Myomectomy

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What are Fibroids?
These are benign (non cancerous) tumours of uterine muscle. As many as 3 out of 4 women have fibroids during their child bearing age but many do not notice because they usually do not cause any symptoms.

Do I need treatment?
Fibroids need to be treated only if they cause symptoms. Symptoms include infertility, heavy or irregular bleeding, swelling of abdomen, pressure symptoms on bladder and bowel like incontinence, frequency or difficulty in emptying.

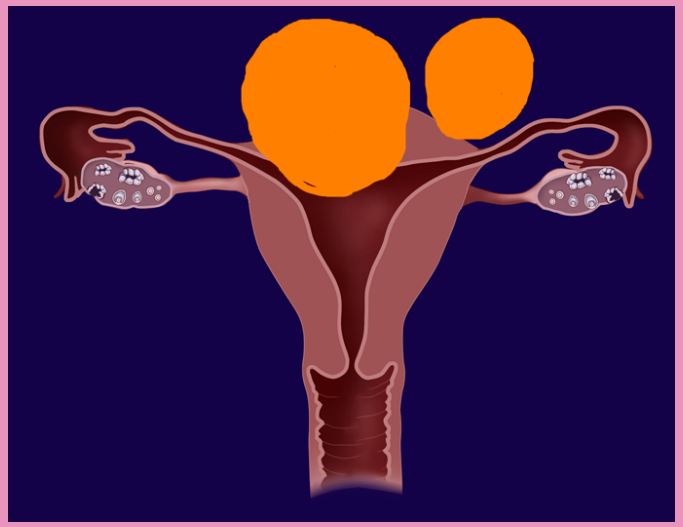
What are the different treatments available?
Medical treatments including hormonal injections help to alleviate symptoms temporarily.
Treatments to shrink fibroids like homonal injections are sometimes used prior to surgery.
Embolisation is a very effective treatment suitable for some patients where the blood supply to the fibroid is cut off radiologically. Embolisation is not recommended for patients with infertility or those who are planning on further pregnancies. Newer treatments using MRI are available but their long term results are unknown.
Surgical treatments usually involve a hysterectomy (removal of womb) or myomectomy or resection of fibroid.

Myomectomy
The fibroid is surgically removed either by an open incision or using minimally invasive techniques like laparoscopy or Robotics. The surgeon removes the fibroid causing symptoms and reconstructs the uterus. Unlike hysterectomy where the whole womb is removed, myomectomy involves only removing the fibroid. In experienced hands this is a safe procedure with minimal complications.

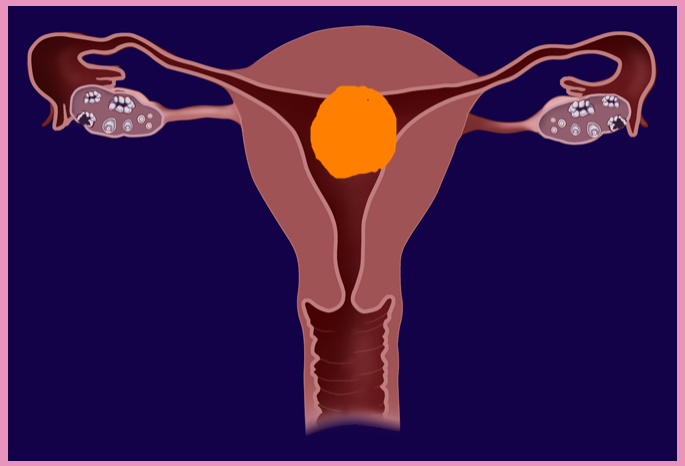
Which patients are suitable for myomectomy?
Patients who wish to retain their uterus or wish to have pregnancies.
Patients with sub-fertility.

Types of Myomectomy
Myomectomy is performed either as an open incision or Laparoscopically. Laparoscopic myomectomy is not suitable for all patients as the feasibility depends on several factors including size and number of fibroids. This is performed through 4 small incisions of 10-5mm size on your tummy. In comparison to a conventional surgery with a bikini line incision,

March 2016



Fibroids situated within the muscle of the womb or outside the womb (intramural and subserous) can be treated laparoscopically or by open myomectomy.



