Mersey and West Lancashire Teaching Hospitals
NHS Trust

Myomectomy

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إذا احتجت إلى هذه النشرة بلغة أُخرى، أو بتنسيق
يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

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This information leaflet is for patients undergoing myomectomy surgery and includes what this involves, how to prepare and what to expect after the procedure.

What is a myomectomy?

A myomectomy is an operation to remove fibroids, which are benign growths within the wall of the uterus. They are made up of muscle and fibrous tissue and can grow deep within the uterine wall, on the outer surface or inside the uterine cavity.

Unlike a hysterectomy (removal of the uterus), a myomectomy removes only the fibroids, allowing the uterus to be preserved. This is particularly important for women who wish to become pregnant in the future or prefer to retain their uterus for other reasons.

Why do I need a myomectomy?

Your doctor may recommend a myomectomy if:

- You are experiencing significant symptoms from your fibroids
- Other treatment options have proved ineffective or are not appropriate for you
- You wish to preserve your uterus

Many women do not need surgery for their fibroids. There are many different treatment options; you should discuss the alternative options and reasons for your myomectomy with your gynaecologist. They will be able to answer your questions and help you to come to the decision that is right for you.

How is the surgery performed?

There are several techniques for performing a myomectomy. Your surgeon will choose the best option based on the size, number, and location of your fibroids:

Open myomectomy: this involves a large surgical incision (laparotomy), either horizontally along the bikini line or vertically in the lower abdomen. This approach is used for very large, multiple, or deeply embedded fibroids.

Laparoscopic or robotic myomectomy: this is a keyhole operation using small incisions. It is often performed as day surgery or with an overnight stay. A camera (laparoscope) and instruments are inserted through the small cuts on your abdomen to perform the surgery. You may be offered a robotic assisted approach which involves the use of the robot device to assist with the surgery.

The surgery is performed under general anaesthesia (with you asleep) and usually lasts 2-3 hours. During the operation, the surgeon will make a cut on the uterine wall over the fibroid. The fibroid will be carefully removed and the defect in the uterine wall will then be repaired using multiple layers of stitches to restore its normal shape and strength.

You may be given some medications such as vasopressin or tranexamic acid to reduce bleeding during the procedure. In laparoscopic or robotic (keyhole) surgery, fibroid tissue may be cut in to smaller pieces to enable removal, which is placed in an enclosed bag to minimise the risk of tissue spreading.

Your wounds will be closed using dissolvable stitches. If you have an open cut (laparotomy) you may have surgical clips in the wound. A thin plastic tube called a drain may be left in place to monitor for signs of internal bleeding after the surgery. This is usually removed within 1-2 days after surgery. You may also have a catheter to drain urine from the bladder which will normally be removed the next day.

What are the benefits of a myomectomy?

There are several benefits of myomectomy surgery including:

- Symptom relief: significant reduction or complete resolution of heavy bleeding, pain, pressure symptoms and anaemia.
- Improved fertility: removing fibroids may enhance the chances of conception and successful pregnancy.
- Preservation of the uterus: important for those wishing to retain reproductive ability.
- Improved quality of life: less menstrual pain and discomfort, improved energy levels.

What are the risks of a myomectomy?

Whilst a myomectomy is generally a safe and effective procedure, like all surgeries, it carries certain risks and possible complications. These may vary depending on the type of myomectomy performed, the size and location of the fibroids, and your overall background health. Your gynaecologist will discuss the risks with you before the surgery. The main risks of a myomectomy include:

Bleeding: significant blood loss can occur, especially if multiple or large fibroids are removed. Sometimes, excessive bleeding may occur and a blood transfusion may be required.

Possible need for an emergency hysterectomy: in rare and unexpected situations (e.g. uncontrolled bleeding or severe complications), the surgeon may need to remove the uterus during the procedure, even if this was not originally planned.

Infection: post operative infections may occur at the incision site, inside the uterus, or in the pelvic cavity. Signs include fever, foul smelling discharge or worsening pelvic pain. Infection is treated with antibiotics and in rare cases, additional procedures to drain deep seated pelvic infections are required.

Damage to nearby organs: organs near the uterus, such as the bladder, ureters bowel or blood vessels, may be injured during surgery. This risk is higher in more complex cases or if you have had previous surgeries. If damage occurs, additional surgery may be needed to repair the pelvic organs.

