OG26 Laparoscopic Myomectomy

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You can get information locally from:
Huddersfield Royal Infirmary

- Main switchboard, who can connect you to the relevant department, on 01484 342 000
- Patient Advice and Liaison Service (PALS) on 01484 342 128

Calderdale Royal Hospital

- Main switchboard, who can connect you to the relevant department, on 01422 357 171
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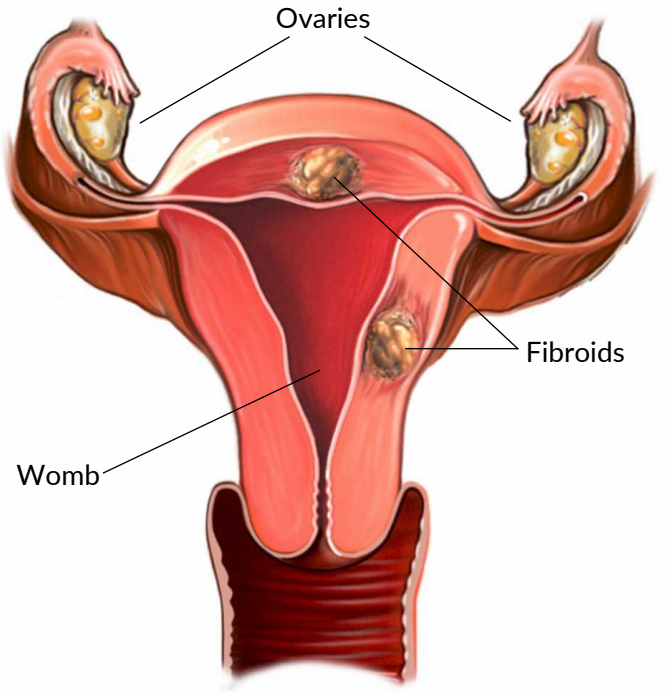
What is a myomectomy?

A fibroid (myoma) is where part of the muscle of your uterus (womb) becomes overgrown. A fibroid is a hard knot of muscle, ranging in size from a tiny spot to larger than an orange. Over 3 in 10 women will develop fibroids. They are more common in Afro-Caribbean women. The risk of developing fibroids increases with age but most fibroids shrink after menopause. A myomectomy is an operation to remove a fibroid.



Fibroids

Your gynaecologist has suggested a myomectomy. However, it is your decision to go ahead with the operation or not. This document will give you information about the benefits and risks to help you to make an informed decision.

If you have any questions that this document does not answer, it is important that you ask your gynaecologist or the healthcare team. Once all your questions have been answered and you feel ready to go ahead with the procedure, you will be asked to sign the informed consent form. This is the final step in the decision-making process. However, you can still change your mind at any point.

What are the benefits of surgery?

Fibroids can develop in any part of your womb and cause the following problems.

- Heavy vaginal bleeding, including heavy periods.
- Pressure on other structures close to your womb such as your bowel and bladder.
- Pain.
- Interfering with pregnancy or making it difficult for you to become pregnant.

A myomectomy may cure or improve your symptoms. It is usually recommended to women who want to become pregnant and where it is possible to remove the fibroids while keeping your womb.

Your gynaecologist will discuss with you why they have recommended a myomectomy.

Are there any alternatives to a myomectomy?

The alternatives usually depend on the number, size and position of the fibroids, how severe your symptoms are and if you want to become pregnant. If your symptoms are mild, fibroids can usually be safely left alone.

Heavy bleeding can sometimes be controlled using hormone treatment such as the oral contraceptive pill.

Medication (GnRH analogues) can be used to cause a reversible menopause to shrink the fibroids. This is usually only a short-term treatment and is sometimes recommended before a myomectomy.

Uterine artery embolisation and MRI-guided fibroid ablation are radiology-assisted procedures (involving x-rays) to shrink or destroy fibroids. These procedures cannot treat all fibroids, have varying success rates and the effect on future pregnancies is uncertain.

If you do not want to become pregnant, you can choose to have a hysterectomy to remove your womb. If you have any questions, ask your gynaecologist or the healthcare team.

What will happen if I decide not to have the operation?

