

Myomectomy (fibroid surgery)

What is a myomectomy?

A myomectomy is a surgical procedure that removes fibroids from the wall of the uterus, without removing the uterus. This is done either as a key-hole procedure, via a low horizontal (bikini line) incision of the abdomen or a midline incision (vertically) if the fibroids are very large.

A myomectomy is usually performed for one of the following reasons:

- Heavy periods (menorrhagia).
- Infertility - women with very large fibroids may have difficulty in getting pregnant. Women may be advised to have fibroids removed before having assisted conception.
- Pressure symptoms and discomfort due to an enlarged womb - fibroids may press on the bladder causing the need to pass urine frequently. If very large they can cause the abdomen to swell and feel uncomfortable.

What does the surgery involve?

There are several ways to perform a myomectomy. Laparoscopically (keyhole surgery) or hysteroscopically where the fibroids are removed via the cervix. Many treatments, which once required major surgery, can now be performed through a laparoscope. This means a much quicker recovery, as there are no big incisions on the abdomen.

The method used to perform your myomectomy will depend on the number and size of the fibroids that you have how deeply they are rooted and their location.

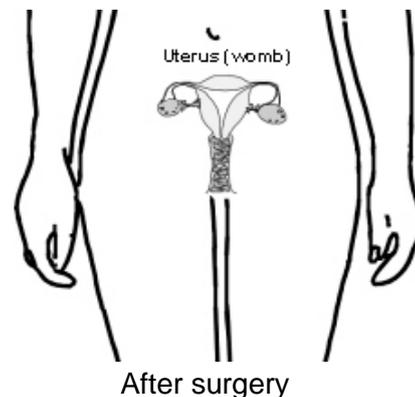
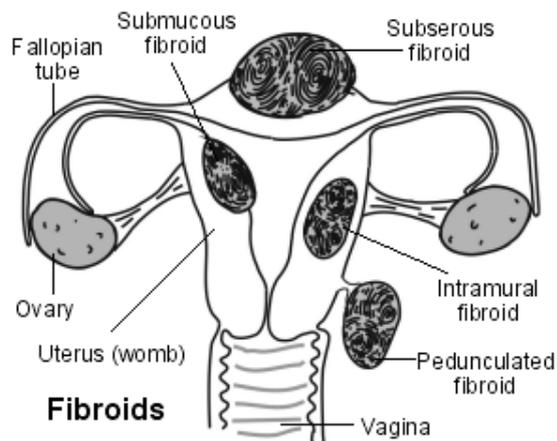
Your doctor will discuss this with you in the clinic and when you sign the consent form.

Are there any side effects or possible complications?

The chances of complications of a myomectomy vary slightly with how it is performed, but generally they include:

- Hysterectomy (removing the womb): this is uncommon (one in 100 cases) and is only performed in life-threatening situations in order to stop the bleeding.
- Bleeding: excessive bleeding may occur and it may be necessary to give you a blood transfusion during or after the procedure.
- Infection: this may require treatment with antibiotics.

- **Injury to adjacent organs:** depending on the injury, further surgery may be required and may result in a longer recovery.
- **Developing clots in your leg or your lungs:** this is not common and you will be advised to mobilise as soon as you are comfortable after your surgery. You may also be given compression stockings to wear and may receive an injection (heparin) to thin your blood whilst you are in hospital.
- **Adhesion formation:** scar tissue may occur both in the pelvis and inside the womb following this type of surgery. The chance depends on the type of surgery and the size and number of fibroids that are removed.
- **Recurrent fibroids:** the chance of new fibroids growing may be as high as 60% over five years. These may be picked up on an ultrasound scan, but are only significant if they are causing problems. Any future surgery may be more difficult because of the scar tissue that may have formed after the myomectomy.



If you have any questions or concerns regarding your investigation please call the Fertility Clinic and ask to talk to one of the nurses or discuss with Mr Swanton at your consultation.

The clinic doctors produce a number of information sheets especially for this clinic and update them frequently. You can find some of these sheets on www.royalberkshire.nhs.uk/patient-information-leaflets/ and search under 'F' for Fertility Clinic.

For more information about the Trust visit our website: www.royalberkshire.nhs.uk

This document can be made available in other languages and formats upon request.

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