



Transcervical Resection of Fibroids

Transcervical resection of fibroids or TCRF is a method of removing fibroids which are inside the cavity of the womb (uterus). This leaflet explains what uterine fibroids are and also the TCRF procedure.

What are Uterine Fibroids?

Uterine fibroids or myomas are benign tumours of the uterus made up of smooth muscle. They are very common in women between 25 – 45 years.

Fibroids may occur on the inside of the womb (submucosal fibroids), in the muscle wall (intramural fibroids) or grow to the outside of the womb (subserosal fibroids). They may vary in size from being very small to very large. Fibroid growth is caused by hormones produced by the ovaries. After the menopause when ovarian hormones are no longer produced, the growth of fibroids tends to slow down or stop. Fibroids do not disappear after the menopause.

What symptoms do fibroids cause?

Up to three quarters of women with fibroids may not have symptoms. Symptoms usually depend on the size, number and location of the fibroids in your womb,

Fibroids can cause heavy menstrual bleeding. As a result some women may develop anaemia (low blood iron), causing weakness and tiredness. Fibroids can also cause painful periods and lower abdominal (pelvic) pain. They may also cause abdominal swelling or lump. They may cause pressure symptoms like lower back pain or pelvic discomfort as well as urinary frequency and/or constipation. Fibroids may be present in about 5-10% of women who have infertility and may be the only factor causing infertility in 1- 2% of infertile patients.

How are fibroids detected?

Uterine fibroids can be detected in a number of different ways. As the womb is generally larger than normal, a pelvic or internal examination may determine that the womb is enlarged.

A pelvic ultrasound scan (internal or abdominal) will diagnose majority of fibroids, Rarely special scans like MRI are used to locate fibroids.



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Fibroids which occur on the inside of the womb (submucosal fibroid) can be diagnosed by a hysteroscopy procedure. This involves passing a small telescope (hysteroscope) through the neck of the womb (cervix) and into the cavity of the womb.

What is a Transcervical Resection of Fibroids?

TCRF is a technique of removing fibroids that occur on the inside of the uterus (submucosal fibroids). It is carried out to improve menstrual problems or infertility caused by these fibroids.

It is usually performed under a general anaesthetic as a day case. This means that you will be able to go home later the same day. You will need a responsible adult to bring you into hospital and to stay with you for 24 hours after the procedure

When you are asleep under a general anaesthetic, the neck of the womb is gently stretched using dilators. Fluid is then passed into the cavity of the womb to distend it and allow a clear view. Using a special telescope and an instrument called resectoscope, an electrical current is passed through a cutting loop attached to the resectoscope and the fibroid is shaved off the womb. The cut shavings from the fibroid are removed and sent for analysis in the laboratory.

What are the possible risks?

The risks with TCRF are extremely low. These are heavy bleeding, infection or perforation of the uterus (making a hole in the womb). If there is a perforation of the uterus, you may need additional procedures such as laparoscopy (keyhole surgery) or laparotomy (open surgery) to fix any damage that may have been caused.

There is a small risk of excessive fluid absorption from the fluid used to distend the womb during the procedure (1-5%). Fluid balance is carefully monitored during the procedure to reduce this risk.

What should I expect after the procedure?

You will have vaginal bleeding which will settle within a few days. You should expect vaginal discharge which may darken in colour. The discharge can last for three to four weeks. Avoid using tampons and sexual intercourse during this time to avoid the risk of infection. Period-type cramps usually settle down after a couple of days. Simple pain killers like paracetamol and ibuprofen should help ease the discomfort. If you had a general anaesthetic, you should avoid driving for 24-48 hours to allow the anaesthetic to wear off. You will be given advice regarding this on the day of your procedure.

Who should I contact if I have a problem?

If you have any concerns or worries within the first two weeks after discharge then please phone the ward (Beech Ward 01793 605252) for advice and ask to speak to the nurse in charge.



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If you do not find improvement in your periods after 3 – 6 months, please contact your GP who will be able to refer you back to us.

Women's Health Outpatients

Contact phone number: 01793 605252

Monday – Friday 8.30 – 17.00

From 1st January 2019 smoking will not be permitted on any NHS site in England. Smoking will not be permitted within any of our buildings or anywhere outside on our sites. Smoking facilities will not be provided. Please be considerate of others when vaping in hospital grounds.

This information sheet is available to order in other languages and formats. If you would like a copy, please contact us on 01793 604031 or email gwh.pals@nhs.net

Document Control

Division: Women & Children's
Department: Gynaecology
Approved Date: 21 March 2019
Next Review Date: April 2022
Document Number: W&C - PIL0071