Myomectomy

Information for patients and carers

This information gives general advice about myomectomy procedures for uterine fibroids; your doctor will discuss the specific options that are appropriate for you.

Alternatives to myomectomy may include medical treatments, hysterectomy, fibroid embolization, endometrial ablation or no treatment.

What is a myomectomy?

A myomectomy operation aims to remove your fibroid(s) without removing the uterus (womb). A myomectomy can be done in different ways, including:

1. **Abdominal myomectomy**: where a cut is made on the abdomen to remove the fibroid(s). This cut may be across the abdomen (transverse) or a vertical cut (midline)
2. **Laparoscopic myomectomy**: a keyhole procedure where the fibroid is removed and then cut into small pieces with a special instrument called a morcelator
3. **Hysteroscopic removal**: if fibroids are situated near the lining of the womb they can sometimes be removed by inserting a telescope into the womb via the vagina and removing the fibroids through the neck of the womb (see separate information sheet).

The type of myomectomy will depend on your personal circumstances, size and position of the fibroids and will be discussed with you by your gynaecologist before your operation.

You will usually need treatment prior to your operation to reduce the size and blood supply of the fibroids. This usually takes 3 months of treatment and this may be tablets or an injection. You will usually need an anaesthetic for a myomectomy. This is usually a general anaesthetic, rarely a regional anaesthetic (spinal or epidural) may be required. Hysteroscopic removal can sometimes be performed without an anaesthetic.

Risks of a myomectomy

The serious and frequently occurring risks of a myomectomy are detailed below.

Women who are obese, have large fibroids or endometriosis, have had previous surgery or who have pre-existing medical conditions will have an increased risk of serious or frequent complications.

At the time of the operation

Some bleeding is expected during a myomectomy. If it is heavier than expected a blood transfusion may be required. Occasionally, the bleeding is so heavy that a hysterectomy is required to stop the bleeding (approximately 3% of cases). This will result in loss of fertility.

The uterus is surrounded by other organs that may be damaged during a myomectomy. This includes the bladder, the bowel and the ureters (the tubes that connect the kidneys to the bladder). The risk of this happening is approximately 8 in 1000. If detected during the operation it will be repaired and will result in a longer recovery period.

Occasionally at the time of myomectomy, it is not possible to safely remove all of the fibroids.

At laparoscopic myomectomy the fibroids may need to be morcelated (cut into smaller pieces) for removal. This can lead to difficulties assessing the tissue to ensure cancer is not present. In addition, small parts of the fibroid may remain inside the abdomen and this carries a small risk of fibroids redeveloping.

In the first week

Bleeding is possible after a myomectomy and some women have to return to theatre for a second operation.

Infection of the bladder, wound or chest can occur after a myomectomy and women may require antibiotic treatment.

Blood clots in the legs or lungs may occur after a surgical procedure. Calf compression stockings and blood thinning medication are recommended in most women to minimise the risk of these clots occurring.

A catheter is required during a myomectomy and is usually removed the day after your operation. When this is removed after the operation, the bladder may not function normally immediately. If this occurs, reinsertion of the catheter may be necessary. Long-term bladder dysfunction is uncommon.

More long term

As the uterus is not removed during a myomectomy, fibroids may regrow or new fibroids may develop.

Numbness and tingling can occur around the scar(s). This usually resolves within a few weeks but can take months to improve.

Adhesions (attachments between the organs in the abdomen) may occur due to surgery. These can cause pain and may make future surgery more difficult.

If you become pregnant after having a myomectomy operation, the pregnancy may be more risky and a caesarean section may be recommended/ required for delivery. Your gynaecologist will discuss this with you before and after your operation.

Recovery after myomectomy

Every woman has different needs and recovers in different ways. Your own recovery will depend on:

- How fit and well you are before your operation
- The exact type of myomectomy that you have
- How smoothly the operation goes and whether there are any complications.

After your operation you will have a catheter in your bladder, this will be removed when you are mobile. Some women may also have a drain in their abdomen. This small tube is usually removed by 24h after your operation. Some women will also have fluids into a small drip in their hand or arm. This will be stopped when you are able to drink. All women will be prescribed painkillers, these may be administered into a drip or be taken as tablets.

In general, women having an abdominal myomectomy can expect to be in hospital for 2-3 nights and those having a laparoscopic procedure for 1 night. Women having an abdominal myomectomy should not do any heavy lifting for 6 weeks and should not expect to return to work for at least 4 weeks. Women having a laparoscopic procedure should not expect to return to work for at least 2 weeks.

Contact Telephone Numbers:

RIE Gynaecology Triage	0131 242 2551	St John's Hospital	01506 524112
Chalmer's Centre	0131 536 1070	NHS 24 (for urgent advice when your GP is closed)	111