



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 are made after pneumoperitoneum created by insufflation of carbon dioxide.
2. Telescope and instruments passed into abdomen.
3. +/- Injection of vasoconstrictive agent.
4. Myomectomy done.
5. May need morcellation.
6. Specimen removed vaginally or abdominally.
7. Suturing if necessary.
8. Abdominal wounds +/- vaginal wound closed.
9. 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 cleansing 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 the 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. Risk of uterine rupture during pregnancy.
6. May need caesarean section in future pregnancy.

Patient's Label

Patient Name: _____

Hospital No: _____

Episode No: _____



Similarities with abdominal myomectomy

1. Same pathology removed.
2. Same sequel.

Risks and Complications

Women who are obese or very thin, 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. Injury to neighbouring organs including bowels, bladder, ureters, uterus or major blood vessels which might require immediate repair by laparoscopy or laparotomy. Some of the injuries might not be noted at the time of surgery.
3. A colostomy or a second operation is required to repair any of the above injuries.
4. Specific complication due to the use of CO₂ in laparoscopic approach including surgical emphysema, gas embolism and its implications.
5. Blood loss necessitating transfusion.
6. Pelvic infection.
7. Wound complication including infection and hernia.
8. Cardiovascular complications e.g. hypertension, bradycardia related to the administration of vasoconstrictive agent.
9. Return to theatre because of complications like bleeding, abscess, wound dehiscence.
10. Wound complications including bleeding, infection, bruising hematoma, wound gaping, keloid formation, numbness, tingling or burning sensation around the scar and hernia at sites of entry.
11. Internal scarring with adhesion.
12. Shoulder tip pain.
13. Thromboembolic complication e.g. deep vein thrombosis, pulmonary embolism.
14. Death; 3-8 women in every 100,000 undergoing laparoscopy die as a result of complications.
15. Specific complications:
 - 15.1 Risk of incisional hernia with large trocar ;
 - 15.2 Risk of hysterectomy ;
 - 15.3 Risk of laparotomy (less than 5%) due to dense adhesion, bleeding or internal organ injury ;
 - 15.4 Procedure may not be feasible or completed in case of adenomyosis/adenomyoma or fibroid not identifiable because of small size or too deep seated, or too many fibroids ;
 - 15.5 Risk of spread of cancerous tissue in case of unsuspected malignancy with the use of power morcellator ;
 - 15.6 Possible adverse effect on future fertility because of adhesion ;
 - 15.7 Potential increased risk of uterine rupture during pregnancy because of the difficulty in deep suturing ;
 - 15.8 May have dyspareunia following vaginal wound suturing ;
 - 15.9 Up to 30% of patients may require another operation for recurrence in 10 years.

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.

Patient's Label

Patient Name: _____
Hospital No: _____
Episode No: _____



Laparoscopic Myomectomy

Alternative Treatment

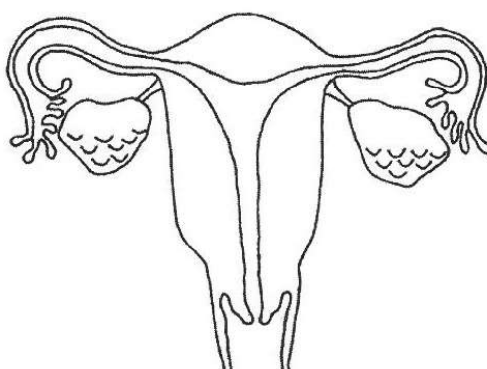
1. Non-surgical treatment including observation or medical treatment.
2. Hysterectomy.
3. Open / vaginal / hysteroscopic approach.
4. Uterine artery embolization

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



Patient's Signature: _____ Date: _____

Patient's Label

Patient Name: _____

Hospital No: _____

Episode No: _____