

Myomectomy

(Fibroid Tumor Removal, Uterine Fibroid Removal)

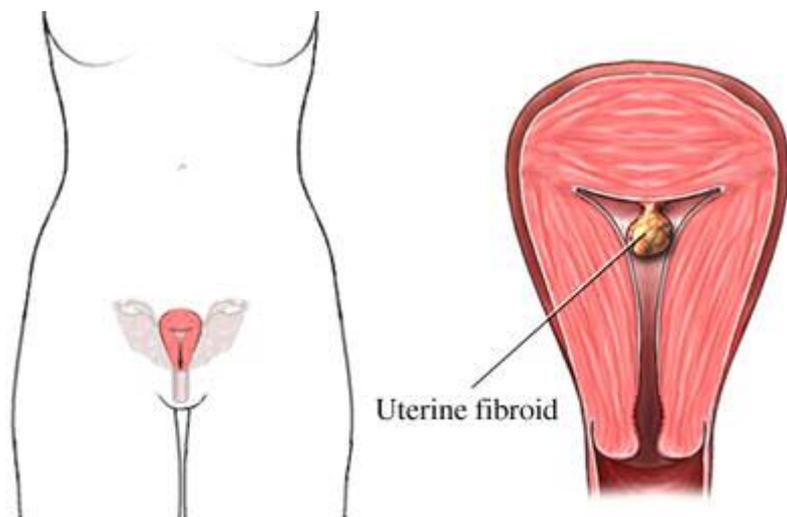
by Editorial Staff and Contributors

En Español (Spanish Version)

Definition

A myomectomy is the removal of fibroids from the wall of the uterus. Fibroids are noncancerous tumors.

Uterine Fibroid



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Parts of the Body Involved

Uterus

Reasons for Procedure

A myomectomy is done to relieve problems caused by fibroids without having to perform a hysterectomy (removal of the uterus). These problems include:

- Pelvic pain
- Back pain
- Pressure on the bladder
- Abnormal uterine bleeding (often leading to anemia)
- Difficulty becoming pregnant
- Discomfort during sexual intercourse

Risk Factors for Complications During the Procedure

- Stress
- Obesity
- Chronic recent illness
- Excessive alcohol use
- Smoking
- Use of narcotics or other mind-altering drugs
- Use of certain prescription medications, including muscle relaxants and sedatives, antihypertensives, beta-adrenergic blockers, blood-thinning medications, and cortisone insulin.
- Diabetes

What to Expect

Prior to Procedure

Your doctor will likely do the following:

- Physical exam
- Review medications
- Blood studies
- Dilation and curettage (D&C) — removal of tissue from the lining of the uterus (endometrium)
- X-rays of abdomen
- Barium enema — a series of x-rays taken after a barium-containing substance is injected through the rectum
- Intravenous pyelogram — x-ray taken of the kidneys, ureters, and bladder after a contrast medium is injected into a peripheral vein

You should discuss the following with your doctor:

- The possibility that signs of malignant cancer may be found in the uterus during surgery and what action you would like the doctor to take if this is the case
 - One option is removal of the uterus during this procedure. (Approximately 1 in 200 women with fibroids are found to have malignant uterine cancer.)
- If you should consider hormone treatment for 2-4 months before surgery
 - This treatment shrinks fibroids, making removal easier and reducing the risk of excess blood loss during surgery.
- If you should consider banking your own blood before surgery, due to the risk of excess blood loss during surgery

In the days leading up to your procedure:

- Do not take aspirin, aspirin-containing products, or anti-inflammatory drugs (such as ibuprofen) for one week before the procedure.
- Arrange for a ride to and from the hospital.
- Do not eat or drink for at least eight hours before the procedure.

Anesthesia

- Open surgery — General anesthesia given by injection and inhalation
- Laparoscopic surgery — General anesthesia given by injection and inhalation or local anesthesia

Description of the Procedure

There are different ways of removing fibroid tumors from the uterus. The two most commonly used are open surgery and laparoscopic surgery.

Open Surgery

A catheter is inserted into the uterus. Blue dye is injected to stain the uterine cavity. This makes locating the fibroid(s) easier. One or more incisions are made in the lower abdomen. Muscles are separated and connective tissue is cut to expose the uterus. The fibroid is surgically removed. In some cases, Pitressin, a drug that causes the blood supply to stop for up to 20 minutes, is first injected into the fibroid. This reduces bleeding when it is removed.

