

What is laparoscopic myomectomy?

Myomectomy (myoma = fibroids, ectomy = removal) literally means surgical removal of fibroids. It is the procedure of choice for women who have symptomatic fibroids and do not wish to have a hysterectomy. Myomectomy can be performed either by key-hole approach (laparoscopically) or by open abdominal approach, by making a larger surgical incision on the abdomen.

What are the advantages of a laparoscopic myomectomy?

Laparoscopic myomectomy offers many advantages compared to open abdominal surgery such as:

- Enhanced recovery
- Short hospital stay
- Tiny cosmetic incisions
- Reduced adhesions (scarring) from the procedure
- Comparable pregnancy rates

Is laparoscopic myomectomy suitable for all fibroids?

Laparoscopic myomectomy is considered when the largest fibroid is less than 15cm in size and the total number of fibroids is less than 10. However, sometimes larger and more numerous fibroids can be removed by this route depending on individual circumstances.

What preoperative investigations are required?

A consultation involving full history, assessment of symptoms and clinical examination are necessary along with an ultrasound scan. This scan will delineate the number, size and location of fibroids. Occasionally, an MRI scan may be required especially if adenomyosis is suspected. Adenomyosis is a condition where the uterus is enlarged due to infiltration of uterine lining into the muscle layer. It leads to heavy and painful periods and sometimes can be mistaken for a fibroid uterus.

What about preoperative medical treatment to shrink fibroids?

There is a medication available which can shrink fibroids pre-operatively. This medication is GnRH analogues and it can be administered as a monthly or three-monthly intramuscular injection. This therapy usually leads to significant shrinkage in size of fibroids and can make even larger fibroids amenable for laparoscopic surgery.

They have also been shown to reduce blood loss and surgical duration. The periods will usually stop while you are on these injections thus allowing the haemoglobin to build up. These injections sometimes can cause side-effects of hot flushes and night sweats. They can also make small fibroids undetectable at the time of surgery which may grow back afterwards. The use is therefore reserved in cases where there is anaemia due to heavy periods and when the fibroids are larger than 16 weeks of pregnancy.

What incisions are made?

Generally 3 or 4 small incisions are made on the abdomen depending on the uterine size and other circumstances. One 12mm incision is made within the umbilicus and the remaining incisions are smaller (5mm).

What precautions are taken to reduce blood loss during surgery?

Pressure of gas used during laparoscopy reduces the amount of bleeding. Vasopressin (20U) diluted in 100ml of saline is injected into the capsule of fibroids. This causes spasm of blood vessels and reduced bleeding. A harmonic scalpel is used which in addition to incising also seals the blood vessels at the same time. Planning and speed of surgery are essential to minimise bleeding from the procedure.

Uterine fibroids have a lot of blood supply and are therefore prone to bleeding during removal. With precautions, bleeding is not a big problem and blood transfusion is rarely required (less than 10%). With meticulous planning pragmatic decision-making and judicious use of blood transfusion, hysterectomy is almost never necessary as a result of intra-operative bleeding.

How are the fibroids removed through such small incisions?

A special device called morcellator is used to cut the fibroid into smaller pieces which are then extracted out through a smaller incision. We use a bag for contained morcellation to prevent spreading of "unsuspected cancerous cells."

How are adhesions prevented?

With laparoscopic approach, there is minimal tissue handling which reduces risk of adhesions. Saline irrigation is also constantly in use which prevents drying of tissues and blood clots from sticking to the tissues. Meticulous control of bleeding also is essential. Finally, adhesion prevention barrier such as Adept solution or Interceed is used at the end of the procedure.

What about future pregnancy and risk of uterine rupture?

Laparoscopic myomectomy is a safe procedure from this point of view. Your surgeon will be able to advise you if an elective (planned) caesarean section is indicated or if you will be able to have a normal delivery.

What about recovery?

You will stay in the hospital for 24-48 hours depending on how well you recover. You may be in some discomfort especially on moving, but this will be well-controlled with analgesia. You may have light vaginal bleeding and some shoulder pain. You will feel tired, but will be able to eat and drink normally, walk around and go to the toilet. You will be discharged from the hospital after 24-48 hours. For the first three days after discharge, we recommend taking regular pain-killers. You could take short walks, wash and shower as normal and avoid lifting heavy loads. You should also get plenty of rest; eight hours at night, two hours during the day. You will be seen at the end of the first week for a post-operative review and suture removal.

You should gradually increase activity levels and should be able to return to work by two to four weeks. The key to enjoying your recovery period lies in planning in advance. So get all the DVDs that you want to watch and the books you have always wanted to read and this time will pass quickly.

Summary:

1. Laparoscopic myomectomy is a minimally invasive way of removing your fibroids through tiny incisions on the abdomen.
2. This keyhole procedure has several advantages including shorter recovery and less Intra-abdominal adhesions.
3. Laparoscopic myomectomy is suitable for fibroids smaller than 15cm.
4. Laparoscopic myomectomy is now the preferred way of removing fibroids compared to open myomectomy procedure.
5. At London Gynaecology, we have a wealth of experience carrying out laparoscopic myomectomy procedures having performed over 500 and counting.

London Gynaecology is a first class private gynaecology practice, led by a team of leading consultant gynaecologists. London Gynaecology offers daily services across London.

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