



## Procedure Information Sheet

### Introduction

It is a procedure by using laparoscopic techniques to remove the fibroids.

### Indication

- Heavy menstrual flow, pelvic or abdominal mass, pressure symptoms.
- Others: \_\_\_\_\_

### The Operation / Procedure

1. General anaesthesia, incisions made and pneumoperitoneum created by insufflation of carbon dioxide.
2. Telescope and instruments passed into abdomen.
3. Myomectomy done.
4. Specimen removed.
5. May need to remove specimen vaginally or by morcellation.
6. Suturing if necessary.
7. Abdominal wounds closed.
8. All tissue removed will be sent to the Pathology Department or disposed of as appropriate unless otherwise specified.

### Before the Operation / Procedure

1. A written consent is required.
2. Keep fast 6 hours before operation.
3. Pubic shaving may be required.
4. Umbilical cleaning is required.
  - 4.1 Use clean cotton wool applicators soaked with soapy water to clean the umbilicus.
  - 4.2 Swab from inside to outside and repeat procedure until the umbilicus is cleaned thoroughly.
5. Bowel preparation may be required by doctor.
6. Take off all clothes (including underwear) and things such as denture, Jewelry and contact lens, then put on operation gown.
7. Empty urinary bladder before operation.

### After the Operation / Procedure

1. Patient who have undergone general anesthesia may have fatigue, nausea or vomiting. If, the symptoms persisted or aggravate, please inform health care providers.
2. Patient may feel abdominal distension on operation day.
3. Based on 3-4 smaller abdominal wounds, patient will feel less painful than Abdominal Myomectomy, faster postoperative recovery and earlier discharge.
4. Fertility may be affected.
5. May need caesarean section in future pregnancy.

<b>Patient's Label</b> Patient Name: _____ Hospital No: _____ Episode No: _____
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### Similarities with abdominal myomectomy

1. Same pathology removed.
2. Same sequel.

### Risks and Complications

1. Anaesthetic complications.
2. Injury to neighbouring organs including bowels, bladder and / or ureter or blood vessels by way of burn and / or puncture, formation of a fistula, requiring a necessary procedure to repair and / or future surgery.
3. Need for a colostomy or a second operation to repair any of the above injuries.
4. Possible removal of uterus.
5. Specific complication due to the use of CO<sub>2</sub> in laparoscopic approach including surgical emphysema, gas embolism and its implications.
6. Blood loss necessitating transfusion.
7. Procedure may not be feasible in case of adenomyosis or fibroid not identifiable because of small size /too deep seated.
8. Pelvic infection.
9. Wound complication including infection and hernia.
10. Deep vein thrombosis.
11. Possible adverse effect on future fertility because of adhesion.
12. Up to 30% of patients may require another operation for recurrence in 10 years.
13. Specific complications:
  - 13.1 risk of laparotomy (less than 5%)
  - 13.2 trauma to peritoneal organs and blood vessels
  - 13.3 may have dyspareunia following vaginal wound suturing
  - 13.4 risk of incisional hernia with large trocar
  - 13.5 Potential increased risk of uterine rupture during pregnancy because of difficulty of deep suturing

### Risk of Not Having the Procedure

1. Persistent or worsening of symptoms (menorrhagia / pelvic or abdominal mass / pressure symptom / \_\_\_\_\_).
2. Exact diagnosis cannot be ascertained.

### Alternative Treatment

1. Non-surgical treatment including observation or medical treatment.
2. Hysterectomy.
3. Uterine fibroid embolization.
4. Open / vaginal / hysteroscopic approach.

<b>Patient's Label</b>
Patient Name: _____
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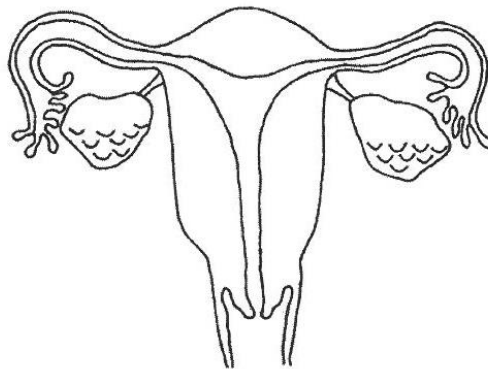


**Disclaimer**

This leaflet only provides general information pertaining to this operation / procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.

**Reference**

Department of Obstetric & Gynaecology, United Christian Hospital, Pre-operative Information Sheet: Laparoscopic Myomectomy (2017)



Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>Patient's Label</b>          Patient Name: _____          Hospital No: _____          Episode No: _____</p>
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