Your doctor will monitor your condition and try to control your symptoms. You may feel that you would prefer to put up with your symptoms rather than have an operation. Your gynaecologist will tell you the risks of not having an operation.

What happens before the operation?

Your gynaecologist may arrange for you to have a pre-admission assessment. They will carry out several tests and checks to find out if you are fit enough for the operation. If you have any questions about the operation, you should ask the healthcare team at this visit.

Your gynaecologist may ask you to have a pregnancy test. Sometimes the test does not show an early-stage pregnancy so let your gynaecologist know if you could be pregnant.

What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for. You can help by confirming to your gynaecologist and the healthcare team your name and the operation you are having.

The operation is usually performed under a general anaesthetic but various anaesthetic techniques are possible. Your anaesthetist will discuss the options with you. You may also have injections of local anaesthetic to help with the pain after the operation. You may be given antibiotics during the operation to reduce the risk of infection. The operation usually takes 90 minutes to 3 hours, depending on the number and size of fibroids that need to be removed.

Your gynaecologist will use laparoscopic (keyhole) surgery as this is associated with less pain, less scarring and a faster return to normal activities.

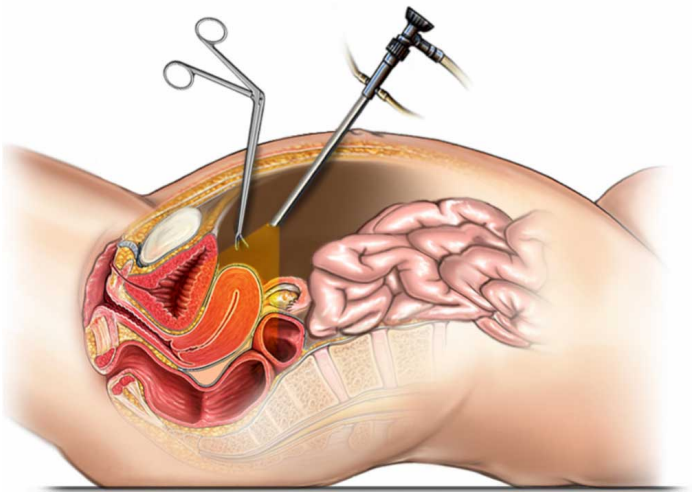
They may empty your bladder using a catheter (tube). They will examine your vagina and may also perform a hysteroscopy (a procedure to look at the inside of your womb using a small telescope).

An instrument called a manipulator might be inserted through the neck of the womb (cervix) and into your womb by your gynaecologist to help them perform the surgery. The manipulator allows them to move your womb during the laparoscopy so that they can get a good view of your pelvic area.

Your gynaecologist will make a small cut, usually on or near your belly button, so they can insert an instrument in your abdominal cavity to inflate it with gas (carbon dioxide). They will make several small cuts on your abdomen so they can insert tubes (ports) into your abdomen. Your gynaecologist will insert surgical instruments through the ports along with a telescope so they can see inside your abdomen and perform the operation.

For each fibroid that needs to be removed, your gynaecologist will make a cut on the wall of your womb over the fibroid. They will use surgical instruments to separate the fibroid from the surrounding tissue. Your gynaecologist will remove the fibroid and close the wall of your womb using stitches. They may need to use a special device called a morcellator to reduce the size of a fibroid before removing it.

Your gynaecologist may need to place instruments through your vagina to help them remove some of the fibroids.



Laparoscopic surgery

For less than 2 in 100 women it will not be possible to complete the operation using keyhole surgery, usually because of the size and position of a fibroid. The operation will be changed (converted) to open surgery, which involves a larger cut usually on your 'bikini' line or

downwards from your belly button (and in some cases from above your belly button).

Your gynaecologist will remove the instruments and close the cuts. They may place a catheter in your bladder to help you to pass urine. Your gynaecologist may insert a drain (tube) in your abdomen to drain away fluid that can sometimes collect.

What should I do about my medication?

Make sure your healthcare team knows about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

What can I do to help make the operation a success?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound.