After the fibroids are removed, special care is taken to stitch each layer of tissue in the uterus. This prevents blood clots, excessive bleeding, and infection. Surgical tools are removed, the abdominal muscles are sewn together with heavy stitches, and the incision is closed either with stitches or clamps.

Laparoscopic Surgery

A catheter is inserted into the uterus. Blue dye is injected to stain the uterine cavity. This makes locating the fibroid(s) easier. A small incision is made in the navel, and a laparoscope is inserted into the uterus. A laparoscope is a specialized endoscope, which is a fiberoptic tube attached to a viewing device. This is used to examine the abdomen.

Two or three additional small incisions are made in the abdomen. Special laparoscopic tools are inserted through these incisions. Using the laparoscope, the surgeon finds each fibroid and surgically removes it. In some cases, Pitressin, a drug that causes the blood supply to stop for up to 20 minutes, is first injected into the fibroid. This reduces bleeding when it is removed. After the fibroids are removed, special care is taken to stitch each layer of tissue in the uterus. This prevents blood clots, excessive bleeding, and infection. The tools are removed and the incision is closed with stitches or clamps.

After Procedure

You will be taken to the postoperative area, watched for complications, and given intravenous fluids and medications. Once your vital signs are normal (usually within 2-3 hours) you will be moved to a hospital room, or, if laparoscopic surgery was performed, you may be sent home.

How Long Will It Take?

1-2 hours

Will It Hurt?

Anesthesia prevents pain during the procedure. However, you can expect abdominal pain or discomfort for 7-10 days after open surgery, and less time (likely 3-4 days) after laparoscopic surgery.

Possible Complications

Complications from a myomectomy are rare. They include:

- Excessive bleeding
- Anemia and/or need for blood transfusions due to excess blood loss
- Surgical wound infection
- Recurrence of fibroid tumors
- Opening of the uterus or bowel during surgery
- Wall of the uterus may be weakened if a large fibroid is removed leaving a deep wound
- Adverse reaction to anesthesia
- Need for special precautions in pregnancy (for example, may need to deliver by cesarean section)
- Pelvic adhesions that can cause pain and/or bowel blockage

- Evidence of cancer found during surgery, making removal of the uterus necessary
- Severe scarring, resulting in infertility

Average Hospital Stay

- Open surgery—2-3 days
- Laparoscopic surgery—overnight

Postoperative Care

- Wear sanitary pads or napkins to absorb blood (unless told otherwise by your surgeon).
- Move and elevate legs while resting in bed. This will decrease the risk of deep vein blood clots.
- Do not take prescription pain medication for more than seven days. After seven days, take non-prescription pain relievers such as ibuprofen.
- Bathe or shower as normal. Wash the incision area gently with mild soap until it heals fully.
- Do not drive for two weeks after open surgery, and 4-7 days after laparoscopic surgery.
- Avoid strenuous exercise for six weeks after open surgery, and two weeks after laparoscopic surgery.
- Do not resume sexual activity until your doctor says it is safe.
- To speed healing and recovery, resume normal activities (including work) as soon as you feel able.

Outcome

Full recovery from surgery will take about 4-6 weeks after open surgery, and 2-4 weeks after laparoscopic surgery. The first menstruation after surgery may be heavier than normal.

Eighty percent of the time, the symptoms caused by fibroid tumors are successfully controlled with this procedure. This may include a return to a normal menstrual cycle and the ability to become pregnant, unless the uterus was removed.

Call Your Doctor If Any of the Following Occurs

- Signs of infection, including fever and chills
- Redness, swelling, increasing pain, excessive bleeding, or discharge from the incision site
- Excessive vaginal bleeding (soaking more than one pad per hour) after surgery
- Excessive vaginal discharge that continues beyond one month after surgery
- Vaginal discharge has a foul odor
- Severe abdominal pain
- Headaches, muscle aches, dizziness, or general ill feeling
- Nausea, constipation, or abdominal swelling
- Fibroid tumor symptoms return after surgery
- Cough, shortness of breath, chest pain, or severe nausea or vomiting
- Pain, burning, urgency, or frequency of urination or persistent bleeding in the urine
- New, unexplained symptoms

RESOURCES:

National Uterine Fibroids Foundation
<http://www.nuff.org/>

Society of Interventional Radiology
<http://www.sirweb.org/>

CANADIAN RESOURCES:

The Society of Obstetricians and Gynaecologists of Canada
<http://www.sogc.org/>

Women's Health Matters
<http://www.womenshealthmatters.ca/>

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Last reviewed January 2008 by [Jeff Andrews, MD](#)

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