FIBROID TUMOR REMOVAL
(Myomectomy; Laparoscopic Myomectomy; Hysteroscopic Myomectomy)

BASIS INFORMATION

DEFINITION
A myomectomy is the removal of benign fibroid tumors (leiomyoma, myoma) from the uterus through incisions in the lower abdomen or other method. Patients can have a single or numerous fibroid tumors. Myomectomy treatment for fibroid tumors preserves the uterus. It is most often recommended to women who desire future pregnancy. A patient undergoing the myomectomy procedure must be counseled regarding the risk of hysterectomy. One 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
- Pelvic pain or back pain.
- Anemia caused by excessive loss of blood.
- Pressure on the bladder.
- Abnormal uterine bleeding.
- Difficulty in becoming pregnant.
- Discomfort with sexual intercourse.

RISK INCREASES WITH
- Obesity; smoking.
- Poor nutrition (e.g., inadequate iron intake causing anemia).
- Illness that has reduced strength.
- Use of prescription drugs such as cortisone, antihypertensives, beta-adrenergic blockers, diuretics, or use of mind-altering drugs.

DESCRIPTION OF PROCEDURE
- Abdominal myomectomy is usually done in a hospital, but outpatient surgery may be a choice for some patients.
- A general anesthetic will be administered.
- One or more incisions are made in the lower abdomen (a laser may be used to make the uterine incision). There are a number of surgical techniques that are used to reduce blood loss.
- The muscles are separated and connective tissues are cut free to expose the uterus.
- 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 tumor is removed separately, and each excision is repaired. The uterus is reconstructed.
- An adhesion barrier can be placed over the uterine incisions to further prevent adhesion formation.
- The internal structures are closed in layers.
- The skin is closed with sutures or skin clips, which can be removed about 2 to 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.
- A hysteroscope and small surgical instruments inserted into the uterus through the cervix can be used to cut out 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.

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 is restored in about 40% of women.

POSSIBLE COMPLICATIONS
- Excessive bleeding; rarely, may necessitate a hysterectomy.
- 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 fibroid tumor or tumors.

POSTPROCEDURE CARE

GENERAL MEASURES
- Patients can usually go home within 48 hours of surgery.
- Fever is common during the 48 hours after surgery.
- Use an electric heating pad, a heat lamp or a warm compress to relieve incisional pain. Bathe and shower as usual.
- A hard 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.
- More information: National Women's Health Information Center 1-800-994-WOMAN (1-800-994-9662); www.4woman.gov

MEDICATION
- Prior to surgery (2-4 months), hormone treatment to shrink the tumors, and iron supplements for anemia may be prescribed.
- Antibiotics are often prescribed to help prevent infection following surgery. Prescription pain medication should generally only be required for 2 to 7 days following the procedure.
- Use nonprescription drugs (acetaminophen) for minor pain.

ACTIVITY
- Recovery varies from person to person. Most women can return to work that does not require heavy lifting in 4 weeks. Many women can return in 2 weeks, and some women take 6 weeks.
- Ask your health care provider about resuming driving.
- Sexual relations may be resumed 4-6 weeks postsurgery.

DIET
Clear liquid diet until the gastrointestinal tract functions again. Then eat a well-balanced diet to promote healing.

NOTIFY OUR OFFICE IF
Any of the following occurs:
- Vaginal bleeding soaks more than 1 pad per hour.
- You develop signs of infection: headache, muscle aches, dizziness or a general feeling of ill health and fever.
- You have abdominal swelling or severe abdominal pain, or the urge to urinate frequently persists longer than 1 month.
- Excessive vaginal discharge persists beyond 1 month after surgery.