

Indications

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

The Operation

1. General anaesthesia.
2. Pneumoperitoneum created by insufflation of carbon dioxide.
3. Incisions made on abdominal wall; Laparoscope and instruments inserted into peritoneum, and myomectomy done with suturing if necessary.
4. Specimen removed (may be by morcellation) via incision on abdomen or vagina.
5. Abdominal (and vaginal) wounds closed.
6. All tissues removed will be sent to pathology lab or disposed of as appropriate unless otherwise specified.
7. Photograph / video may be recorded during the operation for education / research / documentation purpose. Please inform staff if you have any objection.
8. “Associated Procedures” which may become necessary during the procedure include blood transfusion, hysterectomy.

Comparison with Abdominal Myomectomy

1. Similarities: Same pathology removed. Same sequelae.
2. Differences: 3-4 smaller abdominal wounds, less painful, faster recovery, earlier discharge, shorter sick leave required.

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.

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. Bleeding (may need blood transfusion).
2. Trauma to peritoneal organs (bladder, ureters and bowels) and blood vessels (may require repair).
3. May need to perform hysterectomy.
4. Procedure may not be feasible in case of adenomyosis or fibroid not identifiable (small size / too deep seated).
5. Pelvic infection
6. Wound complications including infection and hernia (with large trocar).
7. Possible adverse effect on fertility because of adhesion.
8. Up to 30% of patients may require another operation for recurrence in 10 years.
9. Risk of conversion to laparotomy (less than 5% chance).
10. May have dyspareunia following vaginal wound suturing.
11. Potential increased risk of uterine rupture during pregnancy because of difficulty of deep suturing.

Risk of Not Having the Procedure

1. Persistent or worsening of symptoms (heavy menstrual flow / pelvic or abdominal mass pressure symptom).
2. Exact diagnosis cannot be ascertained.

Alternative Treatment

1. Non-surgical treatment including observation or medical treatment.
2. Hysterectomy.
3. Uterine fibroid embolization.
4. Open / 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.
4. Can get pregnant but there is risk of uterine rupture.
5. Future fertility may be affected.
6. May need caesarean section in future pregnancy.

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

Cleveland Clinic: "Myomectomy" (2023)
<https://my.clevelandclinic.org/health/treatments/15448-myomectomy> (25-07-2023)