Fibroids that are inside the cavity of the womb (submucous fibroids) are removed using hysteroscopy.

What are the main complications of myomectomy?
Although complications are uncommon, there are a few important ones to consider.
Excessive bleeding:
As with any surgery there is a risk for infection and bleeding. If the bleeding is excessive and cannot be controlled, hysterectomy may be performed as a last resort. This happens very rarely with a reported incidence of roughly 1 in 100. If bleeding is excessive blood transfusion may be considered.
Scar tissue.
Incisions into the uterus to remove fibroids can lead to adhesions — bands of scar tissue that may develop after surgery. This is less common after laparoscopic surgery. Adhesions can make other surrounding structures like loop of bowel or fallopian tube to stick to the scar. This may cause pain or infertility. We routinely use adhesion prevention agents to reduce this risk.
Development of new fibroids.
Myomectomy doesn't eliminate your risk of developing more fibroids in future. Tiny tumours (seedlings) that your doctor doesn't detect during surgery could eventually grow and cause symptoms. New tumours also can develop. Women who had only one fibroid have a lower recurrence rate than do women with multiple fibroids. If fibroids return, future treatment — a repeat myomectomy, hysterectomy or other procedure — may be necessary.

Pregnancy and delivery
Having had myomectomy can pose some risk factors for pregnancy and delivery. You may be recommended to have a Caesarean section to avoid dehiscence of scar or scar rupture. This depends on whether the incision on the uterus was superficial or deep.

How should I prepare?
You should optimise your blood count. Take regular iron tablets along with multivitamins.
Hormonal injections or tablets may be given to shrink the fibroids and reduce bleeding at the time of surgery. This will also help to stop any heavy periods you might have.

How soon can I try for pregnancy?
We would advice you to wait for 3 months before trying for pregnancy.
Please see your GP as soon as pregnancy test is positive so that you may be referred to an antenatal clinic.

Where can I get more information
The NHS choices website has lots of information on fibroids and treatments
http://www.nhs.uk/Conditions/Fibroids

What to expect before and after surgery

Pre op assessment clinic
Following your initial consultation you will also meet the pre op assessment team of nurses who will organise various tests as required for the operation. You will also receive general information about what to do pre and post operatively.

Before surgery
The operation is usually performed under general anaesthetic. You will see the anaesthetist before your operation to discuss anaesthesia and pain relief. You should be fasted for 6 hours prior to surgery. We strongly recommend patients to have a shower on the morning of operation.

After surgery
You will be brought back to your room after you have recovered from anaesthesia. You will have a drip, a catheter and sometimes a drain (tube coming out from the tummy). Your anaesthetist will have discussed pain relief with you prior to your surgery. Once you are awake, you can start drinking and eating as tolerated. We normally remove the catheter, drip and drain the following day to allow
mobilisation. You can expect some pain and discomfort in your lower abdomen for at least the first few days after your operation. You may also have some pain in your shoulder if you had a laparoscopic procedure. This is a common side-effect of laparoscopic surgery. DVTs (clots in leg) and PE (clots in lung) can happen after surgery and the best way to prevent it is by thromboprophylaxis (injection of a drug to prevent clots), early mobilisation and hydration. You will be discharged home only when you feel you are ready.

After discharge
When leaving hospital, you should be provided with painkillers for the pain you are experiencing. Taking painkillers regularly to reduce your pain will enable you to get out of bed sooner, stand up straight and move around – all of which will speed up your recovery and help to prevent the formation of blood clots in your legs or your lungs. It is important to keep mobile and do gentle walks to help your body to recover.

Driving
You should only drive when you feel well enough and you are able to make a sudden stop.
Practice it out first by sitting in the car without turning the ignition on. Also check with your insurance company. In general you should be able to drive in 2-4 weeks.

Periods
Your first period following surgery may be slightly delayed and may be heavier than normal.

When Can I go back to work ?
This is variable but roughly 4-6 weeks. It is quicker after a laparoscopic procedure. Do not do anything strenuous during this time

Follow up
This is usually arranged at the end of 2-3 months.