Laparoscopic (keyhole) myomectomy

Information for women who are planning to have a laparoscopic myomectomy. It outlines the potential benefits and risks of this operation as well as what to expect during your recovery.
Feel free to discuss any questions or concerns with your nurse at your appointments or telephone us on: 0118 322 7181 (Monday to Friday).

What is a myomectomy?

Fibroids (myomas) are hard non-cancerous knots in the muscle of your womb that can grow from a small spot the size of a pea to an area the size of an orange. About a third of all women have fibroids and they are more common in the Afro-Caribbean population. Myomectomy is an operation performed under a general anaesthetic to remove fibroids from the womb, without having to remove the womb.

What are the benefits of fibroid removal?

Fibroids can cause a range of symptoms such as:

- Heavy and painful periods, sometimes causing anaemia
- Fertility problems – infertility, preterm labour and miscarriages
- Pain in abdomen, back and during intercourse
- Urinary or bowel symptoms such as leakage or frequency

A third of women diagnosed with fibroids report associated problems. Myomectomy may help to improve or cure these symptoms. Your gynaecologist will discuss why they have recommended myomectomy.

Why are the alternatives to laparoscopic myomectomy?

Fibroids do not need treatment if they cause no symptoms. The choice of the management is usually decided based on your symptoms, number, size and position of the fibroids and if you wish to become pregnant.

Myomectomy is usually recommended to women with large fibroids who wish to retain their fertility. There is a small chance that the fibroids can regrow after the surgery.

The alternatives to improve the symptoms will be discussed with you by your gynaecologist and include:

- **Pharmacological treatments:** such as the combined contraceptive pill to control the heavy bleeding. Alternatively, treatment with GnRH analogues causes a reversible menopause that temporarily shrinks the fibroids and is often used prior to myomectomy.
- **Uterine artery embolisation:** a radiology-assisted procedure (using x-rays) performed under a local anaesthetic where small particles are passed into an artery supplying the fibroid,

through a small cut in the groin. This procedure blocks the blood supply into the fibroid and shrinks it. They cannot treat all fibroids, the success rate is variable and the effects on future fertility are uncertain

- **Hysteroscopic myomectomy:** removal of fibroids through the vagina that is only suitable for fibroids that are seen within the cavity of the womb
- **Open myomectomy:** removal of fibroids through an incision in your tummy
- **Hysterectomy:** surgical procedure to remove the womb if you do not wish to become pregnant

If you decide not to have an operation, your gynaecologist will discuss the risks and other ways to control your symptoms.

What happens before the operation?

Your gynaecologist will discuss the details of the surgery in the clinic. You will be referred to pre-operative assessment and the specialist nurse will go through your past medical history and may perform additional tests and checks to ensure you are fit for the operation. Please inform us of all medications that you take, including blood thinners, herbal remedies, supplements and over the counter medication. Please let us know if you have any concerns or queries.

On the day of surgery, please do not eat anything for six hours before your admission time, including milk and chewing gum. You can drink plain water up to two hours prior to your admission.

You will be seen by the surgeon and anaesthetist before you go to theatre and they will answer any questions you may have. A pregnancy test may need to be performed prior to the surgery. Please inform the team if there is a possibility you could be pregnant.

What happens during the operation?

The procedure is usually performed under a general anaesthetic and your anaesthetist will discuss the options with you. You may also have an injection of local anaesthetic to control pain after the surgery. A dose of an antibiotic may be needed to reduce the risk of infection.

The surgery usually lasts between 90 minutes and three hours, depending on the number and the size of the fibroids. Your bladder will be emptied by a catheter (small plastic tube) and a vaginal examination may be needed to help insert a manipulator into the womb through the neck of the womb (cervix). This allows the surgeon to move the womb during the surgery and ensure a good view of the pelvis.

