control methods or abstinence.

2. You have any allergies or reaction to any medications, drugs or food.

3. You have a history of bleeding or clotting disorders and other medical conditions.

4. You are taking drugs (e.g. Aspirin, Clopidogrel, Warfarin, and Rivaroxaban) or supplements (e.g. Cordyceps, Ginkgo Biloba, and Lingzhi), that thin your blood, as these substances may affect blood clotting and increase the risk of bleeding.

5. You have a history of pelvic infection. Your doctor will discuss the need for further testing of infections and/or prescribe certain antibiotics.

6. You have undergone previous uterine or abdominal surgery that can distort the position or shape of the uterus, or make surgery potentially more complicated.

Duration of Surgery

Approximately: 30 minutes

Risks of Surgery

Reported complication rates vary from 0.8% to 2.6%. This increases when extensive resection is required (up to 6.7%). The following are potential complications of the procedure and they are not exhaustive.

1. Excessive bleeding which may require blood transfusion.

2. Pelvic infection which may lead to infertility.

3. Uterine perforation, which may result in injury to other abdominal organs (bladder, bowel or blood vessels) requiring major operation and prolonged hospitalisation. Other procedures that may be required include:

- Hysterectomy (removal of womb).
- Bowel surgery which may include repair, resection of part of the bowel, and/or fashioning of a stoma (opening created at the surface of the abdomen to allow faeces to exit via an external bag). This is usually temporary, but may be permanently required in some cases.

- Bladder surgery and/or ureteric surgery, which may require the urine tube to be left for a longer period of time, and/or long-term disturbances to bladder function.

4. Incomplete fibroid resection depending on how deep the fibroid grows into the womb. Rate of incomplete fibroid resection ranges from 5% to 17%. This does not mean that you will always require a reoperation. There are about 44% of patients which require further fibroid-related operation within three years.

5. Inability to perform procedure or achieve intended results due to cervical and/or uterine abnormalities.

6. Intrauterine adhesions which may result in scanty or no menses (Ashermann's Syndrome) which can impair fertility and may require further operation.

7. Excessive fluid absorption: Fluids used to distend the womb to allow better visualization may be absorbed into the body under high pressures and may cause salt imbalance, swelling of the brain and fluid overload which may be life-threatening. Abandoning the procedure and further treatment may be required.

8. Gas embolism: intravascular insufflation of gas (blood vessel blockage caused by gas bubbles), or even death (very rare).

9. Recurrence of fibroids or bleeding symptoms is approximately 20%.

10. Infertility and recurrent pregnancy loss: Women with cavity-distorting fibroids who undergo myomectomy to remove them are more likely to conceive. However, the exact effect of the procedure on subsequent fertility and risk of miscarriage is uncertain.

Duration of Hospital Stay

Average: 1days

Care after Surgery

1. You may see small white pieces of fibroid(s) that are expelled vaginally.
2. Sometimes, you may need to be hospitalised for observation. Generally, you can be discharged on the day of the procedure(s) or the following day.
3. You may experience mild bleeding/discharge from the vagina, and mild abdominal pain/cramps which may last 2-3 weeks. If severe, you should return to the hospital earlier for assessment.

4. Pain relief medications and/or oral antibiotics will be prescribed for you.
5. Avoidance of sexual intercourse and swimming for 2-3 weeks is recommended to minimise risk of infection.
6. Menstrual abnormalities after surgery may still require further medical or surgical treatment.
7. After a myomectomy, it is recommended to wait for at least three months before attempting conception. Your doctor will have a discussion with you on reliable birth control options if you are not ready for another pregnancy. This is to allow the uterus enough healing time. It is not known whether hysteroscopic myomectomy affects implantation of the placenta or pregnancy, or increases the risk of uterine rupture in subsequent pregnancies.

What are my options?

1. The option of no treatment (i.e. conservative management)

2. Medical treatment

3. Uterine artery embolisation under Interventional Radiology

You may discuss these options in more detail with your doctor.