



# Saint Mary's Hospital

Gynaecology Service

# Myomectomy (Surgical treatment for fibroids)

## Information For Patients



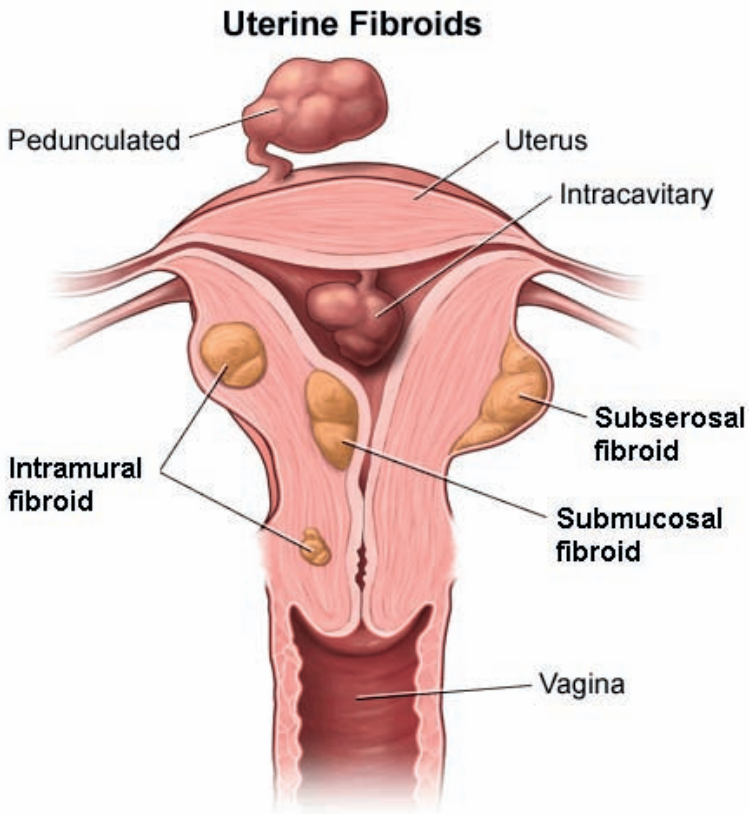
## What are fibroids?

Uterine fibroids are non cancerous growths made up of muscular and fibroid tissue. Fibroids, also known as leiomyomata, may either grow as a single fibroid or in clusters. A single fibroid may vary in size. On the basis of their location in the uterus, fibroids can be divided in to three groups:

**Subserosal** - Fibroid(s) that grow on the outer covering of the uterus (womb).

**Intramural** - Fibroid(s) that grow within the muscular wall of the uterus.

**Submucosal** - Fibroids(s) that grow underneath the uterine lining.



Most fibroids do not cause problems and do not require treatment. However, sometimes they can be troublesome and can cause a number of symptoms including:

- Pain.
- Heavy periods, called menorrhagia.
- Pressure effects on your bladder, bowel or spine.
- Problems with becoming pregnant.
- Miscarriages.

## How are fibroids treated?

There are a number of ways of dealing with fibroids:

- Drug treatment - You can take drugs (known as GnRH analogues). These reduce oestrogen levels in your body and this causes the fibroids to shrink, but this is unlikely to be permanent and the fibroids may grow back. Your doctor may want you to start these drugs to shrink the fibroids before you have surgery (myomectomy), however, these drugs also stop menstrual bleeding and pelvic pain and should not be taken for more than six months. They can cause a number of undesirable side effects, including menopause-like symptoms, such as hot flushes and vaginal dryness.
- Uterine Artery Embolisation - This is a method of shrinking single fibroids by cutting off their blood supply. Under X-ray guidance a fine tube (catheter) is passed into the uterine arteries and small particles are injected to embolise (block) the supply of blood without removing the fibroid. This procedure is done under a local anaesthetic and is minimally invasive, with no scars.
- Hysterectomy - This is an operation to remove your uterus. If you never want to become pregnant and do not mind losing your uterus then this would be a certain way of dealing with the problem.

- **Myomectomy** – this is a surgical procedure that removes fibroids and leaves the uterus (womb) intact. A myomectomy may not always be possible as it depends on your personal circumstances, such as the size, number and position of your fibroids.

## Why would I have a Myomectomy?

Surgery may be considered if your fibroid symptoms are particularly severe and all forms of medication have proved ineffective.

You should discuss the reasons for your myomectomy and the different treatment options with your gynaecologist, who will be happy to explain these in more detail and answer any questions you may have.

## How is the Myomectomy performed?

There are different ways to perform the myomectomy and your doctor will discuss with you the most appropriate method for your individual case:

- **Abdominal Myomectomy**

In an abdominal myomectomy, an incision is made in your abdomen (which may be around 12 cm or less). This enables the doctor to reach the uterus so that the uterine fibroids can be removed from the wall of the womb (intramural) and the outer layer of the womb (subserous). Once the fibroids have been removed the uterus and abdomen are stitched up. You will be given a general anaesthetic for this procedure. You can expect to stay in hospital for 3-4 days.

