Myomectomy

Gynaecology

Introduction

This booklet has been designed for women who are undergoing a myomectomy operation. Do not hesitate to speak to your nursing or medical team, should you have any questions.

What is a myomectomy?

Myomectomy is a surgical procedure to remove fibroids, generally via the abdomen, without removing the womb (uterus).

Fibroids are ball-like swellings in the wall of your uterus (womb). They are created from an overgrowth of muscle fibres. You may have one or more fibroids. They are common, forming in 30-40% of all women. Most fibroids do not cause problems and do not require treatment. They are benign, but can sometimes be troublesome.

Fibroids can be:

- Serosal - just under the outside surface of the uterus
- Intra-mural - within the muscle wall of the uterus
- Submucous - just under the inside surface of the uterus

Your doctor can usually feel fibroids that are large enough to cause symptoms when doing a routine pelvic exam. It is also possible that your doctor will discover a fibroid (or fibroids) when you have no symptoms at all.

The operation is usually done either through a cut in your abdomen (tummy) or laparoscopically (key hole surgery) under a general anaesthetic, where you will be asleep. The choice about which treatment is best for you will be made together with your doctor. This will be based on the risks and benefits of the treatment and individual circumstances.

Why might I need a myomectomy?

You may need a myomectomy if you have fibroids and they are causing problems, such as heavy menstrual bleeding (heavy periods), abdominal pain, pressure on your bladder or bowel, infertility or recurrent miscarriage.

The prevention of infection is a major priority in all healthcare and everyone has a part to play.

- **Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available**
- **If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111**
- **Keep the environment clean and tidy**
- **Let's work together to keep infections out of our hospitals and care homes.**

Consent

We must seek your consent for any procedure or treatment beforehand. Your doctor will explain the risks, benefits and alternatives where relevant before they ask for your consent. If you are unsure about any aspect of the procedure or treatment proposed please do not hesitate to ask for more information.

What are the benefits of surgery?

By removing the fibroids, heavy periods, pain and risk of miscarriage may be reduced and fertility may be improved.

Removing the fibroids will make your uterus as close to normal as possible. It will reduce the surface area of your endometrium (lining of womb). This should make your periods less heavy and relieve your symptoms. If the fibroids are blocking your fallopian tubes or cervix, then removal may improve fertility or reduce the risk of further miscarriages.

What are the risks of surgery?

Although it is unlikely that complications will occur, we would like to inform you of the possibilities of:-

- Haemorrhage (bleeding)
- Infection
- Adhesions (bands of scar tissue) which in rare cases, can lead to infertility
- Haematoma (blood clot behind the wound)
- Perforation of uterus (puncture of womb)
- Unintentional damage to surrounding tissue, for example, bladder or bowel
- Deep Vein Thrombosis (DVT), for example, blood clot in the leg

If any of the above occurs, you may be required to have corrective treatment, such as:-

- Blood transfusion (this is not uncommon after myomectomy)
- A course of antibiotics
- Further surgery to correct or examine any unintentional damage caused, which would result in a bigger operation and, therefore, a longer stay in hospital
- You should be particularly aware that there is sometimes the risk of having to proceed to hysterectomy (removal of womb) to control bleeding. The risk is low, but needs taking into account

You should also be aware that all operations carry a risk of death. Death caused by anaesthetics is very rare. There are about 5 deaths for every million anaesthetics given in the UK (Royal College of Anaesthetics, 2008). However, the risk does increase depending on your general health and medical conditions. Each specific procedure carries an individual risk depending on many factors such as your age, size and current health, and can be discussed with your doctor.

Pregnancy following myomectomy

If you become pregnant following your myomectomy, a caesarean section may be needed for delivery. This depends, in part, on where and how big the myomectomy incision is. In rare cases, uterine scars may break open (rupture) in late pregnancy or during delivery.

You are advised to wait 4-6 months before trying to conceive.

Are there any alternative treatments?

