



Abdominal Myomectomy

Procedure Information Sheet

Introduction

Myomectomy is the removal of fibroids through an incision in the abdomen.

Indication

Heavy menstrual flow, pelvic or abdominal mass, pressure symptoms.

The Operation / Procedure

- 1. General anaesthesia.
- 2. Peritoneal cavity entered.
- 3. +/- Intramyometrial injection of vasoconstrictive agent e.g. vasopressin.
- 4. Incision over the fibroid.
- 5. Fibroid(s) removed.
- 6. Uterine wound closed.
- 7. Abdominal wound closed.
- 8. All tissue removed will be sent to the Department of Pathology 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 hair shaving may be required.
- 4. Take off all clothes (including underwear) and things such as denture, jewelry and contacted lens, then put on operation gown.
- 5. Empty urinary bladder before operation.

After the Operation / Procedure

- 1. Patient who have undergone general anaesthesia may have fatigue, nausea or vomiting. If the symptoms persisted or aggravated, please inform health care providers.
- 2. Can get pregnant but there is risk of uterine rupture.
- 3. Fertility may be affected.
- May need caesarean section in future pregnancy.

Risks and Complications

Women who are obese, who have significant pathology, who have undergone previous surgery or who have pre-existing medical conditions must understand that the quoted risks for serious or frequent complications will be increased.

- 1. Anaesthetic complications.
- 2. Bleeding, may need blood transfusion.
- 3. Damage to the bowel, bladder, ureters, uterus or major blood vessels which might require immediate repair. Some of the injuries might not be noted at the time of surgery.
- 4. A colostomy or a second operation is required to repair, any of the above injuries.
- 5. Possible removal of uterus.
- 6. Procedure may not be feasible or completed in case of adenomyosis or fibroid not identifiable because of small size / too deep seated, or too many fibroids.

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- 8. Possible adverse effect on future fertility because of adhesion.
- 9. Up to 30% of patients may require another operation for recurrence in 10 years.
- 10. Cardiovascular complications e.g. hypertension, bradycardia related to the administration of vasoconstrictive agent.
- 11. Urinary tract infection, urinary frequency, long term bladder dysfunction.
- 12. Return to theatre because of complications like bleeding, abscess, wound dehiscence.
- 13. Wound complications including infection, hernia, pain, numbness, bruising, wound gaping, keloid formation.
- 14. Thromboembolic complication e.g. deep vein thrombosis, pulmonary embolism.
- 15. 13 women in every 100,000 die as a result of complications within 90 days.

Alternative Treatment / Investigation

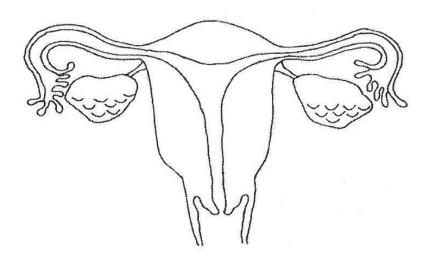
- Non-surgical treatment including observation or medical treatment.
- Hysterectomy.
- Laparoscopic / vaginal / hysteroscopic approach.
- Uterine artery embolization.

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 Obstetrics & Gynaecology, United Christian Hospital, Pre-operative Information Sheet: Abdominal Myomectomy (2022)



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