



## **MYOMECTOMY**

### **WHAT IS MYOMECTOMY?**

Myomectomy is the removal of fibroids (myomas) from the smooth muscle lining of the uterus. Three methods can be used?the most appropriate is determined by the size, location, and number of fibroids. (1) Hysteroscopy and (2) Laparoscopy?both outpatient procedures, and (3) Laparotomy, which requires at minimum an overnight hospital stay.

### **WHAT CONDITIONS IS IT DESIGNED TO TREAT?**

Myomectomy is designed to remove fibroid tumors from the uterus that are responsible for abnormal uterine bleeding, abdominal and pelvic pain or pressure, infertility, recurrent pregnancy loss, and ureteral or bladder compression or obstruction.

### **HOW IS THE PROCEDURE DONE?**

Myomectomy can be accomplished using three different methods. The method used is determined by the size, location, and number of fibroids.

1. Hysteroscopy is used when one or more small fibroids are located on the inner surface of the uterus. A thin, fiber-optic tube with a light source attached is inserted through the vagina. Small instruments can be passed through channels along-side the tube to facilitate removal of the fibroid(s). Hysteroscopy is usually accompanied by a D and C.
2. Laparoscopy is used when there is one larger or several smaller fibroids. A thin, flexible fiber-optic tube with a light source attached is inserted through a small incision near the umbilicus. Again, small instruments can be passed through channels along-side the tube to facilitate removal of the fibroid(s).
3. Laparotomy is used to remove several large fibroids or many small fibroids. An incision is made in the abdominal wall and normal size instruments are used to remove the fibroid(s).

### **WHAT ARE THE POTENTIAL RISKS?**

Potential risks include infection, growth of scar tissue, injuries to the uterus, bladder or bowel, and possible infertility as a result of any of the above. There is a 10% chance that a hysterectomy will be required if significant bleeding is encountered. Another potential risk is recurrence of the fibroid tumors. About 25% (1 in 4) of women require additional treatment for fibroids over a period of 10 years.

## **WHAT ARE SPECIAL INSTRUCTIONS AFTER THE PROCEDURE?**

Patients should avoid strenuous activity, sexual intercourse, douching, and tampon use for several weeks after the procedure. Vaginal bleeding is normal for about a week following the procedure, but heavy or prolonged bleeding is not. If any signs of infection appear, including fever, chills, a yellowish discharge from the vagina or incision site?contact your physician immediately.

### **THOMAS G. STOVALL, M.D.**

Dr. Stovall is a Clinical Professor of Obstetrics and Gynecology at the University of Tennessee Health Science Center in Memphis, Tennessee and Partner of Women's Health Specialists, Inc.

Date Published: 2004-03-04

### **Health Information Provided by Women's Health Specialists**

7800 Wolf Trail Cove, Germantown, TN 38138, (901) 682-9222, [www.whsobgyn.com](http://www.whsobgyn.com)

This information is for educational purposes only. It does not represent comprehensive coverage of the topics addressed and is not a substitute for direct consultation with your health care provider. Always consult a health care provider regarding your specific condition. Trademarks referred to are the property of their respective owners.