- In the week before the operation, do not shave or wax the area where a cut is likely to be made.
- Try to have a bath or shower either the day before or on the day of the operation.
- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.
- If you are diabetic, keep your blood sugar levels under control around the time of your procedure.

If you have not had the coronavirus (Covid-19) vaccine, you may be at an increased risk of serious illness related to Covid-19 while you recover. Speak to your doctor or healthcare team if you would like to have the vaccine.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you. Some risks are higher if you are older, obese, you are a smoker or have other health problems. These health problems include diabetes, heart disease or lung disease.

Some complications can be serious and can even cause death (risk: 3 in 10,000 in the first 6 weeks). You should ask your doctor if there is anything you do not understand.

Using keyhole surgery means it may be more difficult for your gynaecologist to notice some complications that may happen during the operation. When you are recovering, you need to be aware of the symptoms that may show that you have a serious complication.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Feeling or being sick. Most women have only mild symptoms and feel better within 1 to 2 days without needing any medication.
- Bleeding during or after the operation. The healthcare team will try to avoid the need for you to have a blood transfusion, but you will be given one if you need one (risk: 4 to 5 in 100).
- Infection of the surgical site (wound). It is usually safe to shower after 2 days but you should check with the healthcare team. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may need special dressings and your wound may take some time to heal. In some cases another operation might be needed. Do

not take antibiotics unless you are told you need them.

- Allergic reaction to the equipment, materials or medication. The healthcare team is trained to detect and treat any reactions that might happen. Let your healthcare team know if you have any allergies or if you have reacted to any medication or tests in the past.
- Developing a hernia in the scar. This appears as a bulge or rupture called an incisional hernia. If this causes problems, you may need another operation.
- Blood clot in your leg (deep-vein thrombosis – DVT) (risk: 1 in 100). This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may give you injections, medication, or special stockings to wear. Let the healthcare team know straight away if you think you might have a DVT.
- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs (risk: 4 in 1,000). Let the healthcare team know straight away if you become short of breath, feel pain in your chest or upper back, or if you cough up blood. If you are at home, call an ambulance or go immediately to your nearest Emergency department.
- Chest infection. If you have the operation within 6 weeks of catching Covid-19, your risk of a chest infection is increased (see the 'Covid-19' section for more information).

Specific complications of this operation

Keyhole surgery complications

- Surgical emphysema (a crackling sensation in your skin caused by trapped carbon dioxide), which settles quickly and is not serious.
- Damage to structures such as your bowel, bladder or blood vessels when inserting instruments into your abdomen (risk: less than 3 in 1,000). The risk is higher if you have had previous surgery to your abdomen. If an injury does happen, you may need open surgery. About 1 in 3 of these injuries is not obvious until after the operation.
- Making a hole in your womb or cervix with possible damage to a nearby structure during placement of the manipulator (risk: less than 8 in 1,000). You may need to stay overnight for close observation in case you develop complications. You may need another operation (risk: less than 1 in 1,000).
- Developing a hernia near one of the cuts used to insert the ports (risk: 1 in 100). Your gynaecologist will try to reduce this risk by using small ports (less than a centimetre in diameter) where possible or, if they need to use larger ports, using deeper stitching to close the cuts.
- Gas embolism. This is when gas (carbon dioxide) gets into the bloodstream and blocks a blood vessel. This is very rare but can be serious.

Myomectomy complications

- Heavy bleeding. This is a serious complication. The risk is higher if you have large fibroids. You may need a blood transfusion. If your gynaecologist is unable to stop the bleeding, they will need to remove your womb (hysterectomy).
- Pelvic infection or abscess. You will need further treatment. Let your gynaecologist know if you get an unpleasant-smelling vaginal discharge.
- Developing a collection of blood (haematoma) inside your abdomen. Most haematomas are small and may cause only a mildly high temperature that may need treatment with antibiotics. If the haematoma is large and causing symptoms, it may need to be drained under an anaesthetic.
- Implantation of fibroid seedlings, if your gynaecologist needed to use a morcellator. A small piece of fibroid or muscle from your womb (myometrium) can implant in your abdominal cavity (risk: 1 in 200).
- Tissues can join together in an abnormal way (adhesions) when scar tissue develops inside your abdomen (risk: up to 1 in 3). The risk is

higher if you get a pelvic infection or haematoma. Adhesions do not usually cause any serious problems but can lead to complications such as bowel obstruction and pelvic pain. You may need another operation.