- **Laparoscopic Myomectomy**

We can sometimes remove smaller fibroids using keyhole instruments passed through tiny cuts in your abdomen. This is called a laparoscopic myomectomy or laparoscopic resection. A laparoscope (a narrow tube with a fibre optic light) is inserted into the womb through a tiny cut in the abdomen. Other small cuts are made in the same area to insert instruments that can dissect and remove the fibroids. You will be given a general anaesthetic for this procedure. You can expect to stay in hospital for 1-2 days.

- **Hysteroscopic Myomectomy**

A hysteroscopic myomectomy (or hysteroscopic resection) is where a small hysteroscope is inserted through the vagina and the cervix, so that one or more fibroids can be removed. This procedure can only be done where there are small fibroids which are just underneath the uterine lining (submucous fibroids). You will be given a local or general anaesthetic and will probably be able to go home the same day.

## **What are the complications of a Myomectomy?**

Most women will not experience any problems following a myomectomy. As with any surgery, there is a slight risk from the general anaesthetic. Other risks may include, some blood loss, infection and perforation of any of the organs of the pelvis, mainly the uterus, bowel, bladder or blood vessels. Your gynaecologist will discuss the risks with you.

## **Will my fibroids grow back?**

Once fibroids are removed those particular fibroids cannot grow back. But fibroids are caused by genetic mutations within uterine muscle cells. This process can over time create new fibroids. In addition, there can be tiny fibroids that cannot be seen or felt, and therefore cannot be removed. This is most likely to happen in someone who has many little fibroids. Recurrence is least likely in women with one or a few large fibroids than with multiple small ones.

## **Do I need any special preparation?**

In preparation for your operation, ensure that you fully understand the procedure by asking any questions or sharing any worries. There is a section in this booklet that you may wish to use to write down your questions and take with you on your admission to hospital so that you can discuss any of your concerns.

It is advisable that you arrange for any help at home, such as with daily chores and childcare arrangements, until such time as you feel able to undertake these tasks without help. You will also need to ensure that someone is available to collect you from hospital when you are discharged and take you home by car or taxi (not public transport). We advise that you bring an overnight bag for your hospital stay. Prior to coming into hospital you should have a bath or shower. Please remove any body piercings and nail varnish from fingers and toes. Valuables and jewellery should be left at home.

**Please ring the ward to confirm bed availability the day before your operation and ask the nurse if you are on a morning or afternoon theatre list.**

For further information please refer to the booklet 'Enhanced Recovery Programme', which you should also receive.

## **What can I expect immediately after the operation?**

To perform a successful laparoscopy your abdomen will be inflated with air. This can cause lower abdominal, upper leg and commonly shoulder tip pain. You will also have 2-4 incision sites where the laparoscope and instruments were inserted. These may be tender immediately after your operation and for the next 10-14 days.

If you are having an abdominal myomectomy, or uterine artery embolisation you may return to the ward with a Patient Controlled Analgesia System (PCA). This will allow you to control your own pain relief. It administers a set dose of morphine or pethidine each time you press the hand held green button. It has a safety lock out system of five minutes to prevent overdose occurring.

The PCA will remain with you for 1-2 days following your operation and can be topped up with oral and/or rectal analgesia (pain relief). Once the PCA is discontinued you will receive regular oral pain relief.

For Uterine Artery Embolisation you may have a tube inserted into your bladder (which will drain urine into a bag) prior to your procedure. This may also be in place after your procedure.

If you are having an abdominal myomectomy, you may have a catheter placed in your bladder during your operation whilst you are asleep.

Catheters stay in place until you are drinking normally and the catheter bag is filling with normal amounts of urine. It may be removed the day following your surgery.

## **How will my wound be closed?**

Your incision sites may either be closed with very small sutures (stitches) if having a laparoscopy or with surgical glue. If you are having an abdominal myomectomy your wound will be slightly bigger. Stitches, surgical glue, clips or staples may be used.

Sutures usually dissolve within 10-14 days for a laparoscopy. If they do not and are causing discomfort please seek advice from your GP or practice nurse. If necessary they should be able to remove them for you. Glued sites may be left to heal, no intervention is required.

If you are having an abdominal myomectomy, your stitches, clips or staples are normally removed by the nurse between 5-10 days. If you are discharged before this time we will arrange for the district nurse or practice nurse to remove these for you.

## Vaginal bleeding

It is common to have some mild vaginal bleeding for up to seven days after your operation. Do not use tampons during this period, only sanitary towels. Tampons may increase your risk of developing a mild infection. If you feel your bleeding is prolonged or becomes offensive, please seek advice from your GP. Excessive or prolonged menstrual bleeding is one of the most common symptoms of fibroids. Treatment of your fibroids should now stop this.

## How should I care for my wound?

Some oozing from the site(s) may be noted for the first 24 hours after your operation and a dry dressing may be applied. After this time the site should be left clean, dry and exposed. (Please do not use any perfumed products on your wound).

