

OPEN MYOMECTOMY INFORMATION SHEET

This information leaflet is for women who are having an operation to remove fibroids from their womb. This is known as a myomectomy. It explains what it is for, what is involved and what significant risks there may be.

What is a Myomectomy?

It is an operation that involves the removal of uterine fibroids. The uterus, cervix, fallopian tubes, ovaries and vagina all remain intact. Wherever possible we aim to remove all the fibroids.

What is a fibroid?

Fibroids are common, benign growths which form in the wall of the uterus. They are most common toward the end of the reproductive years. They exist singly, but most often are multiple and range in size from microscopic to filling the whole lower and even the upper abdomen. In 50% of cases fibroids do not cause any problems.

They are present in around 1:4-5 white women and 1:2 black women. They are more common in women who are overweight and those who have no children. They can cause heavy menstrual bleeding and are occasionally painful, especially during pregnancy. Fibroids occur for no apparent reason, and are completely non-cancerous.

What are the reasons for having a Myomectomy?

A Myomectomy may be advised for one or more of the following reasons:

- Heavy periods, leading to iron deficiency anaemia
- Painful periods
- Pressure symptoms (i.e. the enlarged womb will place pressure on the bladder giving increased urinary symptoms e.g. frequency)
- Fertility problems (relatively uncommon cause, implicated in only 3% of couples)

What are the benefits of Myomectomy?

This operation can reduce or alleviate the symptoms described above. It is an alternative to having a hysterectomy and is the preferred option for women that wish to preserve their fertility.

What does the operation involve?

- A Myomectomy involves the removal of uterine fibroids.
- Professor Manyonda will explain your operation and the position of your scar.
- You will be asked to sign a consent form (if you have not already done so) to confirm that you understand the procedure and agree to go ahead with it.
- Please ask any questions you need to – it may help to make a list in advance.
- You will see an anaesthetist to discuss your anaesthetic and pain relief.
- You will see a physiotherapist who will show you how to do some similar exercises.

The following preparations may be required:

- Nothing to eat or drink from 6 hours before your operation.
- Laxatives or suppositories are a preparation to clear the bowel.
- You will also be measured for and given a pair of support (TED) stockings to help prevent clots forming in the calves.

Preparation for your operation:

You are advised to:

- Check with your GP if you are anaemic – you may need iron tablets.
- Get as fit as possible before your operation because your recovery will be quicker if you are in good physical shape.
- Eat a well balanced diet and take regular exercise.
- If you smoke, try and cut down or give up.

Pre-operative assessment:

- You will need to attend a pre-operative assessment (a medical check-up) a couple of weeks before your operation. This will include having your blood pressure and pulse taken, your height and weight measured and your urine tested. This may also include blood tests, an ultrasound scan, chest x-ray and a heart tracing (ECG).
- You should allow 2-3 hours for the pre-operative assessment.
- You will be asked about your current and past medical history and any allergies you may have. Please inform the pre-assessment team if you have **diabetes, high blood pressure, asthma** and any other medical problems. Please bring a list of the medications you are currently taking with you to this appointment. Please also make a note of your last menstrual period and bring this with you.
- There will be time during this appointment for the operation to be explained and for you to ask any questions.
- **If you do not attend this medical check-up, the operation will be cancelled.**
- If you need to change this appointment please call the Patient Pathway Co-ordinator on 020 8725 0520 / 0522.

Please note if you are pregnant, the operation cannot go ahead (so please check your dates, and do not have unprotected sex between your period and the operation).

Preparation in hospital for your operation:

- You will come into hospital on the day of your operation.
- The Myoma Surgeons will use stitches that dissolve.
- You will be given a follow-up outpatient appointment for **3 months** after your operation.
- You will be given a copy of a letter for your GP.
- You will be given further information on wound care/ bathing/ driving etc on discharge from hospital, plus a physiotherapy exercise leaflet.