- Spread of cancer, if your gynaecologist needed to use a morcellator and cancer cells were later found in the tissue when it is examined under a microscope (risk of a fibroid having cancer cells: less than 3 in 1,000. The risk is higher if you are postmenopausal). Your gynaecologist will try to assess your risk before the operation.

Covid-19

A recent Covid-19 infection increases your risk of lung complications or death if you have an operation under general anaesthetic. This risk reduces the longer it is since the infection. After 7 weeks the risk is no higher than someone who has not had Covid-19. However, if you still have symptoms the risk remains high. The risk also depends on your age, overall health and the type of surgery you are having.

You must follow instructions to self-isolate and take a Covid-19 test before your operation. If you have had Covid-19 up to 7 weeks before the operation you should discuss the risks and benefits of delaying it with your surgeon.

Consequences of this procedure

- Pain. The healthcare team will give you medication to control the pain and it is important that you take it as you are told so you can move about and cough freely. After keyhole surgery, it is common to have some pain in your shoulders because a small amount of carbon dioxide gas may be left under your diaphragm. Your body will usually absorb the gas naturally over the next 24 hours, which will ease the symptoms.
- Unsightly scarring of your skin.

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward.

You may be given fluid through a drip (small tube) in a vein in your arm. You will probably feel some pain or discomfort when you wake and you may be given strong painkillers.

The drip, catheter and drain are usually removed some time over the next day or so. The healthcare team will allow you to start drinking and to eat light meals. Drink plenty of fluid and increase the amount of fibre in your diet to avoid constipation.

The healthcare team may recommend exercises to help you to recover.

You should expect a slight discharge or bleeding from your vagina but let the healthcare team know if this becomes heavy. Use sanitary pads, not tampons.

You will be able to go home when your gynaecologist decides you are medically fit enough, which is usually after 1 to 3 days.

You need to be aware of the following symptoms as they may show that you have a serious complication.

- Pain that gets worse over time or is severe when you move, breathe or cough.
- A heavy discharge or bleeding from your vagina.
- A high temperature or fever.
- Dizziness, feeling faint or shortness of breath.
- Feeling sick or not having any appetite (and this gets worse after the first 1 to 2 days).
- Not opening your bowels and not passing wind.
- Swelling of your abdomen.
- Difficulty passing urine.

If you do not continue to improve over the first few days, or if you have any of these symptoms, let the healthcare team know straight away. If you are at home, contact your gynaecologist or GP. In an emergency, call an ambulance or go immediately to your nearest Emergency department.

Returning to normal activities

To reduce the risk of a blood clot, make sure you carefully follow the instructions of the healthcare

team if you have been given medication or need to wear special stockings.

Rest for 2 weeks and continue to do the exercises that you were shown in hospital. You should continue to improve.

Try to take a short walk every day, eat healthily, drink plenty of fluid and rest when you need to.

Do not have sex for at least 4 to 6 weeks and until any bleeding or discharge has stopped. It is not unusual to have some discomfort at first or need to use a lubricant.

Do not stand for too long or lift anything heavy. You can return to work once your doctor has said you are well enough to do so (usually after 4 to 6 weeks, depending on your type of work). You should be feeling more or less back to normal after 2 to 3 months.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive until you can control your vehicle, including in an emergency, and always check your insurance policy and with the healthcare team.

The future

It is important to follow the advice of your doctor on how long to wait before becoming pregnant. Most women need to wait at least 3 months. Removing a fibroid leaves a weak point in the wall of your womb, so your doctor will usually recommend that you have a caesarean section to deliver your baby.

Your gynaecologist will not be able to remove small fibroids and these can grow over time. You may also develop more fibroids.

Summary

A myomectomy is a major operation to remove a fibroid, where the muscle of your womb has become overgrown. It is usually recommended to women who want to become pregnant and where it is possible to remove the fibroid while keeping your womb.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements

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Illustrator