- Sometimes, fibroids can be suppressed with the use of drugs (GnRH agonists) that stop your ovaries from making eggs or oestrogen (temporary menopause). Side effects can be reduced with hormone replacement. The fibroids tend to grow back once the treatment is complete

- The combined oral contraceptive pill may also help reduce bleeding and pain, particularly if the packs are taken 'back to back' (42 days tablets then a 7 day break), but it will not remove the fibroids
- Esmya 5mg tablets contain ulipristal acetate and are used to treat moderate to severe symptoms of uterine fibroids. It is used either before an operation for your fibroids or for long term treatment of your fibroids to reduce their size and to stop or reduce bleeding
- The Mirena IUS (hormone coil) inserted into the uterus can also reduce bleeding and pain but does not remove the fibroid
- The arteries that supply your fibroids are called uterine arteries. A uterine artery embolisation blocks off the blood supply to your fibroids, causing them to shrink. This procedure is not suitable for women who want to get pregnant. Further information can be obtained from your doctor
- Hysterectomy

What are the consequences of not having surgery?

If you decide not to have the surgery your symptoms are likely to stay the same, for example, pain and bleeding will stay the same if not relieved by the alternative treatment as described previously.

Heavy and painful periods will not usually improve until they stop when you reach the menopause. The average age of the menopause is 51 years, but it may not start until you are 56. You need to consider if you can cope with your period problem until then.

If your bleeding is heavy, you may become anaemic over time. Anaemia is when your blood does not contain enough oxygen-carrying, red blood cells for all your body's needs.

If your fibroids are causing pressure symptoms, then these will usually get worse as the fibroids grow over the years.

If you do nothing, you may miss the chance to prevent miscarriages and improve infertility.

What should I expect before the operation?

Before admission for surgery, you will be asked to attend a pre-admission clinic to ensure that you are fit and well for your surgery. A nurse practitioner or a doctor will ask you about your general health, past medical history and any medication that you are taking. Any necessary investigations will be organised, such as blood tests, ECG (heart trace) and chest X-rays.

You will receive information about your admission, hospital stay, operation and pre and post-operative care. You will also be given the opportunity to ask further questions that you may have. You are advised that you should not go on a long haul flight (more than 4 hours) in the six weeks prior to your surgery due to the increased risk of clots in your legs.

Plan ahead - when you come out of hospital you are going to need extra help at home for at least the first two weeks. Make sure that you make arrangements so that you have the help you need.

If you smoke, try to stop completely. This will make your anaesthetic safer, reduce the risk of complications after operation, and speed up the recovery time. If you are unable to stop completely, even doing so for a few days will be helpful.

Some medicines need to be stopped or altered before the operation. You should check with your GP and bring your list of medications with you when you come to the pre-admission clinic. If you are on contraceptive pills, you should stop these at least four weeks before the operation and you should use another method of contraception.

What will happen on the day of my operation?

You are usually admitted on the day of your surgery. On the day of your operation, you must have nothing to eat or drink for a specified time prior to your operation. You will be advised as to what time you need to stop eating and drinking. A doctor will see you before your operation and your written consent will be required before your operation can take place. This may already have been obtained at a pre-admission clinic.

You are requested to have a bath or a shower before you come to the hospital. Prior to your surgery, you will be asked to put on a theatre gown. You will be asked to remove all items of clothing including underwear, jewellery (except wedding rings). You will also be asked to remove all piercings, nail varnish, false nails, make up, contact lenses, hearing aids, dentures, wigs and any false limbs.

You will be escorted to theatre. If a pre-med has not been given, you may have the option of walking to theatre. Otherwise, a trolley will be arranged to collect you from the ward.

You will be taken into the anaesthetic room where you will be given a general anaesthetic. This is started by an injection into a vein usually in the back of your hand. Once you are asleep, you will be taken into the operating theatre.

You will wake up in the recovery area once your operation is finished. A nurse will then escort you back to your bed on the ward.

What happens after my operation?

It is quite normal to feel groggy when you wake up from the anaesthetic. During your recovery from the anaesthetic, the nursing staff will observe you by monitoring your temperature, pulse and blood pressure, and by checking your wound and sanitary pad for any signs of excessive bleeding.

You are likely to return from theatre with an intravenous infusion (drip) which provides your body with fluids until you are able to drink normally. You may also have a catheter (tube) in your bladder. This means that initially following surgery, you do not have to get out of bed to pass urine, and the urine automatically drains into a bag at your bedside. It is usually removed after 24 hours, or when you are mobile.

Occasionally, a wound drain is used. It is a plastic tube coming out of your abdomen (tummy) and is attached to a container which drains away blood and fluid to prevent a build up of fluid under the wound. This is usually removed after 24-48 hours following surgery.

What about my wound?