Blood clots on the legs and lungs (deep vein thrombosis or pulmonary embolism): having pelvic surgery and being immobile after the operation may increase the risk of blood clots in the legs or lungs. The risk is further increased if you have a previous history of clots or a blood clotting disorder. It is important to mobilise after your surgery, wear the compression stockings provided and stay well hydrated. You may be prescribed blood thinning injections, if required to further reduce the risk.

Reaction to anaesthesia: As with any surgery, there is a small risk of complications related to general anaesthesia, including allergic reactions, breathing difficulties or heart problems. The anaesthetist will discuss the risks with you further.

Return to theatre for further surgery: if there are complications that become apparent after the surgery, you may need a further operation to correct the problem.

Admission to intensive care unit: if you have a very high risk of anaesthetic related problems or there are significant complications during your surgery, you may be admitted to the high dependency or intensive care unit for very close monitoring, until you are stable.

Adhesions (internal scarring): scar tissue can form inside the pelvis or uterus after surgery. Adhesions may cause chronic pain, fertility problems or bowel obstruction in rare cases.

Fibroid recurrence: a myomectomy removes existing fibroids but does not prevent new ones from developing. Up to 25–30% of women may experience fibroid regrowth, especially if younger at the time of surgery.

Pregnancy after a myomectomy

Many women undergo a myomectomy because they wish to improve their chances of becoming pregnant. Whilst the procedure can increase fertility, it also comes with considerations for future pregnancy:

- Improved fertility: if fibroids were distorting the uterine cavity or blocking the fallopian tubes, their removal can significantly improve fertility.
- Time to heal: we recommend waiting 4 to 6 months after surgery before trying to conceive to allow the uterus to heal fully.
- Fertility treatments: if natural conception does not occur within 6–12 months after surgery, fertility evaluation and treatment (e.g. IVF) may be considered.
- Pregnancy considerations: after a myomectomy, any future pregnancies will be classed as high risk and you will need increased monitoring**.** There is a slightly increased risk of the placenta becoming abnormally implanted in the uterine wall or too low in the uterus (placenta accreta or placenta praevia) due to scarring from the myomectomy.

- Delivery after a myomectomy: there is a small risk of uterine rupture which is when the myomectomy scar on the uterus opens up during labour. The risk is higher if the fibroids were very deep and the uterine cavity was opened during myomectomy and if you have a baby within one year of the myomectomy. The risk does not seem to be higher in keyhole (laparoscopic) myomectomy compared to open myomectomy. You may be advised to have a planned C-section, to reduce the risk of uterine rupture during labour. If you are planning a future pregnancy, you should discuss this further with your gynaecologist.

How can I prepare for my myomectomy surgery?

It is important that you take steps to ensure you are as healthy as possible before undergoing surgery. Before your operation you should:

- Take your regular medications, unless advised otherwise
- If you are a smoker, try to give up or cut down
- Maintain a healthy weight
- Eat a well balanced nutritious diet
- Try to stop or cut down on drinking alcohol
- If you develop an infection or serious illness before your operation, please contact us.

We recommend that you purchase some over the counter pain killers such as paracetamol and ibuprofen as well as a supply of laxatives, to be used at home, after your surgery. The hospital will supply stronger pain killers and any other medications you require on discharge.

What to expect before surgery?

Before surgery, you will be given an appointment for the pre-operative clinic to assess your fitness to undergo surgery and general anaesthesia. You will be asked about your current health status, medications that you may be taking and any other relevant background information. We will carry out all investigations required i.e. blood tests, ECG (heart trace) and a chest x-ray.

In the gynaecology clinic, you will have the opportunity to ask questions and once you are certain about your decision, you will be asked to sign a consent form for the operation.
You will be asked to avoid eating or drinking for a minimum of 6 hours before your surgery and you may be asked to stop certain medications. On the day of your operation, you will be seen by the gynaecologist performing your surgery and the anaesthetist. You will have the opportunity to ask further questions and they will confirm your consent for the procedure. The nursing staff will help to prepare you for theatre and will provide a hospital gown and surgical stockings for you to wear.

What to expect after surgery

After surgery, you will be initially monitored in the theatre recovery room as you wake from anaesthesia. You will be given analgesia to keep your pain controlled. Once you are awake from the general anaesthetic, you will be transferred to the ward where you will have your pulse, blood pressure and temperature monitored regularly.

