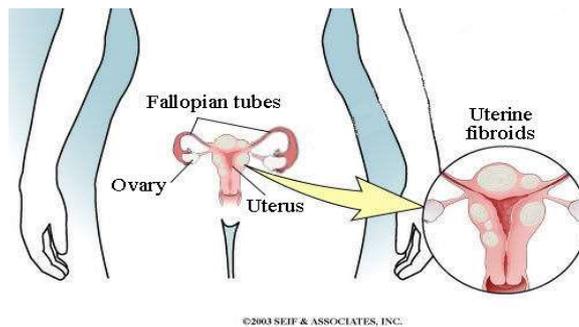


Community Gynaecology Service

Myomectomy

What is a Myomectomy?

A Myomectomy is an operation performed to remove fibroid(s) from the uterus without removing the uterus. It can be done by an open operation (bikini or midline incision) or a laparoscopy (keyhole), depending on the number, size and position of the fibroid(s).



Why do I need a Myomectomy?

A fibroid is a benign (non-cancerous) growth of the smooth muscle of the womb. Women with fibroid(s) may not experience any symptoms and therefore do not always require treatment. If you have experienced severe symptoms of fibroid(s) and all medical treatments have proven to be ineffective, a surgical option could be considered.

Symptoms include:

- Heavy or painful periods, in some cases can lead to anaemia,
- Abdominal bloating, pelvic pain or discomfort if your fibroid(s) are large,
- Urinary symptoms if your fibroid(s) are pressing on the bladder,
- Pain or discomfort during intercourse,
- Fertility problems.

What does the operation involve?

Open Myomectomy:

This involves a cut approximately 10cm in the abdomen, either across the bikini line or midline (up and down incision). The fibroid(s) are removed. The uterus and abdomen are sutured back. This operation requires either a general or a spinal anaesthesia.

Laparoscopic Myomectomy:

This is key hole surgery involving three to four small cuts in the abdomen. Each cut is usually between 0.5 – 1cm. Telescope instruments are inserted into the abdomen and used to remove fibroid(s). The uterus and abdomen are sutured back. This operation requires general anaesthesia.

What happens after the surgery?

You will be transferred to a recovery room until you are stable, then you will be admitted to the ward. You will have a drip (intravenous infusion) until you are able to drink. A urinary

catheter is placed in your bladder to drain urine. This will be removed on the following day when you are able to mobilise.

You will have adequate pain relief, either by tablet, injection or via a pump called Patient Controlled Analgesia (PCA). This pump allows you to press a button which will release the medication. You will receive a daily injection, which helps to thin the blood and prevent blood clots in the legs and lungs.

You will remain in hospital for 1 day after keyhole surgery and between 2-3 days after open surgery. It is common to experience some abdominal pain after the surgery. You may also experience some vaginal discharge or bleeding, which may last up to 2 or 3 weeks.

You are advised to avoid heavy lifting and rest for the first 1-2 weeks and gradually return to normal activities by weeks 4-6.

Exercise:

You can carry out light exercise such as a short walk and gradually return to normal exercise such as cycling or swimming by week 6. Sex: you can resume intercourse when you feel comfortable and the vaginal bleeding has stopped.

Returning to work:

Depending on your job – you may return to work 4-6 weeks after your operation.

Driving:

You may be able to drive if you are comfortable and able to perform an emergency stop. You should also check with your car insurance company. Most people are able to drive by week 6.

What are the risks associated with the operation?

- Post-operative pain
- Bleeding which may require a blood transfusion
- Urine or wound Infections –
- Damage to other organs such as bowel, bladder, and ureter
- Venous thrombosis and pulmonary embolism (blood clots in legs and lungs)
- Hernia at the incision site
- Pelvic adhesion
- Anaesthetic complications
- Recurrence of fibroid(s)

Additional procedure(s) that may be required during your operation:

Hysterectomy (removal of the womb) – this is uncommon and is only performed in a life threatening situation to stop the bleeding. Repair of bowel, bladder and ureter – if there is any injury during the operation.

Follow up

You may or may not require a hospital follow up visit and this will be discussed with you prior to your discharge after your surgery. If you develop problems or require advice following discharge you should initially contact your GP.

If you have any questions or concerns, do not hesitate to call us on 01727 823 111.