

Notes

Contact details

Should you have any questions or require further information relating to your procedure please do not hesitate to contact the Gynaecology Outpatient Department (GOPD) at the Royal Surrey County Hospital.

Telephone: 01483 571122 ext 4173

Nursing Office

PALS and Advocacy contact details

Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

Telephone: 01483 402757

Email: rsc-tr.pals@nhs.net

Opening hours: 9.00am–3.00pm
Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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Patient information leaflet

Trans-Cervical Resection of Polyp (T. C. R. P)



**Gynaecology Outpatient
Department**

What is a Trans-Cervical Resection of Polyp (T.C.R.P)?

A T.C.R.P is a day-case procedure with a quick recovery, carried out under general anaesthetic. It involves passing a surgical instrument through the vagina and cervix into the cavity of the womb to cut away the polyp from the lining of the womb.

Please do not have unprotected sex in the month before your operation.

Why do I need to have this procedure?

Polyps are defined as soft growths, coming from the lining of the womb. They can be single or multiple and if left can lead to heavy bleeding, increased discharge and infertility. They grow with the hormone oestrogen therefore, Hormone Replacement Therapy (HRT) and Tamoxifen can affect their growth also. We do not know why they occur.

Are there alternatives to a T.C.R.P?

Drug treatment can be given for some types of polyps either by mouth or carried in the stem of a Mirena® coil, which is inserted into the womb. It is important to discuss the alternatives in order to consider the treatment options, prior to surgery.

What are the potential risks of a T.C.R.P?

There is a small 1–2.5% risk of making a hole in the wall of the womb, which is known as a perforation. In this unlikely event it may be necessary to do some key-hole surgery (Laparoscopy), where carbon dioxide gas is gently inflated into the belly in order to locate and repair the wall of the womb.

After the procedure

You may have some **vaginal bleeding** after surgery, trailing off to a watery pinky-brown discharge. You are advised to use sanitary towels rather than tampons to reduce the risk of infection.

If you experience heavy bleeding, pain or a brown smelly discharge, please contact your GP or hospital for advice.

You may experience some **period-like pain** after the surgery, in which case take your normal painkillers such as Paracetamol (Panadol®) or Ibuprofen (Nurofen®).

You may **shower or bath** as normal, however, we advise you not to have the water too hot and to avoid using perfumed products until your bleeding has stopped.

You may have **penetrative sex** once your bleeding has stopped and providing you are comfortable.

You must **not drive** for 24 hours after surgery due to the anaesthetic.

You may **return to work** as soon as you feel able to do so however, you are advised not to work the day after your surgery to allow recovery from the anaesthetic.

A hospital **follow-up appointment** is not usually necessary after your surgery however, we do advise you to see your GP in 6 weeks for a check-up.

Pre-Assessment Clinic

You will be asked to attend the Pre-Assessment clinic to evaluate the state of your health prior to your surgery. If you have not already visited the unit, you will receive an appointment in due course.

Telephone: 01483 464152

Reference source

Papadopoulos NP, Magos A. First-generation endometrial ablation: roller-ball vs loop vs laser. *Best Pract Res Clin Obstet Gynaecol.* 2007 Dec;21(6):915–29.