

Myomectomy

Myomectomy means removal of fibroids.

Fibroids are fibro-muscular, non-cancerous tumours that form on the inner or outer wall of the uterus. Fibroids need to be surgically removed if the size is large and/or accompanied by undesirable symptoms. Although small and asymptomatic fibroids do not need immediate surgery, they have to be monitored for growth.

Your doctor may carry out myomectomy in one of these ways depending on the size of the fibroids and location:

- Hysteroscopy
- Open surgery (Laparotomy)
- Laparoscopy

This method is generally used if the fibroids are small and located on the inner surface of the uterus.

In hysteroscopic myomectomy the surgeon inserts a thin, telescope-like device called a hysteroscope into the uterus through the vagina. The uterus is distended by special solution. Surgeon then detaches the fibroid with the help of resectoscope, a special type of hysteroscope, using electrical energy. This procedure usually does not require any abdominal incision, so hospitalization is shorter.

When fibroids are buried in the outer wall of the uterus, abdominal surgery is required. This surgery may be performed as an open surgery or laparoscopically. In an open surgery, the incision may be horizontal (the "bikini" incision) or a vertical incision from the navel downward. The surgeon uses tools to approach the fibroids. The surgeon detaches the fibroid from the uterus and removes it. Every opening in the uterine wall is then stitched with sutures. The surgeon then sutures the abdominal wall in layers and lastly closes the topmost layer of the skin.

In laparoscopic myomectomy, the surgeon approaches through the abdomen but the incision is much smaller compared to a standard open surgery or laparotomy. Here, the surgeon views the inside of the pelvis through a laparoscope. Multiple Small incisions are made on the skin from where surgical instruments can be inserted to approach the fibroid. through these incisions. The fibroids are then detached from the uterus. Fibroids are cut into small pieces so as to remove through the tiny incisions.

Finally, the incisions on the uterus are sutured.

Indications for myomectomy are:

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- Heavy or painful menstrual periods that cause anaemia or that disrupt a woman's normal activities
- Bleeding between periods
- Uncertainty whether the growth is a fibroid or another type of tumor, such as an ovarian tumor
- Rapid increase in growth of the fibroid
- Infertility
- Pelvic pain

Before surgery your doctor will get all the necessary investigations done to confirm that you are fit to undergo surgery. Sometimes, your doctor may prescribe hormonal drugs for few months. These drugs may help to temporarily control the excessive bleeding or temporarily shrink the fibroids. The surgery is carried out under anaesthesia.

With the advances in medical science the myomectomy has become much safer as compared to the past. However there are some known complications of this surgery. Possible complications include:

- Infection
- Blood loss
- weakening of the uterine wall (future deliveries may need to be performed via caesarean section)
- adverse reactions to anaesthesia
- internal scarring (and possible infertility)
- reappearance of new fibroids

There is a risk that removal of the fibroids may lead to such severe bleeding that the uterus itself will have to be removed.

Rate of complications for myomectomy is about the same as those for hysterectomy (anywhere between 3% and 9%).

While carrying out myomectomy, there is a possibility of bleeding from the site of fibroid detachment. If this becomes uncontrollable the surgeon may have to decide to remove the uterus itself to save the patient's life. Sometimes the surgeon may have to convert laparoscopic surgery into open surgery. Inadvertent injury to urinary bladder, urethra, bowels, is a very uncommon complication. The chance may vary depending on the size, number, and location of fibroids. The fibroid once removed does not regrow. But the uterus can produce new fibroids. The chance of new fibroid developing in future can vary from 15 to 30%.

There is another type of tumour called adenomyoma which exactly mimics the symptoms of fibroids. The surgeon can detect it only while he is doing the surgery. In these cases, the

surgeon may take biopsy to prove the diagnosis. Patients may need four to six weeks of recovery following myomectomy. The incision heals in about 7 days. Your doctor will tell you when to resume the normal activities.

Hysterectomy is another alternative to myomectomy. Hysterectomy means removal of not only the fibroids but the whole uterus. Blood loss in this surgery may be lesser as compared to myomectomy. This surgery is opted by those women who have completed their family and do not mind if the menstruation gets stopped. This automatically safeguards the patient from the recurrence of fibroids after myomectomy.

Removal of uterine fibroids will help to reduce the symptoms caused by the fibroids such as pain and bleeding. Under normal circumstances, a woman who has had a myomectomy will be able to become pregnant.