The operation:

- You will have a general anaesthetic.
- There are two stages to the operation. The first stage is a hysteroscopy (camera inserted into the womb to inspect the inside, following which a balloon is inserted into the womb. If you have a coil inside the womb it will be removed and **not** replaced. The second stage is the removal of the fibroids – the myomectomy.
- The operation takes 2-3 hours.
- You will have an incision (cut) either horizontally along your bikini line or vertically from your belly button downwards. The bikini line cut is the most frequently used incision because it heals better and is more anesthetically pleasing.

- On leaving the operation you may have:
 - A drip in a vein in your arm, to give you fluids and/or medications.
 - A catheter (a small tube) that drains urine from your bladder for 24-48 hours.
 - A drain (a plastic tube) that is inserted into the wound to remove any slight bleeding for 24-48 hours.
 - A plastic tube coming from inside the wounds (attached to the balloon) and coming out through the vagina.

After the operation:

- You will first be taken to the recovery room, and then go back to the ward.
- You will have your blood pressure and pulse checked regularly.
- You will be given pain killers as necessary, please ask the nursing staff.
- You will have a dressing over the wound. With your surgeon's agreement you can start drinking small amounts of fluid; by the next morning you should have returned to a normal diet.
- The day after your operation your nurses will encourage you to get out of bed and start moving around.
- Your surgeon will review your progress regularly. Do ask any questions you want to.
- Your physiotherapist will visit early on.
- If you feel sick or have any pain, please tell nursing staff.

Going home:

- You should arrange for a friend or relative to collect you.
- Ideally you should have someone to look after you for the first week at home.
- If all goes well your hospital stay will be 3-4 nights.

Advice on recovery:

- You may **feel very tired** for the first week, but you can resume normal activities as soon as you feel able.
- **Avoid any heavy lifting** (anything that requires two hands) for the first 2 weeks.
- You can **start driving** 4-6 weeks after the operation providing you feel comfortable with a seat belt.
- You can **go back to work** 8-12 weeks following your operation depending on the work you do and how physically active it is; check with your GP. You will be given a "sick note" prior to your discharge to cover the period you should be off work.
- It is important that you keep as fit as possible as this will speed up your recovery. Swimming and walking are good and safe. Wait until your first outpatient follow-up appointment before you start swimming.
- Try not to smoke, and eat a sensible diet with plenty of fluids and fresh fruit and vegetables.
- Keep up your exercises, again this is very important for getting back to normal quickly.
- Sex – you can resume sexual intercourse after your outpatient follow-up appointment if all is well.
- Most painkillers cause constipation: take measures to avoid constipation by eating plenty of fresh fruits and vegetables. Prune juice helps.

Are there any risks:

As with any major abdominal surgery very occasionally serious surgical and anaesthetic problems occur. Some of the risks include:

- **Chest infection** – can be prevented by breathing exercises.
- **Wound infection** following abdominal surgery – this can be treated with antibiotics.
- **Deep vein thrombosis** (a blood clot in the leg) – we aim to prevent this with a daily injection of heparin (it thins the blood) and compression socks, good hydration and early mobilisation.
- **Urine retention** – this happened rarely and entails treatment with a catheter.
- **Haemorrhage** – blood loss can be very occasionally be very excessive during the operation and you may need a blood transfusion. **In exceptionally rare circumstances and only** as a last resort life-saving measure, it might become necessary to remove the womb.
- **Injury to the bladder and bowel** – This is very rare, but the more likely where there is a scar tissue due to previous surgery, especially previous myomectomy surgery.

Important information regarding pregnancy and contraception

It is important that you do not try and conceive until 6 months after your operation. This is to allow the womb enough time to heal, so that it will be able to cope with the pressure of pregnancy. There is a risk of the womb rupturing if not enough time is allowed. You therefore need to ensure that you have adequate/ effective contraception. Because fibroids feed on oestrogen and progesterone, Professor Manyonda suggests that you do not use the oral contraceptive pill.

If you had a coil prior to the Myomectomy, it will have been removed and NOT replaced at the time of the operation.

The best approach to contraception in this situation is the careful use of the sheath (condoms).

Please speak to one of the Myoma Surgeons before your operation if you have any worries about these risks.

Any further questions?

Please contact the Myoma Service's PA on 0208 725 3663.

Please be confident to ask any questions – there is no such thing as a “stupid or silly” question.