

Myomectomy:

Myomectomy means surgical removal of fibroids.

It is a procedure that is generally indicated in women who have fibroids and are symptomatic from it: excessive or irregular bleeding, pressure symptoms including urinary or bowel, fertility problems. It is particularly indicated in women who do not want to have their womb removed (hysterectomy). Myomectomy (removal of fibroids) can be done through an open surgery or through keyhole surgery (laparoscopic or hysteroscopic).

Laparoscopic myomectomy helps quicker recovery, less hospital stay, better and smaller scars, less pain and possibly reduced scarring (adhesions).

The route for myomectomy depends on the size of the fibroids, the number of the fibroids and the location of the fibroids.

1. **Hysteroscopic myomectomy** or transcervical resection of fibroids: This is done through a hysteroscope which is a small telescope that is inserted from below through the vagina and the cervix (or the neck of the womb) into the womb. This is only suitable for fibroids which are protruding into the cavity of the womb either partially or wholly.
2. **Open myomectomy**: Open myomectomy is generally indicated for multiple fibroids in various locations or for very large fibroids or in very difficult locations.
3. **Laparoscopic myomectomy**: Laparoscopic myomectomy is done through keyhole. Generally, three or four very small cuts (incisions) are made on the tummy (abdomen). They are usually 1 cm or less. Gas (carbon dioxide) is inserted into the tummy through a fine needle to distend the tummy so as to have a better view while doing the surgery and to prevent injury to other structures. This gas is completely removed at the end of the procedure to reduce any discomfort.

A small camera (5 mm or 10 mm) is inserted usually through the bellybutton or higher up if the fibroids are big and through the other small cuts, other instruments are inserted through which the fibroid is incised and shelled out and removed.

Laparoscopic procedure is generally considered if there is only one fibroid or possibly two fibroids. However, larger fibroids may be removed depending on individual circumstances. Hormonal injections (GnRH analogues) may be used preoperatively for between one to three months to attempt to reduce the size of the fibroids and make the procedure easier.

There are various precautions that are taken to reduce blood loss during surgery which includes medications (for example, Tranexamic Acid). Also, injections like Vasopressin are injected directly into the fibroid to reduce the bleeding. Advanced instruments like harmonic scalpel are used to shell the fibroid out. Once it is shelled out, the cavity left behind by the removed fibroid is sutured in two or three layers with special sutures.

The fibroid is then removed through a small incision by a special device called a morcellator which cuts the fibroid into smaller pieces and allowing extraction. There is a small theoretical risk of fibroid seeding (small pieces of fibroids being left behind which can then grow back inside the tummy). However, we are generally extremely meticulous to ensure that every single small piece of fibroid is removed.

There is also a small theoretical risk of fibroid chips being inside the tummy leading to spread of cancer if the fibroid was malignant. The chance, however, of a fibroid being malignant is extremely small and generally, we choose individual cases and avoid morcellation if we have any concerns about malignancy.

There are various techniques and materials that are used to reduce adhesions or scar tissue formation following laparoscopic myomectomy, which includes reducing blood loss, removing any blood or blood clots and adhesion prevention agents.

Following laparoscopic myomectomy, one may be able to have normal delivery or a caesarean section may be suggested depending on individual circumstances.

We usually keep you in for 24 to 48 hours depending on the circumstances and you are likely to have a catheter in and a drip in, in the initial phases which are soon taken out either later the same day or the next day. One may have light vaginal bleeding and a bit of shoulder pain but usually able to eat and drink normally later that same day.

We usually suggest taking regular painkillers for the first couple of days and can do light work after two weeks and return to normal after about four weeks.