The type of wound you will have depends on whether you have had a cut in your tummy or key hole surgery. The wound or puncture sites are held together by stitches or staples and these are removed 5-10 days after surgery.

Sometimes dissolvable stitches are used. These do not usually have to be removed but they can take a few weeks to dissolve. If after a few weeks they remain, they can be trimmed. Contact your GP or practice nurse who will be able to help you. The ward nurses will tell you what type of stitches you have and when they need removing. Following surgery, it is sometimes necessary to have a vaginal gauze pack to prevent bleeding. This is removed approximately 24 hours after surgery.

Will I have any pain or sickness?

There may be some pain and discomfort following surgery. Regular pain killing medication will be given to you as required, or you may return from theatre with a pump with painkilling medication which you are able to use yourself. Please do not suffer in silence, ask if you need painkillers.

Some people experience nausea (feeling sick) or vomiting (being sick) due to a combination of the period of starvation prior to surgery, the surgery itself, anxiety and the anaesthetic. Medication will be given to you to help reduce the feeling of sickness and any vomiting that may occur after surgery.

Will I have any vaginal bleeding?

You may experience a discharge or some bleeding from the vagina, like a period. This is normal and could continue for several weeks following surgery as healing takes place. You will need to continue to wear sanitary protection (not tampons) until it stops. If you experience any heavy fresh vaginal bleeding or any offensive (smelly) vaginal discharge, you should see your GP.

When can I get up after the operation?

You should get out of bed as soon as possible following your surgery, usually the following day. Whilst you are recovering following your surgery, you must practise deep breathing exercises, and leg exercises, rotating your ankles and moving your feet and legs to help improve the circulation.

You may be asked to wear stockings (similar to support stockings) specifically for reducing this risk. These should be worn both during your stay and following discharge home; instructions will be given to you by your nursing team.

You may need to continue daily injections once you get home. Your nursing team will inform you about this.

A separate sheet is available from the physiotherapist, which recommends pre (before) and post (after) operative exercises.

When will I be able to go home?

The usual length of time spent in hospital following abdominal or laparoscopic myomectomy surgery is from 1-4 days, but some people do go home earlier than this and others need to stay a while longer. Stitches and staples are usually removed on the day of discharge, but if you are well enough to go home prior to their removal, then you can go to your practice nurse at your GP surgery to have them removed. Your nursing team will make arrangements with you prior to your discharge home.

You may be asked to return to the hospital for a follow up appointment between 6-12 weeks following your surgery. Many patients now do not need to have a hospital follow up, although we do recommend that you return to your GP for a check up between 6-12 weeks following your surgery.

Will I have any pain at home?

Once at home, you can continue using painkillers if needed, but try to reduce them gradually throughout the days and weeks as the pain eases. You may become more aware of general aches and pains to your back, groins and legs. This is normal and will improve with time.

You will not routinely be given painkillers to take home from the hospital and we advise that you have a supply of painkillers ready at home.

Following laparoscopic surgery, it is normal to experience some lower abdominal pain, under the ribs, the shoulders and neck. This should clear up within 24-36 hours.

If you experience any of the following in the seven days after your operation, then you will need to seek medical advice or assistance either via your GP, Emergency Department or The Gynaecology Ward on 01902 694034 :-

- Increasing or persistent abdominal pain
- Abdominal distension or tenderness
- Continuing to take very strong painkillers
- Nausea, poor appetite
- Reluctance or inability to mobilize
- Rigors (shaking or feeling cold), fever or persistent temperature
- Fast pulse
- Poor urine output, despite good fluid intake
- Bowels not opened or passing flatus
- Offensive smelling vaginal or wound discharge

How should I care for my wound/s at home?

Continue with daily baths or showers, avoid bath oils, creams or talc and dry your wound by patting with a clean towel.

Your wound may also change colour over the weeks as bruising subsides and the scar will eventually fade.

Occasionally, the wound can become infected. If you notice any swelling, redness or discharge from your wound, you will need to have the wound checked by your GP and you may need to be commenced on antibiotics.

You may also find that the wound feels numb.

What about passing urine after my operation?

During your operation, the bladder is sometimes handled by the surgeon and passing urine can feel different for some time. Sometimes, during surgery, you are catheterised. This means that immediately following your operation when you are most uncomfortable, you do not have to get out of bed to pass urine, and the urine will drain directly into a bag at your bedside.

