

Patient Information Leaflet for Laparoscopic Myomectomy

What is laparoscopic Myomectomy?

It is a Keyhole surgery done through the abdomen for the fibroid removal as an alternative to removal of the uterus, thus preserving the ability of a woman to bear a baby.

How is it done?

A telescope will be inserted into the tummy through a small cut in the belly button. Other small cuts are made in the lower part of the tummy to insert instruments that are used in slicing up and removing the fibroids. This is a difficult procedure which consume a long operative time and a highly skilled surgeons.

General anaesthesia is used for this operation and 1 or 2 days of hospital stay is expected.

Will it affect my ability to conceive?

No. It will not affect fertility, or the ability to bear a foetus. It may improve your fertility if no other cause is found

Is this a permanent cure for fibroids?

After the procedure some fibroids may remain as this procedure may not remove all fibroids. Any missed fibroids can continue to grow. There are chances for new fibroids to develop.

What are the advantages of this procedure compared to Open Myomectomy?

It is minimally invasive than other surgical options thus results only tiny abdominal scars and little scarring within the womb. Blood loss, post operative recovery and pain is significantly less than open myomectomy.

What are the risks and complications associated with the surgery?

Unexpected complications may necessitate an abdominal myomectomy or emergency hysterectomy. Possibility of facing an increased risk of womb rupturing during labour also present.

Other risks are usual risks associated with laparoscopic surgery.

Risks and complications can be classified as serious or frequently occurring risks.

Major risks:

- ✓ The rate of major complications from laparoscopy is nearly 2 in every 1 000 women (uncommon)
- ✓ Damage to bladder, bowel, major blood vessels or uterus which may require urgent repair by laparoscopy or laparotomy (making an open incision in the tummy) (< 1%, uncommon).
- ✓ Hernia at site of entry
- ✓ Very rarely death; 3 to 8 in every 100 000 women undergoing laparoscopy die due to the complications.

Common risks:

- ✓ Bruising of the wound
- ✓ Pain in Shoulder-tip
- ✓ Gaping of the wound
- ✓ Infection of the wound

Risks associated with General Anaesthesia

Generally, the risk to you will depend on whether you have any other illness (co-morbid conditions), personal factors (smoking/ having overweight or obesity) or previous complicated surgery (lasted long duration or done in an emergency).

- 1. Very common and common side effects (occur in 1 in 10 or 1 in 100 patients)**

Headache ,feeling sick and vomiting after the operation, faintness, sore throat , blurring vision, pains, backache, itching, pain during injection of drugs, bruising and soreness, confusion or memory loss.

2. Uncommon side effects (occur 1 in 1000 patients)

Damage to teeth, tongue or lips, Chest infection, muscle pains, bladder problems, slowing of breathing, worsening of the already existing medical disease, becoming conscious during the time of operation.

3. Rare or very rare complications (occur 1 in 10,000 or 1 in 100,000 patients)

Serious allergy to drugs, damage to the eyes, nerve damage, death, failure of equipment.

How is this procedure performed?

Before the procedure:

You will be required to remain fasting for a minimum of 6 hours for solids and 2 hours for liquids before the procedure. The anaesthetist will perform an assessment of your fitness to be induced and will give specific instructions if you're suffering from any chronic illness such as diabetes, high blood pressure, or ischaemic heart disease. General anesthesia is given by means of inhalation of an inducing agent (a gas) and also by a maintaining drug through an intravenous site.

The risks and complications associated with general anesthesia will be discussed with you by the consultant anaesthetist.

During the procedure:

There will be three or four cuts made. The first cut (nearly 1 cm long) will be made inside the navel (belly button) for the telescope. 1 or 2 further cuts (approximately 5 mm long) will be made in the lower part of the tummy.

At the end of the operation tiny dissolvable stitches are usually used to close the skin wounds. No need to remove these.

After the procedure:

After the procedure:

- ✓ **Eating and drinking:** Normally following surgery you can drink fluids after 6hours and eat after 12hours unless otherwise indicated by medical staffs.
- ✓ **Mobilizing:** After this surgery, we will mobilize you as soon as possible to reduce complications arising from lying in bed for long.
- ✓ **Leaving hospital:** The duration of your stay in hospital usually depends on your surgery and how soon you recover. Normally it may be possible for you to go home on the next day of operation but if you have problems with the recovery from the operation or require further treatment you might need to stay in for longer.
- ✓ **Resuming normal activities including work:** You can restart your normal activities (including gentle work) few days following the operation. You will have to avoid doing more vigorous work longer. You can drive after 48 hours if you are comfortable.