The laparoscopic (keyhole) technique will be used, in order to improve pain, shorten recovery and minimise scarring. Three or four small cuts of 0.5-1cm will be made in the abdomen and it will be inflated with gas (carbon dioxide). Ports will be inserted through the small cuts to enable the gynaecologist to pass a camera and instruments into the tummy. For every fibroid that needs to be removed, a small cut will be made on the womb overlying the fibroid and the fibroid will be separated from the structures around it. Stitches will be applied where the muscle has been cut. The gynaecologist may need to use a device called morcellator to reduce the size of the fibroid in order to be able to remove it through the small cuts on the abdomen.

In around 2 in 100 women having laparoscopic myomectomy, it may be difficult to complete the removal of fibroids through keyhole and we may need to proceed to open myomectomy through

a bigger cut in your abdomen of around 10cm, usually across the bikini line and rarely vertical (up and down) through your tummy.

All instruments will be removed at the end of the surgery and cuts on your skin closed with a dissolvable stitch. Occasionally, a drain (plastic tube) may be required to drain away excess fluid that forms in the tummy.

What can I do to make the operation a success?

- If you smoke, stopping helps reduce the surgical complications and improves your long term health. We strongly recommend not smoking on the day of your surgery and for at least 48 hours after your operation
- Try to maintain a healthy weight and do regular exercise in order to reduce the chances of complications and improve your recovery and long term health
- Do not shave or wax the area of surgery for a week before the operation to reduce chances of infection
- Have a bath or shower the day before or morning of the surgery
- Keep your blood sugar under control if you are diabetic
- Covid-19 infection during the recovery can increase risk of complications. If you would like to be vaccinated against Covid-19, please discuss this with your healthcare team

What complications can happen during a myomectomy?

There are risks with any operation but these are small. Some risks may be more if you are older, obese, a smoker or have certain underlying medical conditions such as heart or lung disease and diabetes. Your healthcare team will discuss these with you before the operation.

- **Post-operative pain:** particularly pain around your abdomen and shoulder tips in keyhole surgery. This is related to the trapped carbon dioxide and will ease within 24 hours of the operation. Pain relief will be provided after the surgery.
- **Surgical emphysema:** crackling sensation of the skin due to trapped carbon dioxide gas. This is not serious and settles quickly.
- **Feeling or being sick:** most women feel better within a couple of days without needing any medication.
- **Bleeding during or after the operation:** the risk of a blood transfusion is 4-5 in 100 women. The gynaecologist may rarely need to perform a hysterectomy (removal of womb) if the bleeding cannot be stopped with other measures. Delayed bleeding may require return to theatre.
- **Infection of the wound:** if you notice any swelling, redness or discharge from the surgical cut or have a high temperature, please inform your doctor. You may require antibiotics and occasionally special dressings. In rare cases, another operation may be required to treat the infection.
- **Pelvic infection, abscess or haematoma (collection of blood in the pelvis):** small collections can be treated with antibiotics; large ones may need drainage which may require return to theatre.

- **Urinary infection.**
- **Chest infection:** if you have the operation within 6 weeks of catching Covid-19, your risk of chest infection is increased.
- **Allergic reaction:** please inform the medical team if you have any allergies to medications or materials.
- Wound **bruising**, unsightly **scarring** and **delayed wound healing**.
- **Hernia formation:** a hernia is a bulge in the scar because of a loop of bowel, occurring in 1 in 100 women. If this happens, you may need another operation. The surgeon will reduce the risk by using smaller cuts on your abdomen and using deeper stitches if required.
- **Blood clots:** the risk of a clot in the leg (DVT – deep venous thrombosis) is 1:100 and it shows as swelling, pain, redness or swollen vessels in your leg. The signs of a clot in the lungs (PE – pulmonary embolus) include shortness of breath, chest or upper back pain or coughing up blood. If you notice any of these symptoms, please go to your nearest A&E department. To prevent the risk of blood clots, the healthcare team will encourage you to mobilise soon after the operation and may provide leg compression stockings or blood thinning medication or injections after the operation.
- **Damage to bladder, bowel or blood vessels:** occurs in less than 3 in 1000 keyhole surgeries but may be increased if you have had surgery before. One in three may not be detected at the time of the injury. Open surgery is often needed to repair the damage.
- **Damage to womb or neck of womb (cervix):** there is a small possibility of damage when placing the manipulator, possibly injuring nearby structures (less than 8 in 1000).
- **Implantation of fibroid seedlings into the abdominal cavity:** risk of 1 in 200 if a morcellator was used to cut the fibroids into smaller pieces.
- **Spread of fibroid cancer if this is detected in the tissue after the operation:** the risk is higher in women after the menopause and individual risk assessment is performed before the operation (less than 3 in 1000).
- **Scar tissue (adhesions) formation in the abdomen:** the adhesions usually cause no symptoms but can cause chronic pain or bowel obstruction, rarely requiring further surgery. A third of women get adhesions; it is usually worse if there is an infection or a haematoma.
- **Anaesthetic complications.**
- **Death:** the risk is 3 in 10000 in the first six weeks after the surgery.