When this is removed, usually after 24–48 hours, you can occasionally have difficulty passing urine. If you do have difficulty, you must inform a nurse. Sitting on the toilet with the taps running, or sitting in a warm bath relaxing may help. Try not to get anxious, as it is a common problem and reinsertion of a catheter may be required for another 24 hours or so.

If you develop stinging, dribbling, burning, offensive (smelly) urine or find that you are passing urine more frequently, you may have a urine infection. In this case, we may start antibiotics and advise you to increase your fluid intake.

Will my bowel pattern change?

Following gynaecological surgery, some women find they have problems with constipation.

A mild and gentle laxative or glycerine suppositories can be given to help you open your bowels. An increase in fluids can help, and a high fibre diet gradually introduced (as too much fibre in the early days may aggravate (worsen) wind pains). You may also have trapped wind and indigestion, due to lack of movement. Peppermint cordial and peppermint sweets often help to reduce wind pains in the early days following surgery, gentle exercise will also help.

Once at home with your own routine and diet, problems should settle.

What about rest and exercise?

For the first couple of weeks at home, it is normal to feel tired, but it is still important to continue mobilising with rest periods in between. You may “potter” about, make drinks and snacks, place meals in the microwave and you can lift a kettle. You can go up and down stairs, have a bath or shower daily and go for short walks. We now believe that moving around reduces the complications that can arise following surgery. If you become tired in the afternoon, rest in bed if you wish, for 1-2 hours and then get up and potter around again. Do not stay in bed all of the time.

The recovery time needed varies from individual to individual. Some women are able to pre-arrange help from family, friends and neighbours to help with day to day tasks. Some partners may be able to take time off work for the first couple of weeks, although you do not have to have someone with you 24 hours a day. Make use of convenience foods and stock up your food cupboards before your operation. If you live alone, or are unable to arrange help for yourself, in special circumstances, a social worker may be arranged by hospital staff if they feel you have not got enough support.

Experiencing “blue” days after surgery can happen, and feelings of frustration and boredom can occur at home when you are unable to perform your usual routine. Plan your weeks and set yourself achievable goals. Heavier household jobs and gardening should be left for 4-6 weeks. Standing for long periods can be very tiring, any activity of this kind should be left 3-4 weeks.

Remember to continue your exercises. These will help to keep your tummy trim, strengthen your pelvic floor muscles to reduce the risk of urinary incontinence, strengthen your back muscles and maintain good posture.

When can I drive?

Most women feel well enough to drive at approximately 2-6 weeks depending upon the type of myomectomy you have had. This is advisable only if you are comfortable wearing a seat belt, and you are able to perform an "emergency stop" without hurting yourself and without any hesitation. It is also advisable to check with your insurance company regarding driving following surgery, to ensure you are fully insured.

When can I have sexual intercourse again?

Your body may feel a little bruised and uncomfortable for a few weeks after the operation. Most women prefer to wait until after their 6-12 week check up, but some feel comfortable having intercourse at 4 weeks. Many women report that their sex life does not change in any way; some report that sex is more comfortable, following the procedure.

When can I return to work?

Again this varies depending on the type of myomectomy you have had and the type of work that you do, as some jobs are more strenuous than others. You may return to work as soon as you feel ready.

If you require a sick note, one can be issued from the ward prior to your discharge home, covering you for up to the first 6 weeks. If further sick notes are required, your GP will provide them.

Who do I contact if I have further questions?

Prior to your admission or following, if you do have any questions or worries, you may contact your GP for advice, or ring the ward on 01902 694034.

Useful support addresses and literature are available:

Women's Health
52 Featherstone Street
London
EC1Y8RT
Web Address; www.womenshealthlondon.org.uk

www.britishfibroidtrust.org.uk/myomectomy.php

www.rcog.org.uk

www.gynaesurgeon.co.uk

www.bupa.co.uk

www.hysterectomy-association.org.uk

References

www.britishfibroidtrust.org.uk/myomectomy.php

Myomectomy : Patients Guide Dr David Hutchon F.R.C.O.G

Royal College of Anaesthetists (2008)

www.rcoa.ac.uk

Bennett, P and Williamson, C (2010) Basic Science in Obstetrics & Gynaecology. A Textbook for MRCOG Part 1. Paperback, London.

English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。

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