



MYOMECTOMY

A myomectomy is an operation to remove fibroids from the uterus. It leaves the uterus intact and therefore is suitable for women planning to have children.

What is a fibroid?

Fibroids are usually benign (non-cancerous) growths in the uterus. Approximately half of all women will develop fibroids and they are more common with increasing age.

There are four types of fibroids:

- » Submucosal – grows on the inside surface of the uterus.
- » Subserosal – grows on the outside surface of uterus.
- » Intramural – grows inside the muscular wall of the uterus.
- » Pedunculated – grows as a separate attachment to the uterus.

Why is a myomectomy recommended?

Some women with fibroids have no symptoms at all. For others, fibroids may lead to the following troublesome symptoms which may require treatment:

- » Heavy menstrual bleeding that has not improved with medication or an intrauterine device and which leads to low iron levels and anaemia.
- » Difficulty getting pregnant.
- » Risks during pregnancy including miscarriage and preterm birth.
- » Bladder and bowel problems including urine leakage and constipation.
- » Pelvic pain.

How is a myomectomy performed?

Depending on the number, size and location of your fibroids your gynaecologist may recommend:

- » **an abdominal myomectomy** where either a horizontal cut (along the 'bikini line') or a vertical cut is made to the abdomen
- » **a laparoscopic myomectomy** where the operation is performed via small cuts on the abdomen using 'keyhole' surgery
- » **a hysteroscopic myomectomy** where no abdominal cut is made and the fibroid is removed through the vagina using an instrument called a hysteroscope.

Prior to the operation, your gynaecologist may recommend a short course of treatment to reduce the size of your fibroids and reduce the risks of operation. This medication, given as a monthly implant or a twice daily nasal spray for approximately three months, will stop your normal menstrual cycle. You may experience menopause-like symptoms such as hot flushes.

Regardless of the type of operation, you will be given a general anaesthetic which means you will be asleep during the operation.

The surgeon will remove the fibroid in one piece where possible, or after first cutting it into smaller pieces.

If you have an abdominal or laparoscopic myomectomy, the cuts are closed with sutures and dressings applied to the wound.

If all is going well with you and your care, you will usually stay one to three nights (depending upon the type of surgery) in hospital.

What are the complications of myomectomy?

There are general complications with any operation, such as:

- » problems with the anaesthetic
- » wound infections
- » blood clots in the legs or lungs
- » respiratory tract infections.

Specific complications for myomectomy are:

- » the risk of injury to the uterus, ovaries, bladder, bowel and blood vessels
- » the risk of excessive bleeding and the need for the uterus to be completely removed.

Your gynaecologist will discuss these risks with you before your surgery.

Some other things to consider before your surgery are:

- » myomectomy may increase the risk of caesarean section in future pregnancy
- » it is not a permanent treatment for fibroids as they may return.

What to expect after the operation

There will be some pain and discomfort after the operation. If you have an abdominal myomectomy, you will be provided with a 'patient controlled analgesia' device (PCA) to help you manage your pain. The PCA allows you to control the level of pain medication you receive by pressing a button. Safety mechanisms in the PCA ensure you do not receive too much pain medication with analgesic tablets for pain relief.

You will have an intravenous drip in your arm and a urinary catheter but these are usually removed the day after your operation. In most cases, you will be able to drink and eat small amounts the following day.

If you have a laparoscopic or hysteroscopic myomectomy your pain will be well managed with analgesic tablets only.

Once you are home, you will need to keep your abdominal wounds clean and dry. If you have sutures or staples, your local doctor can remove these five to seven days after the operation.

Most women will notice some bleeding or light spotting after the operation but this should settle in one to two weeks.

Constipation is common after surgery. Strong pain medications can also contribute to constipation. Have plenty of fresh fruit, vegetables and water to help to minimise constipation as tolerated. If you are constipated, you will be given a laxative while you are in hospital and at discharge if needed.

Going home after the operation

Staff will talk to you early in your stay about your plans and arrangements for discharge, this will give them time to have everything in place that you may need.

Discharge time is at 9.30am so please arrange to be collected at this time. Often it is helpful to take most items such as flowers and clothing home the night before discharge so that you can concentrate on yourself in the morning. If you are unable to be taken home at this time, you may be asked to wait in the patient lounge as we arrange accommodation for new admissions.

If you require medicines on discharge, a pharmacist will see you prior to discharge to supply you with these medicines. If you are discharged on the weekend or outside business hours, you will be provided with a prescription and this prescription can be taken to your local pharmacy. Some pain relief medicines and laxatives are available from pharmacies without a prescription. Check with your doctor or pharmacist before using, to see if these medicines are appropriate for you.

Your routine appointment after the operation

An appointment to see a doctor in our gynaecology clinic will be arranged for you prior to discharge from hospital. At the appointment, usually six weeks after your operation, we will check your wound, discuss any results from your operation and make sure you are recovering normally. This appointment is also a good time for you to ask questions and to discuss any concerns you may have with the doctor.

When you need an urgent appointment

There are some circumstances when you should be seen by a doctor earlier than six weeks. If you experience heavy vaginal bleeding and pain, a 'smelly' vaginal discharge or a fever, please visit your local doctor, come into the emergency department at the Women's or go to your nearest hospital emergency department.

Special considerations after your surgery

It is important that you give yourself sufficient time to heal after an abdominal myomectomy, in particular you should:

- » avoid heavy lifting (e.g. full shopping bag, washing basket etc.)
- » avoid strenuous activities such as sport or heavy housework
- » take sufficient time away from work to ensure your wound has completely healed. We recommend about six weeks.

Regardless of the type of surgery used to remove your fibroids, you should avoid getting pregnant for at least three months after the procedure.

Are there any other methods for the removal of fibroids?

The following options may be suitable for some women; however these procedures are not widely available.

MRI Guided Focused Ultrasound (MRgFUS):

a MRI scanner is used to deliver a focussed, high-intensity ultrasound beam to heat the fibroid causing it to shrink though not entirely disappear. This new technique does not involve any cuts and is only suitable for a minority of women.

The procedure may take a number of hours to complete and can be uncomfortable. Any fibroids treated with MRgFUS may take several months to shrink in size.

Uterine artery embolisation: a procedure to interrupt the blood flow to the fibroid which causes it to reduce in size. Again, this method does not involve any cuts and is only suitable for some fibroids.

This procedure is not suitable for women wanting to have children in the future. Women deemed suitable for this procedure are referred by the gynaecologist to the Alfred Hospital for treatment.

In the event of an emergency

If you require urgent attention after discharge you should contact your local doctor or present to your closest Emergency Department.

In the event of an emergency call 000 immediately for ambulance care.

For more information

Women's Gynaecology Clinics – For appointments, re-bookings & cancellations

Tel: (03) 8345 3033

Nurse on Call

Tel: 1300 60 60 24 for general health advice and information 24 hours a day.

Better Health Channel

www.betterhealth.vic.gov.au

This fact sheet is a general overview of the operation and may not apply to everyone. If you have any further questions please speak to your gynaecologist.