Should oozing continue and/or the areas become inflamed/red/smelly, when you are at home, please seek advice from your GP, as you may have developed a mild infection.

You may bathe and/or shower as normal, it does not matter if you get the sutures or glue wet. Do not use any perfumed products on your wound when bathing/showering. Please ensure that you dry your wound with a clean towel after personal cleansing.

## Will I have a scar?

Laparoscopic scarring is minimal as the incision sites are very small and any scarring will fade with time. If you are having an abdominal myomectomy you may have a slightly bigger scar but, again, this will fade with time.



## When can I return to my normal activities?

You will feel tired in the first few days following your operation. Rest and recover and resume your normal activities when you feel ready to. However, avoid heavy lifting, housework and strenuous exercise for 10-14 days. Following laparoscopic surgery you can normally return to work within 7-14 days. After an abdominal myomectomy this might be slightly longer.

Do not attempt to drive until you can wear your seatbelt comfortably and feel confident that you would be able to perform an emergency stop without any abdominal discomfort.

If you are unsure about your individual recovery time please discuss with your nurse during your hospital stay.

## When can I have sex again?

Do not resume having sexual intercourse until vaginal bleeding has stopped and you feel able and comfortable to have sex.

## Will my periods be affected?

Your periods can be affected by your operation. They may be heavier, lighter or delayed.

## Constipation following surgery

This is avoidable. Eat a high fibre diet and drink plenty of water (approximately eight glasses per day) and gradually increase your exercise. If constipation becomes a problem whilst you are in hospital, discuss this with your nurse. If at home, ensure you discuss it with your GP or District/Practice Nurse and they will give you further advice.

## Contact numbers:

Ward 62	0161 276 6329
Emergency Gynaecology Unit	0161 276 6204 0161 276 6517
Women's Out-patients (admissions)	0161 276 6310 8.00 am- 4.00 pm, Monday-Friday.

## Other Useful Numbers:

NHS Direct 0845 4647 (24 Hours)      [www.nhsdirect.nhs.co.uk](http://www.nhsdirect.nhs.co.uk)

**Please note:** If you experience problems within the first 5-7 days following surgery you can contact the ward if your GP is not available. However, if your problems are ongoing please seek advice from your GP in the first instance.

If your GP is not available there are NHS Walk-In Centres you can attend without appointment; contact NHS Direct for your nearest centre.

## Zero Tolerance Policy

We are committed to the well-being and safety of our patients and of our staff. Please treat other patients and staff with the courtesy and respect that you expect to receive. Verbal abuse, harassment and physical violence are unacceptable and will lead to prosecutions.

## Suggestions, Concerns and Complaints

If you would like to provide feedback you can:

- Ask to speak to the ward or department manager.
- Write to us: Patient Advice and Liaison Services, 1st Floor, Cobbett House, Manchester Royal Infirmary, Oxford Road, Manchester M13 9WL
- Log onto the NHS Choices website [www.nhs.uk](http://www.nhs.uk) - click on 'Comments'.

If you would like to discuss a concern or make a complaint:

- Ask to speak to the ward or department manager – they may be able to help straight away.
- Contact our Patient Advice and Liaison Service (PALS) – Tel: 0161 276 8686 e-mail: [pals@cmft.nhs.uk](mailto:pals@cmft.nhs.uk). Ask for our information leaflet.

We welcome your feedback so we can continue to improve our services.

## Own notes/questions to ask:

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## No Smoking Policy

The NHS has a responsibility for the nation's health.

Protect yourself, patients, visitors and staff by adhering to our no smoking policy. Smoking is not permitted within any of our hospital buildings or grounds.

The Manchester Stop Smoking Service can be contacted on  
Tel: (0161) 205 5998 ([www.stopsmokingmanchester.co.uk](http://www.stopsmokingmanchester.co.uk)).

## Translation and Interpretation Service

These translations say "If you require an interpreter, or translation, please ask a member of our staff to arrange it for you." The languages translated, in order, are: Arabic, Urdu, Bengali, Polish, Somali and simplified Chinese.

اذا كنت بحاجة الى مترجم، او ترجمة، من فضلك اطلب من احد موظفينا ترتيب ذلك لك

اگر آپ کو ایک مترجم، یا ترجمہ کی ضرورت ہے، تو برائے کرم ہمارے عملے کے کسی رکن سے کہیں کہ وہ آپ کے لیے اس کا انتظام کرے۔

আপনার যদি একজন দোভাষী, অথবা অনুবাদের প্রয়োজন হয়, দয়া করে আমাদের একজন কর্মীকে বলুন আপনার জন্য ইহা ব্যবস্থা করতে।

Jeśli Pan/Pani potrzebuje tłumacza lub tłumaczenie prosimy w tym celu zwrócić się do członka personelu.

Haddii aad u baahantahay tarjubaan, fadlan waydii qof ka mid ah shaqaalahayga si uu kuugu.

如果你需要翻译或翻译员, 请要求我们的员工为你安排



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