

Following your operation, you may wake up with:

- a drip in your arm, which usually stays in place for a day until you are drinking normally again.
- one or two drains (plastic tubes) situated under your skin near the wound to remove any excess blood. These will remain for one or two days.
- a catheter to drain urine from your bladder, which will be removed after one or two days.
- a dressing covering your wound.
- a sanitary towel in place.

While you are on the ward, your nurse will check your blood pressure, wound and sanitary towel regularly. They will also assess your pain and give you painkillers as you need them. If you have a patient-controlled analgesia (PCA) pump, they will remind you how to use it. If you feel sick after the anaesthetic, please tell your nurse so that they can give you medicine to relieve this.

You will need to stay in hospital for one to three days after your operation (shorter stay with laparoscopic surgery), and you can usually return to normal activities within six to eight weeks, depending on your recovery.

This will be discussed with you in detail at your pre-assessment.

WHAT DO I NEED TO DO AFTER I GO BACK HOME?

This advice is only a guide, as your recovery is specific to you as an individual and also depends on your condition. Your nurse or doctor will be happy to address any concerns you may have and to answer your questions.

You will need someone to be with you at home and help you with your domestic activities, such as cleaning and cooking, as you may not be able to do these things in the first few weeks after your surgery.

Everyone is different, so you will know in yourself when you feel well enough.

The following list offers advice on when you may be able to get back to your normal activities:

- Going back to work – This is usually between four and eight weeks after surgery, depending on the type of surgery you had, the type of work you do and how you are feeling after your operation.

- Exercise and lifting – Before leaving hospital, you will be given information on exercises you can do at home. You should not go swimming until your wound is healed and the vaginal discharge has stopped. You should only lift light objects for the first few weeks.
- Driving – It is not advisable to drive until you feel comfortable, usually no sooner than four weeks after your surgery. You should be able to put on your seatbelt yourself and do an emergency stop. Check if you are covered by your insurance policy.
- Sex – As a guide, you should wait until you have no vaginal discharge and feel comfortable and relaxed before having sex, usually up to four weeks after surgery. However, it is your choice how long you would like to wait and you can discuss this with your nurse before leaving hospital.
- Contraception – You will still need to use contraception following a myomectomy if you do not wish to get pregnant.
- Tampons – Due to the risk of infection, we recommend that you do not use tampons immediately after your operation, and that you wait until you no longer have postoperative vaginal discharge.

More information will be given to you before leaving hospital.

FOLLOW UP

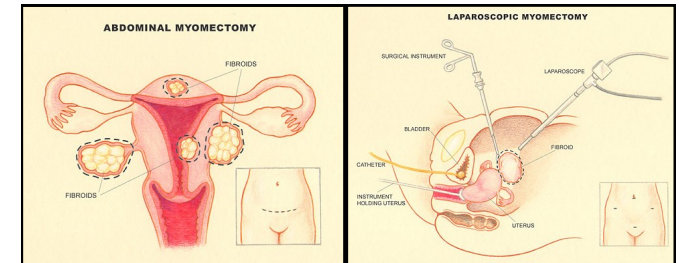
You may require a hospital follow up visit and this will be discussed with you prior to your discharge after your surgery. If you develop problems or require advice following discharge you should initially contact your GP.

USEFUL CONTACT NUMBER:

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Patient Information Leaflet

MYOMECTOMY



WHAT IS MYOMECTOMY?

A Myomectomy is an operation performed under general anaesthesia to remove fibroids without removing the uterus (womb).

- **Laparotomy (open) Myomectomy:**

The above operation is performed but through an incision in your tummy. The incision is either across your bikini line or vertical (up and down) your tummy (midline). This incision may be approximately 10cm in length. This will be discussed with your doctor before the operation. The fibroids are removed by making cut/cuts into your womb and the womb sutured back with dissolvable stitches.

- **Laparoscopy (keyhole) Myomectomy:**

The above but through three to four small incisions in your tummy. Surgical instruments are inserted through the incisions, and the operation is carried out with the aid of an internal telescope and camera system. The fibroids are removed by making cut/cuts into your womb and the womb is sutured back through the keyhole incisions with dissolvable stitches. The fibroids are removed through one of the incisions with the help of an instrument known as a morcellator. You will have between three to four scars on different parts of your tummy including your belly button. Each of these scars will be between 0.5cm and 1cm long. This may not be suitable if you have large or multiple fibroids.

Your doctor will discuss the most suitable route for your myomectomy.

WHAT IS A FIBROID?