We will make sure you have passed urine and are feeling well in yourself. If you have a catheter, your urine output will be monitored. You will be offered a drink and something light to eat. The wounds are usually closed with stitches which will dissolve. If you have a larger cut, you may have surgical clips which need to be removed 5-7 days after surgery, the nursing staff will inform you if this is required.

If you have had laparoscopic surgery you may be discharged the same day or the day after your surgery. If you go home the same day, you will need to have a responsible person to take you home and be with you for 24 hours. If you have had an open operation (laparotomy) you will need to stay in hospital overnight and will be discharged usually within 1-2 days. Upon discharge, we can provide you with stronger pain medications to take home, if required and a sickness certificate for time off work. You will be given more information about what to expect after surgery and wound care advice before you go home.

Recovery after surgery

Recovery time varies depending on the surgical method:

- Laparoscopic (keyhole) surgery: most patients can resume normal activities and return to work within 2-4 weeks.
- Open surgery: recovery may take longer, approximately 4-6 weeks due to the larger incision.

After surgery, it is normal to experience some pain and discomfort around the incision sites and pelvic area, which can usually be managed with over the counter pain medications such as paracetamol and ibuprofen. You may need to take the stronger pain killers (e.g. codeine or tramadol) provided by the hospital in the first few days.

You may also have mild abdominal bloating for several days. The anaesthetic effects are very short lasting, but you may feel more sleepy than normal for the first 24 hours and during this time, your judgement may be impaired. As you start to recover from your surgery you will feel tired and your energy levels will be reduced. Try to rest but also gradually increase your activity as tolerated to aid recovery. Your energy will gradually return to normal during the weeks after your surgery.

Surgical dressings can be removed 24 hours after the operation. Keep the wounds clean, dry and watch for signs of infection such as redness, swelling, or discharge. You may experience some vaginal bleeding which may last several days after the surgery and is usually lighter than a menstrual period.

You should avoid heavy lifting and strenuous exercise for several weeks, especially after open surgery. You can return to driving once your pain has subsided and you are confident that you are able to perform an emergency stop procedure.

You should not get pregnant for at least 4-6 months after myomectomy surgery. This is to allow the uterine wall to fully heal and to reduce the risk of complications in pregnancy. During the first few months, you may wish to avoid intercourse altogether, as the safest option.

Alternatively, if you do want to resume intercourse, you should abstain for the first 4-6 weeks after surgery to allow wounds to heal and you should then use effective contraception.

Whilst you are recovering from surgery, if you experience severe pain, fever, heavy bleeding, offensive vaginal discharge, signs of infection of the wounds or difficulties passing urine contact your GP or get in touch with the gynaecology team promptly.

Follow-up and results

After surgery, the removed fibroid(s) will be sent to the laboratory for histological examination to confirm the diagnosis. Your results will be sent to you by letter in the post. Alternatively, a follow up appointment may be scheduled, if required, to discuss the results and review your postoperative progress.

Where can I find more information?

You may find the following websites useful:

Womens Health Concern https://www.womens-health-concern.org

NHS – Uterine Fibroids https://www.nhs.uk/conditions/fibroids

Royal College of Obstetricians and Gynaecologists www.rcog.org.uk

British Fibroid Trust https://britishfibroidtrust.org.uk

The fibroid foundation http://fibroidfoundation.org

Contact information

Whiston and St Helens hospital sites

Gynaecology secretaries
Womens Offices, Whiston Hospital
Tel no. 0151 676 5289
Gynae.secs@merseywestlancs.nhs.uk

Gynaecology Ward (3E)
Level 3, Whiston Hospital
Tel no: 0151 430 1522

Southport and Ormskirk hospital sites

Gynaecology secretaries
Tel no. 01695 656658

Gynae assessment bay (E ward)
Tel no. 01695 656901

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Warrington Road,
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Marshalls Cross Road,
St Helens, Merseyside, WA9 3DA
Telephone: 01744 26633

Southport Hospital
Town Lane, Kew,
Southport, Merseyside,
PR8 6PN
Telephone: 01704 547 471

Ormskirk Hospital
Dicconson Way, Wigan Road,
Ormskirk, Lancashire, L39 2AZ
Telephone: 01695 577 111