Care after the surgery

You will be moved to the recovery area after the surgery. You may be given a drip of fluid through a cannula, which is a small plastic tube in your vein. Once you are stable, you will be moved to a ward. Inform the nursing staff if you have pain or nausea. The nurses will monitor your blood pressure, heart rate, breathing and temperature and check the incisions and vaginal bleeding.

Once you are fully awake, you can start eating and drinking. Drink plenty of fluid and eat a high fibre diet to avoid constipation. We also recommend you chew chewing gum from two hours after your operation and to continue doing so every two hours for 15 minutes until you pass

wind. This is to reduce the risk of developing bowel complications (post-operative ileus). Please bring your own chewing gum with you.

The drip, catheter and drain are usually removed over 24-48 hours. The nursing staff will assist you with washing as necessary and encourage early mobilisation. We would normally expect you to sit out of bed and begin to walk around the day after your operation.

A small amount of vaginal discharge or bleeding is expected for up to 1-2 weeks after the operation. Please use sanitary pads (not tampons) and inform the healthcare team if this is heavy. You will be seen by the medical team daily and can expect to be discharged within 1-3 days after the surgery.

The symptoms to monitor for:

- Pain in abdomen that is worsening over time and if you move, breathe, cough or sneeze
- Pain in the chest, shortness of breath, dizziness, fainting
- High fever
- Heavy bleeding or discharge from the vagina
- Worsening sickness or low appetite beyond 1-2 days of the surgery
- Abdominal swelling
- Difficulty passing urine, wind or opening your bowels

Recovery at home

Week 1: Rest and gentle activity.

Week 2: Light duties, e.g. desk work.

Week 3: Gradually restart normal activities.

- **Work:** Take time off work for 2-6 weeks, depending on your type of work. A sick note can be provided.
- **Stitches:** If there are small dressings on your skin, these will be removed on day 2. The skin stitches dissolve over 2-3 weeks and do not need removal. Please see your practice nurse if there are any problems with the stitches.
- **Washing:** For the first four weeks, shower or kneel in shallow water. Do this rather than soaking in the bath, to allow the internal wounds to heal without getting wet. Keep the wounds clean and dry.
- **Exercise:** Mobilise and perform leg exercises to reduce the risk of blood clots. Exercise level should increase gradually, reaching your normal levels four to six weeks after your operation.
- **Heavy lifting:** Avoid heavy lifting. For 1-2 weeks, do not lift more than 1.5kg in each hand and only do light activities around the house. In weeks 3-4, you can introduce lighter household chores but avoid heavy lifting. By weeks 4-6, you may resume normal daily activities.
- **Sex:** Do not have sex for 4-6 weeks after the surgery and wait until the bleeding and discharge have stopped.
- **Trying to conceive:** Do not attempt to conceive within at least 3 months of the surgery, or longer if advised by your gynaecologist.

- **Driving:** Avoid driving for at least two weeks after your operation. Please check with your motor insurance company and make sure you can perform all the manoeuvres (including emergency stops) without pain before you restart driving.

When should I call Sonning Ward?

Call Sonning Ward on **0118 322 7181** if:

- you experience severe pain or heavy bleeding within a week of your operation.
- you are concerned or have questions about your operation.

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

R Cuffolo, ST6 Obstetrics & Gynaecology, March 2023
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