Fibroids & Laparoscopic Myomectomy

What are fibroids
Fibroids are benign growths of the womb muscle found in many women particularly as they grow older. It is not known why fibroids grow in some women and not others. They grow in response to the female hormones, progesterone and oestrogen. They can be found in three different parts of the womb:

• within the cavity of the womb known as submucosal
• within the muscle of the womb known as intramural
• attached to the outer part of the womb muscle known as subserosal
• very often there is a combination of the above

What symptoms to fibroids cause
Most fibroids do not cause any problems and therefore do not require treatment. In others, the symptoms include, heavy periods, infertility, miscarriage, abdominal swelling, pressure on the bladder and pain.

Treatment with medication
There are currently no medicines that will cure fibroids. Medication can be used temporarily to shrink the fibroids and may improve symptoms until the effects of medication have worn off.

Treatment using uterine artery embolisation
This treatment involves blocking the blood supply to the womb. Whilst it is useful in reducing the size of, there remain concerns about the effect the reduction in blood supply to the womb may have on fertility and pregnancy.

What is Myomectomy
Myomectomy simply means having fibroids removed. They are almost always benign (non-cancerous). Fibroids increase the size of the womb. Some women have only single fibroid others could have many which could vary in size from 1cm and rarely are over 20cm. Myomectomy is generally performed in women who wish to preserve or improve their fertility.

How is laparoscopic myomectomy performed
The operation is performed under general anaesthetic and involves passing 3 or 4 small instruments into the abdomen through small (keyhole) incisions each around 1-2cm long. The operation usually takes between 1 - 4 hours depending on how many fibroids are being removed and where in the womb they are. The incisions will usually be closed with dissolvable stitches.

Why have a laparoscopic (key-hole) myomectomy
There are several advantages, which include: a shorter hospital stay, quicker recovery, less pain after the operation, smaller scars on the skin and less blood loss. Occasionally it will not be possible to perform your surgery through a key hole operation and an open operation will be required. This will usually be though an incision along the ‘bikini-line’ like a Caesarean section scar, or rarely along the midline of your abdomen.

What are the possible complications associated with having a laparoscopic myomectomy
Removal of fibroids is usually straightforward but can occasionally result in complications. The likelihood would vary according to the complexity of your particular case. These include:

• Blood vessels can be damaged causing significant bleeding and perhaps needing a blood transfusion.
• There is a risk of damage to the bowel, bladder, ureter or other pelvic and abdominal organs. Such damage can often be repaired by keyhole surgery but on occasions require your abdomen to be opened through a much larger incision.
• Scar tissue otherwise known as adhesions can occur after such surgery fibroid surgery.
• Rarely, a hernia develops under the scar many weeks or months after the operation
• In exceedingly rare circumstances a hysterectomy may be undertaken but only in situations where there is uncontrollable and excessive bleeding that is life threatening
• In 1 in 300-500 cases the fibroids will be cancerous, in which case small bits of fibroid which may be left behind could cause spread of cancerous tissue. If cancer is suspected or found, a total hysterectomy is recommended.
**Hospital Admission**
On the day of your operation a nurse, Mr Akande and an anaesthetist will see you. Consent to undertake the operation will be requested from you and we will ensure you are fit for surgery. You should have nothing to eat for at least six hours before your surgery and you can drink only water up to four hours before.

**After the operation**
When you awake you will have a drip with clear fluid running into your arm. This drip will be removed when you are able to eat and drink again. Depending on the complexity of your operation and how long it has taken you may have a catheter (tube) in your bladder to drain urine. In rare instances you blood levels may have dropped as a result of the surgery and a blood transfusion may be needed.

**Discharge home**
You will usually be discharged home the day after your surgery. It is usual to be able to get back to normal activities within a week and work within 2 weeks.

**Giving birth after laparoscopic myomectomy**
Mr Akande will advise on what special precautions should be taken if you fall pregnant. Generally you will be advised that you will need to give birth by caesarean section.