

FIBROID REMOVAL (Myomectomy)

A myomectomy is the removal of fibroids (leiomyomas, myomas) from the uterus. Patients can have a single or numerous fibroids. Myomectomy treatment for fibroids preserves the uterus. It is most often recommended to women who desire future pregnancy. A patient undergoing the myomectomy procedure should be informed regarding the risk of hysterectomy. This may be necessary if excessive bleeding occurs, or if it is not possible to reconstruct the uterus because of the many defects left by the removal of multiple small fibroids or a single large fibroid.

REASONS FOR PROCEDURE

- Significant pelvic pain or back pain.
- Large size or rapidly growing.
- Anemia caused by excessive loss of blood (abnormal uterine bleeding).
- Pressure on the bladder or the rectum.
- Difficulty in becoming pregnant.
- Discomfort with sexual intercourse.
- Pregnancy complications due to the fibroids.

DESCRIPTION OF PROCEDURE

- *Abdominal myomectomy* is an in-patient procedure.
- A general anaesthetic will be administered.
- The incision to enter the abdominal cavity is similar to the procedure for Caesarean delivery. A transverse incision at the lower abdomen is commonly done. In some women with large and multiple fibroids, a midline incision below the navel (umbilicus) may be required
- Types of fibroids are determined by location in the uterus. Subserous appear on the outside of the uterus, intramural are confined to the wall of the uterus, and submucous appear inside the uterus. Rarely, fibroids can involve the cervix.
- Each fibroid is removed separately, and each excision is repaired. The uterus is reconstructed.
- An adhesion barrier can be placed over the uterine incisions to prevent adhesion formation.
- The abdominal layers are closed in layers.
- The skin is closed with absorbable or non-absorbable sutures or skin clips. For non-absorbable sutures, it will be removed in about 7 days after surgery.
- In a *laparoscopic myomectomy*, a telescopic instrument (laparoscope) is inserted through the navel and other instruments are inserted through very small incisions in the abdomen.
- In a *hysteroscopic myomectomy*, a telescopic instrument (hysteroscope) and small surgical instruments are inserted into the uterus through the cervix to cut and remove the fibroids. Sometimes, a special type of hysteroscope called a resectoscope is used. This instrument has a built-in wire loop and uses electrical current to cut out the fibroid. This method is used to remove the type of fibroid that grows within the uterine cavity (the submucous type). In this method, there is no surgical incision or skin scarring. Postoperative recovery is also quicker, with no or very minimal pain.

EXPECTED OUTCOME

- The uterus is left intact, and you will still have menstrual periods. Your next period may be heavier than usual, but should occur at about the expected time.
- Symptoms such as heavy bleeding and pressure usually decrease or are gone once the fibroids are removed.
- Fertility will improved if fibroid is the direct cause.

POSSIBLE COMPLICATIONS DURING SURGERY

- Excessive bleeding; rarely, may necessitate a hysterectomy (1% risk)
- Perforation of the bowel during surgery.
- Surgical-wound infection.
- Development of adhesions between the uterus and other pelvic structures.
- A myomectomy carries a risk of potential pregnancy-related complications. Disorders of the placenta or weakness in the uterine wall may occur. (Leaving the fibroid tumors in the uterus carries similar risks.)
- Recurrence of the fibroids.

BEFORE THE OPERATION

- Consent for operation should be signed.
- Relevant investigation that may be taken will depend on your medical illness and age. This may include blood tests, ECG (electrocardiogram) and chest X-ray.
- You are required to fast for at least 6 hours before surgery (no food or drinks at all for 6 hours). For example, if the surgery is in the morning, you should skip breakfast. If it is in the afternoon, you can have an early light breakfast (e.g. tea/coffee/milo and toast) but make sure that this is taken at least 6 hours before the surgery. Please reconfirm this with your doctor.

POSTOPERATIVE CARE

- Hospital stay may be 3 to 5 days, except *hysteroscopic myomectomy*, which usually involves only an overnight stay.
- Fever is common during the 48 hours after surgery.
- Food or drinks are not allowed immediately following the surgery. Fluids will be given via an intravenous line. Your doctor will review periodically to decide when to start orally. Initially, only clear liquid diet is allowed until the gastrointestinal tract functions again. Then eat a well-balanced diet to promote healing.
- There may be a urinary catheter in the bladder to allow drainage of urine and is usually removed the following day.
- Pain relief medication will be given via injection and later change to oral tablet.
- Antibiotic is given at time of operation and may be continued if there is a risk of infection.
- It is important to mobilize as soon as possible, since it helps prevent complications, such as blood clots and pneumonia,
- Gas pain (abdominal wind) can be a problem following the operation for some women. Early mobilization will help to reduce the wind. If the problem still persists, medication can be prescribed for relief.
- Wound dressing will be removed before discharge and the operation area sprayed with an Opsite dressing. The wound will be kept exposed. • A firm ridge may form along the incision. As it heals, the ridge will recede gradually.
- For *Abdominal Myomectomy*, non-absorbable sutures are usually removed from the skin incision on the seventh day. If absorbable suture is used, then the suture need not be removed. It will dissolve by itself after a few weeks.
- For *Laparoscopic Myomectomy*, absorbable suture is often used. Therefore, the stitches need not be removed.
- For *Hysteroscopic Myomectomy*, there is no surgical incision. The post-operative recovery is the fastest and with the least pain or no pain at all.

- Once home, someone should be available to help care for you for the first few days.
- Shower as usual. Wipe dry the incision site with a clean dry towel after the shower.
- Avoid douching, swimming, and baths for 4 weeks.
- A firm ridge should form along the incision. As it heals, the ridge will recede gradually.
- Patients should not use tampons, douche, or place anything in the vagina for at least 4-6 weeks postoperatively.
- To help recovery and aid your well being, resume daily activities, including work, as soon as you are able. Heavy lifting and strenuous activity should be avoided. Recovery at home may take 2 to 3 weeks, with full activities resumed in 6 to 8 weeks. Incisional numbness, occasional aches and pains may last for another few weeks.
- You can resume driving after 4 weeks, provided full mobility has returns and painkillers medications are no longer required. Please ask your doctor if you are not sure.
- Sexual relations may be resumed in 4 weeks.
- For *Hysteroscopic Myomectomy*, most women can return to work within a few days and back to normal activity a week later (including driving). Vaginal bleeding and later pinkish watery vaginal discharge is present for 2 to 3 weeks. Use sanitary napkins—not tampons—to absorb blood or drainage.

SEE YOUR DOCTOR IMMEDIATELY IF THERE IS:

- Increasing pain, swelling, redness, discharge or bleeding in the surgical area.
- Vaginal bleeding which soaks more than 1 pad or tampon each hour.
- The urge to urinate frequently, especially if associated with pain and abnormal urine colour.
- Persistent and abnormal vaginal discharge.
- Increasing nausea and vomiting, with or without abdominal distention.
- Short of breath or feel faint.
- Signs of infection, including headache, muscle aches, dizziness or a general ill feeling and fever.

Disclaimer

This is for informational purposes only and is not intended to be a substitute for professional medical advice, diagnosis, or treatment. It is important for readers to seek proper medical advice when necessary.

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