A fibroid is a solid, benign (non-cancerous) growth or tumour that usually arises in the womb. They are made up of smooth muscle tissue, the same as the womb but in excess. They all vary in size, shape, number and position – ranging from the size of a pea to the size of a melon and there may be more than one present.

WHY DO I HAVE FIBROIDS?

Fibroids present themselves in one in four women making them very common. The average age range of women presenting with fibroids is between 30 to 50 years old. They can also occur in several female members of the same family.

It is not clear why fibroids are produced but their growth is stimulated by progesterone in the presence of oestrogen. If these hormone levels are heightened – for example in pregnancy and weighing over 70kg they can cause fibroids to swell. Likewise, fibroids tend to shrink after menopause.

WHY DO I NEED A MYOMECTOMY?

Women who have fibroids do not always need treatment as they do not always cause problems. One in three women can suffer various effects of them and a Myomectomy may be required to alleviate the symptoms you have been experiencing.

Some of these may include:

- Heavy and painful periods
- Breakthrough vaginal bleeding (in between periods)
- Anaemia
- Bloating/swollen abdomen
- Pelvic pain / Back pain
- Urinary symptoms – including leakage, dribbling and passing urine frequently
- Fertility problems – infertility, premature labour and miscarriages

ARE THERE ANY ALTERNATIVES TO HAVING A MYOMECTOMY?

A Myomectomy is often the preferred procedure for symptomatic women who wish to maintain their fertility.

You may decide not to have this operation and want to try alternative methods of improving your symptoms such as;

- Pharmacological drug therapies
- Hysteroscopic Myomectomy / Transcervical resection of fibroids – a surgical procedure performed through the vagina for removal of fibroids which are seen within the cavity of the womb.
- Endometrial ablation – a surgical procedure to remove the lining of your womb
- Uterine artery embolization – a less invasive surgical procedure performed under local anaesthetic. A catheter (small thin tube) is inserted into an artery where small embolised (clotted) particles are injected through the catheter to the arteries supplying the fibroids to cause a block of blood supply.
- Hysterectomy – a surgical procedure to remove the womb. These can be discussed with your doctor in more detail.

PREPARATION BEFORE ADMISSION

Try to get yourself into the best physical condition that you can, to help improve your postoperative recovery. Try to cut down or stop smoking. Eat healthily and take regular exercise.

Please make plans for your home arrangements before you are admitted e.g. shopping, childcare, washing and housework.

Please be advised that in the week or so following your surgery you will be advised to carry out limited/restricted physical activity at home. You will be offered information and advice about physical exertion.

PRE-ASSESSMENT VISIT

You will be seen in the clinic to take a medical history, and to see an anaesthetist. The anaesthetist will advise on the best type of anaesthetic for you. This may be a general anaesthetic or a spinal anaesthetic. Blood tests and an E.C.G. (tracing of your heart) may be done. An explanation will be given to you about your operation and about what you can expect between coming in and going out of hospital. You will also be given advice about your medication and fasting. Your questions will be answered; we aim to reduce your anxieties as much as possible.

RISKS AND COMPLICATIONS

There are risks with any operation but these are small. The main risks associated with undergoing a Myomectomy procedure are:

Common Risks:

- Postop pain
- Infection (wound infection/breakdown, urine or chest infection)
- Haemorrhage/bleeding

Uncommon Risks:

- Damage to the bladder or ureter (tube from kidney into bladder) - this affects seven women in every 1000;
- Haemorrhage requiring blood transfusion; this applies to 23 in every 1,000 women;
- Damage to the bowel – this affects four in every 1000 women;
- Return to theatre due to bleeding or due to wound problems – this affects seven in every 1000 women;
- Pelvic abscess or infection – this affects two out of every 1000 women, and
- A blood clot in leg or lung can occur – this affects four in every 1000 women.

Very uncommon risks:

- Haemorrhage / bleeding requiring a hysterectomy (removal of uterus / womb).
- Recurrence of fibroids

PRE-OPERATIVE CARE

You will usually be admitted to gynaecology ward 10U in UMMC on the day of your operation. You will be measured for stockings to help the circulation in your legs whilst you are less mobile and given blood thinning injections.

A nurse will carry out a safety checklist ensuring we have the correct details about you. During the operation you will be given an antibiotic to help prevent infection. You will be fasted from midnight if surgery is to be done in the following morning.

AFTER THE OPERATION

You will wake up in the recovery room and you will stay there for about 30 to 60 minutes. You may have an oxygen mask to help you breathe properly. When you are more conscious and stable from the anaesthetic, your nurse will take you to the ward where you will be looked after until you leave hospital.