



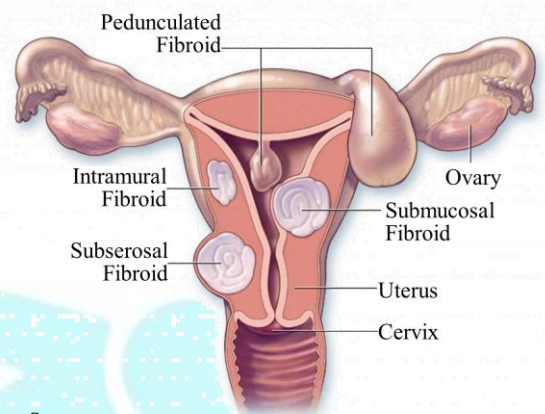
Operation Information

Myomectomy (Open/Laparoscopic/Hysteroscopic)

Introduction

Uterine fibroids are solid, benign (non-cancerous) growths or tumours that usually arise in the womb. They are made up of smooth muscle cells and connective tissue and all vary in size, number and position. Myomectomy is an operation which removes the fibroid(s).

There are **three** approaches for myomectomy, Open Myomectomy (Abdominal Myomectomy), Laparoscopic Myomectomy and Hysteroscopic Myomectomy. Depending on the size, number and location of the fibroid(s), please discuss with your doctor for the appropriate plan and treatment.



Source:
<https://tebmedtourism.com/myomectomy/>

Outcomes

It is expected that the fibroids are removed, fibroid symptoms such as heavy menstrual bleeding and pain are decreased. Fertility may be improved but is not guaranteed. Please consult your doctor if you want a pregnancy.

Procedures

I. Open Myomectomy

1. The operation is performed under general anaesthesia.
2. A linear incision is made on the abdomen.
3. The fibroid(s) is/are removed after accessing the uterus.
4. A drain for fluid and gas drainage may be inserted.
5. The wound is sutured with stitches or staples.

II. Laparoscopic Myomectomy

1. The operation is performed under general anaesthesia.
2. A small incision is made at the bellybutton and 3-4 small incisions are made in the lower abdominal wall.
3. A laparoscope is inserted into the abdomen.
4. The fibroid(s) is/are cut into small pieces and removed through the small incisions in the abdominal wall.
5. The wounds may be sutured with stitches.

III. Hysteroscopic Myomectomy

1. The operation is performed under general or spinal anaesthesia.
2. A hysteroscope is inserted through the vagina and the cervix into the uterus to allow the doctor to

view the fibroid(s).

3. A resectoscope which is fitted with hysteroscope is inserted to remove the fibroid(s) using electricity.
4. The removed tissue is washed out via vagina.

Possible Risks and Complications

1. Massive bleeding which may require blood transfusion
2. Wound complications, such as infection, hematoma, and keloid
3. Pelvic infection which may lead to infertility
4. Scarring of the endometrium which may affect the fertility
5. Incomplete removal
6. Recurrence of fibroid
7. Damage to the ovaries, bladder or bowel
8. The whole uterus is removed (rare)
9. For laparoscopic and hysteroscopic cases, there is a chance of open myomectomy if laparoscopic surgery is not feasible
10. Uterine rupture in future pregnancy
11. Infertility (rare)

** The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all operations are carried out with utmost professionalism and care, this does not rule out the possibility of complications arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operations may be required.

Pre-operative Preparations

1. Good hygiene can prevent surgical wound infection. Therefore, we advise you to clean up yourself on the day of operation.
2. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
3. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia.
4. You may have blood tests, cross match/ type and screen, ECG, X-ray, ultrasound, and pelvic CT scan if needed.
5. Clipping of hair on the operation site may be needed.
6. Nurse will supply a surgical soap to you for washing the operation site.
7. No food or drink six hours before operation.
8. Please change into a surgical gown after removing all clothing including undergarments, dentures, jewellery and contact lenses.
9. Please empty your bladder before the operation.

Post-operative Instructions

General

1. After general anaesthesia, you may:
 - experience discomfort in the throat after tracheal intubation.
 - experience side effects of anaesthesia including tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.
2. After spinal anaesthesia:
 - Sensation and power of your lower limbs are closely observed.
 - After recovery from anaesthesia with motor function of the lower limbs returned, please move your lower limbs as tolerated.
3. Please inform the nurse of wound pain. Proper pain relief treatment by injection or oral medication may be prescribed by the doctor.
4. Your vital signs and the wound(s) are regularly monitored by the nursing staff.

5. Please inform the nurse immediately in the event of heavy vaginal bleeding, abdominal distention or abdominal pain (pelvic cramps).
6. An indwelling urinary catheter may be inserted for drainage of urine. It will be removed within a few days.
7. Prescription pain medication may be taken as needed.
8. You are usually discharged in a few days. The duration of hospital stay varies with your condition and the type of operation performed.

Wound Care

1. Wounds are covered with sterile dressing. Keep the dressing clean and dry.
2. A drain is sometimes inserted. Keep the drain below the insertion site to avoid reflux of fluid. Avoid pulling or kinking the drainage tube. They are removed when the drainage become lessen.

Diet

1. Please do not eat or drink after the operation, until you have passed wind (flatus). An intravenous infusion will be continued to supply fluids and medications.
2. Follow the instructions of the surgeon and resume oral intake gradually. In the beginning, you may experience some abdominal bloating and mild nausea. Please increase the amount of food and fluid slowly.

Activities

Open myomectomy

1. You may stay in the hospital for a few days. You can resume usual activities in four to six weeks.
2. Early ambulation will encourage a faster recovery. You may start with sitting on a chair and then walking slowly.

Laparoscopic myomectomy

1. You can resume normal activities within a day. Please avoid strenuous activities for about one to two weeks.
2. A small amount of gas used to inflate your abdomen usually remains inside the abdomen after the operation, which may cause:
 - Bloating
 - Abdominal cramps
 - Shoulder pain, as the gas may irritate the diaphragm connecting to nerves which affect sensation of the shoulder.

Early mobilization may reduce those symptoms.

Hysteroscopic myomectomy

1. You can resume normal activities within a day. Please avoid strenuous activities for about one to two weeks.

Advice on Discharge

1. After laparoscopic or hysteroscopic surgery, the recovery time takes about two weeks. Recovery after a laparotomy usually takes longer time, possibly around six to eight weeks.
2. Please comply with medication regime as prescribed by your doctor.
3. You may experience vaginal bleeding for one to two weeks. This is like a light period and is red or brown in color. Some patients have no bleeding initially and have a sudden flow after about ten days. It is common and should settle quickly.
4. Tampons, douching, sexual intercourse and swimming should be avoided if there is still vaginal bleeding.
5. Immediately consult your doctor or return to hospital for professional attention in the event of massive vaginal bleeding, foul smelling vaginal discharge, increasing abdominal pain (pelvic

cramps) or distension, bleeding or purulent discharge from abdominal wound, shivering, high fever over 38°C or 100.4°F, or any other unusual symptoms.

6. Any follow-up consultations should be attended as scheduled.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification

