

Having surgery to remove fibroids from your womb (abdominal myomectomy)

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Information for Patients

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What is an abdominal myomectomy?

If you have fibroids which are causing you problems and/or other treatments have not worked, surgery may be a choice. A myomectomy is not right for all types of fibroids. It will depend on things like how big they are, how many there are and where they are in your womb. Your age and if you want to have (more) children may also be important.

A myomectomy is an operation to cut out the fibroids from the wall of your womb. You can have this instead of having an operation to remove the whole womb (hysterectomy).

There are 2 ways the surgery can be done:

Open surgery (abdominal myomectomy). A cut is in the tummy (lower abdomen). The cut is usually along the bikini line but sometimes we need to make an up and down cut on the skin from the belly button down.

Keyhole surgery (laparoscopic myomectomy). Small cuts are made in the tummy. Instruments are passed through the tummy if the fibroids are not too big, not growing too fast and there is a surgeon available who can offer this option.

Why do I need a myomectomy?

Surgery to remove your fibroids may be an choice if your symptoms are very severe and/or medicine/other treatments have not worked.

What happens during the operation?

1. You will have a general anaesthetic for the operation so that you are fully asleep.
2. Once you are asleep, a tube (catheter) will be put into the bladder to drain pee away and you will be examined.

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or call 111 for non-emergency medical advice

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3. Sometimes a small tube is placed in the neck of the womb (cervix) to inject a blue dye in the womb to mark the lining of the womb during the procedure.
4. The cut in the lower tummy will either run side to side or up and down depending on the size of the womb and any other planned procedures.
5. A medication called as vasopressin maybe injected around the fibroids to reduce bleeding during the operation. The fibroids are removed by making cuts into your womb. The removed fibroids are then sent for testing.
6. The muscle (and lining of the womb if it was entered) is sewn up afterwards. The tummy wall layers are sewn back up with stitches. The skin stiches will dissolve over the next few weeks or if staples in the skin are used they will be taken out after 5 to 10 days.
7. A tube drain maybe left inside the tummy for a short time after the operation. It will be taken out along with the catheter in the next few days by the nurse on the ward.
8. The operation takes 1 to 2 hours to complete. It may be longer if there are larger or many fibroids to remove.
9. Once the operation is finished you will wake up in the recovery area where you usually stay for about 1 hour before going back to the ward.

What are the risks of having an abdominal myomectomy?

Common risks:

- **Blood loss needing a blood transfusion** (10 to 15 in 100 operations). This is due too much bleeding during or after myomectomy. The risk is the same as with laparoscopic myomectomy.
- **Pain after the operation.** The anaesthetist will give you strong painkillers before you wake up from the anaesthetic. The anaesthetist will also prescribe you strong painkillers for the first 24 hours after the operation. Long term pain from internal scarring after major surgery happens in 2 to 15 in 100.
- **Infection** (lungs, skin, urine or in the tummy) happens in 10 to 20 in 100. Pocket of infection in the pelvis (pelvic collection) or abscess is seen in 2 in 1000.
- **Poor wound healing**, lumpy scars (keloid).
- **Damage to the bowel** (1 in 250), bladder (1 in 50), bladder or tubes that carry the pee from the kidneys to the bladder (1 in 200). We will repair damage during the same operation if seen. It will have little or no long-term effects. Sometimes these injuries may not be seen straight away.
- **Blood clot in the vein of the leg** (deep vein thrombosis) which can break off and go to the lung (pulmonary embolism) (4 in 100).
- **Scar tissue** (adhesions) can stick organs together inside your tummy after any surgery. This can lead to tummy pain, problems getting pregnant or very rarely bowel blockage (less than 1 in 100). Adhesions are less common after laparoscopic myomectomy (5 in 100) compared to open myomectomy (up to 10 in 100).
- **Scar tissue** (adhesions) can form in the lining of the womb if it is opened to remove the fibroid. This can sometimes lead to difficulty getting pregnant or stop your periods and a

condition called Asherman's Syndrome. If the lining of the womb is opened during the myomectomy, you are advised to have a caesarean section when you have a baby.

Rare complications can sometimes happen:

- Return to theatre because of internal bleeding after the operation (1 in 200)
- Need for removal of the womb (hysterectomy) (1 in 50).
- **Anaesthetic problems** these are very rare. The risk of a serious problem caused by the anaesthetic is 1 in 10,000; risk of death 1 in 100,000.
- **Tear of the scar in the womb during pregnancy or labour**, particularly if the womb cavity was opened during removal of the fibroid. The risk is higher risk if you have a baby within 1 year of the myomectomy. The risk does not seem to be higher in keyhole (laparoscopic) myomectomy compared to open myomectomy (1 in 100).
- Heart attack, stroke or kidney failure are all rare but serious if they happen.
- Death within 6 weeks of surgery due to complications is very rare (1 to 2 in 10,000).

Missed diagnoses

There are 2 conditions that can be mistaken for fibroids on both ultrasound and MRI scan.

- **Uterine sarcoma** is a cancer of the womb muscle. Sometimes a sarcoma is mistaken for a fibroid on scan. Myomectomy can spread a sarcoma during the surgery. No test before the operation can completely rule out sarcoma but it is rare in younger women (1 in 2000). It is more common in women around the menopause or after the menopause (1 in 200).
- **Adenomyosis** is common alongside fibroids. It is where there are spots of womb lining growing in between the muscle fibres of the womb. It causes heavy painful periods and an enlarged womb.

What do I need to do before the operation?

You will need to have a pre-assessment appointment with the nurses a few days before your operation. You will have some blood tests and a health check to make sure that you are fit for surgery. It is also a good chance to talk about any concerns that you have and to ask questions.

If you need to have a myomectomy, its important to be as fit and healthy as possible. Good health before your operation will reduce your risk of complications and speed up your recovery.

- If you smoke, try to stop smoking. If you are a smoker we strongly recommend that you do not smoke at all on the day before and the morning of your surgery, or for 48 hours after surgery.
- If your iron levels in your blood (haemoglobin) are low, you can take iron tablets to improve it.
- Eat a healthy, balanced diet. Try to lose weight if you are overweight. Exercise regularly.
- You will need to plan for your family, children or any other commitments that you have before coming into hospital. You can expect to be in hospital for 1 to 3 days. Your recovery will take about 6 weeks. You won't be able to drive during this time.

Recovering from an abdominal myomectomy

- After having a myomectomy, you may wake up feeling tired and in some pain. This is expected after this type of surgery. You can expect pain and discomfort in your tummy for the first few days after the operation.
- You will have a fluid drip attached. When you are fully awake you will be able to start drinking and eating and your drip will then be removed.
- Your nurse will check your blood pressure, heart rate, breathing and temperature.
- We will also check your surgical cut and any vaginal bleeding.
- Your nurse will ask you to move from side to side and to do legs and breathing exercises once you are able to. This will help prevent any pressure damage (sores), blood clots and chest infection.
- We will give you painkillers to help with any pain and anti-sickness medicines if needed.
- You will have a catheter in the bladder. There may be a drain tube from the tummy cut. The catheter and drain will usually stay in place for 1 to 2 days. After the catheter has been removed, you should be able to pass pee normally.
- The day after your operation, you should try to take a short walk. This helps your blood to flow normally, reducing the risk of problems such as blood clots in your legs (deep vein thrombosis).
- We will give you an injection once a day to reduce the risk of blood clots. We will give you some tight stockings. You need to wear these for 6 weeks after the operation. They help to reduce the risk of clots.
- The skin cut will be closed with either dissolvable stitches or stitches or staples that need to be removed. We will arrange for you to have these taken out in 5 to 10 days after your operation.
- The length of time it will take before you are well enough to leave hospital will depend on your age and your general health. It will usually be between 1 or 2 days before you are sent home.
- When you are ready to leave hospital, we will give you painkillers and laxatives. Sometimes painkillers that contain codeine or dihydrocodeine can make you sleepy, slightly sick and constipated. If you do need to take these medications, try to eat extra fruit and fibre to reduce the chances of becoming constipated. Take painkillers regularly. They will help to reduce your pain so you can get out of bed sooner, stand up straight and move around. This will help with your recovery and help to prevent blood clots in your legs or your lungs.
- It takes about 6 to 8 weeks to fully recover after have a myomectomy. During this time, you should take it easy. Do not lift anything heavy, such as bags of shopping or a Hoover. Your tummy muscles need time to heal.

What do I do when I go home?

- **Rest:** during the first 2 weeks at home it is common to feel tired and exhausted. You should relax during the day. Slowly start to do more things each day. Avoid crossing your legs when you are lying down.

- **Vaginal bleeding:** you can expect to have some vaginal discharge/bleeding for 1 to 2 weeks after the operation. This is like a light period. It is red or brown in colour. Some women have no bleeding at first and have a sudden gush after about 10 days. This is quite normal. It should settle quickly. Tampons will increase the risk of infection so you should only use sanitary towels.
- **Stitches:** The cuts on your tummy will be closed by dissolvable stitches or staples. If there is any problem with your stitches, please call the ward/GP. We advise that you shower daily and keep the wound clean and dry.
- **Exercise:** exercise is important. It is a good idea to go for short walks each day. Slowly increase the distance. You should be able to go up and down stairs when you get home after surgery. You may return to normal exercise such as cycling and swimming after 6 to 8 weeks.
- **Diet:** a well-balanced nutritious diet with high fibre content is very important to avoid constipation. Your bowels may take some time to return to normal after your operation. You may need to take laxatives. You should eat at least 5 portions of fruit and vegetables a day. Drink at least 2 litres of water a day.
- **Sex:** you can have sex when you feel recovered from the operation and feel ready for it. If you are trying to get pregnant, it is usually best to wait 3 to 4 months so that you do not deliver within a year of the operation. That might increase the risk of the womb tearing during the pregnancy or labour.
- **Returning to work:** depending on your operation, you will usually need 4 to 6 weeks off work. Most women can return to work after 6 weeks. The hospital will give you a fit note for the time you will need off work when you are discharged home.
- **Driving:** it is usually safe to drive after 4 to 6 weeks. This will depend on your level of concentration, pain and if you can do an emergency stop. You should check with your insurance company.

When will I get the results of the fibroids that have been removed?

All the tissue removed will be checked under a microscope to check for abnormalities, such as infection or precancerous/cancerous changes. Results of the tests on the fibroids removed will be sent to you by post or discussed at the follow up appointment.

You will get a follow up appointment with your consultant 2 to 3 months after the procedure.

Who can I contact if I feel unwell after my procedure?

Please contact GAU at Leicester Royal Infirmary on 0116 258 6259 if you are

- feeling very unwell
- have heavy vaginal bleeding
- start passing blood clots
- bad-smelling discharge
- feel feverish

Can new fibroids grow back after surgery?

After having a myomectomy there is a chance that new fibroids can grow again and your symptoms come back. This is more likely if you are younger and if there are several fibroids in your womb.

Please discuss any questions you may have with the doctor before signing the consent form.

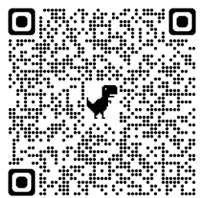
Other treatment options for fibroids

Your consultant will discuss with you if any of these other options are right for you:

Click on the links below and the next page or scan the QR codes for more information on these treatments.

Hormonal options:

- [GnRH analogues](#): brings on a temporary menopause. Shrinks the fibroids by about 36% and usually stop the periods. These are only licenced for use before an operation. Sometimes they are used for longer where women want to or need to avoid an operation or where women are not suitable for an operation. They are given as a 1 month or 3-monthly injection. They are often used with some HRT to reduce side effects or as a tablet already combined with HRT. The tablet is not available from your GP yet as it is very expensive but can be continued up until the menopause.
- **Esmya** tablets reduces effect of your own hormones on growth of the fibroids. It makes them shrink as well as stopping periods. Women taking this treatment will need blood tests to check the liver. Esmya may rarely raise the risk of liver failure.
- [LNG-IUD](#) is an effective birth control. It reduces blood loss with periods. It will not shrink fibroids. It can only be used if the inside of the womb is not too distorted by fibroids and not too large.
- **Birth control pills** usually help with blood flow. They may help shrink fibroids. They do not increase the risk of fibroids growing

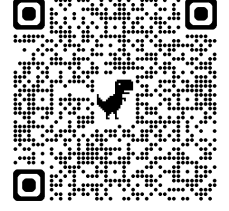


Other operations to think about:

- [Having fibroids removed from the womb with hysteroscopy](#). Fibroids are removed from within the cavity of the womb (submucous fibroids) using an operating camera called a hysteroscope. The surgery is done through the vagina/neck of the womb. Fibroids within the wall of the womb (intramural fibroids) or those sticking out of the uterine wall into the abdomen or pelvis (subserous fibroids) cannot be removed this way.
- [Endometrial ablation](#) is a surgical procedure. It burns the lining of your womb for heavy periods. It will not treat the fibroids. It may increase pain from the womb in up to 1 in 4 women if they also have spots of the womb lining growing in the muscle layer of the womb (adenomyosis) as well as fibroids (7 out of 10 women with fibroids also have adenomyosis at the same time).



- **Sonata ultrasound treatment of fibroids** uses ultrasound imaging with radiofrequency energy to affect the blood flow to the fibroids. It reduces their size over the next 6 to 12 months. Known as transcervical fibroid ablation, the procedure does not involve removing the womb, or making any cuts. It is not known how safe a pregnancy after Sonata is.
- **Fibroid embolisation** is a procedure done under local anaesthetic by a doctor who specialises in X-rays and imaging (radiologist). A small thin tube is inserted into an artery where small particles are injected through the catheter into the arteries supplying the fibroids to cause a block of blood supply. This can shrink the fibroids by 30 to 50% over the next 6 to 12 months and heaviness of bleeding with your periods.
- **Hysterectomy** is a surgical procedure to remove the womb completely. It is not suitable if you wish to have children in the future. You will not have periods at all. Pressure symptoms can be eased. You will not get more fibroids in the future.



Further Information

Patient UK—Women's Health : <https://patient.info/womens-health>

British Fibroid Trust: <http://www.britishfibroidtrust.org.uk/myomectomy.php>

Fertility Network UK (Tel: 0800 008 7464): www.fertilitynetworkuk.org

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