

Indications

Heavy menstrual flow, pelvic or abdominal mass, pressure symptoms.

The Operation

1. General anaesthesia.
2. Peritoneal cavity entered via abdominal incision.
3. Incision over the fibroid(s) and fibroid(s) removed.
4. Uterine wound and abdominal wound closed.
5. All tissues removed will be sent to pathology lab or disposed of as appropriate unless otherwise specified.
6. Photograph / video may be recorded during the operation for education / research / documentation purpose. Please inform staff if you have any objection.
7. “Associated Procedures” which may become necessary during the procedure, such as blood transfusion, hysterectomy

Preoperative Preparation

1. Admit 1 day before or on same day of this “elective” operation.
2. Anaesthetic assessment. **Inform your doctors** about drug allergy, your regular medications or other medical conditions.
3. Keep fast for 6 to 8 hours before operation.
4. Empty bladder and change to operation clothes before transfer to operating room.
5. Pre-medication, antibiotic prophylaxis and intravenous line may be required.

Postoperative Instruction

General

1. Mild throat discomfort or pain because of intubation.
2. Mild discomfort or pain over the operation site. Inform nurses or doctors if more analgesics are required.
3. Nausea or vomiting are common after general anaesthesia; inform nurses if symptoms severe.
4. Can mobilize and get out of bed 6 hours after operation.
5. Usually go home on day 2 after the operation.

Wound care

Keep dressing intact.

Diet

Resume diet, usually 4 hours after anaesthesia, and when taking sips of water well.

Common Risks and Complications (not all possible complications are listed)

Anesthesia related complications

1. Cardiovascular: myocardial infarction or ischaemia, stroke, deep vein thrombosis, pulmonary embolism, etc.
2. Respiratory: atelectasis, pneumonia, asthmatic attack, exacerbation of chronic obstructive airway disease.
3. Allergic reaction and shock.

Procedure related complications

1. Wound pain, wound infection.
2. Bleeding (may need blood transfusion).
3. Injury to neighbouring organs especially the bladder, ureters and bowels.
4. May need to perform hysterectomy.
5. Procedure may not be feasible in case of adenomyosis or fibroid not identifiable because of small size / too deep seated.
6. Pelvic infection.
7. Wound hernia (with large trocar).
8. Deep vein thrombosis.
9. Possible adverse effect on future fertility because of adhesion.
10. Up to 30% of patients may require another laparotomy for recurrence in 10 years.

Risks of if Untreated

1. Persistent or worsening of symptoms (menorrhagia, pelvic or abdominal mass, pressure symptoms).
2. Exact diagnosis cannot be ascertained.

After the Procedure

1. Fertility may be affected.
2. Risk of uterine rupture when pregnant.
3. May need Caesarean Section in future pregnancy.

Alternative Treatment

1. Non-surgical treatment including observation or medical treatment.
2. Hysterectomy.
3. Uterine fibroid embolization.
4. Laparoscopic/vaginal/hysteroscopic approach.

Things to take note on discharge

1. Contact your doctor or the Accident & Emergency Department if you find increasing pain or redness around the wound and discharge from the wound.
2. Take analgesics prescribed by your doctor if required.
3. Resume daily activity gradually.

Follow Up

After obtaining a pathological diagnosis, the doctor will suggest and arrange supplementary treatments such as chemotherapy, hormonal therapy, target therapy, and radiation therapy based on the patient's final condition.

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor. Evangel Hospital reserves the right to amend this leaflet without prior notice. We welcome suggestions or enquiries on the information provided in this leaflet. Please contact our Healthcare professionals so that we could follow up and make improvement.

Reference

University of Michigan, Von Voigtlander Women's Hospital: "Abdominal Myomectomy" (2015)
<https://www.med.umich.edu/1libr/Gyn/abdmyomectomy.pdf> (25-07-2023)