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# Having keyhole surgery through your tummy to remove fibroids from the wall of your womb

Department of Gynaecology

Information for Patients

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## What is a fibroid?

A fibroid is a solid, non-cancerous (benign) growth that usually grows in the womb. They are made up of muscle, the same as the womb muscle but where it is growing in a ball. They can be different in size, shape, number and position; ranging from the size of a pea to the size of a melon and there may be more than 1 present.

Fibroids are extremely common and are found in 4 in 10 White and Asian women under 35 years and 7 in 10 women under 50 years. They are found in 6 in 10 Black African women under 35 years, rising to 8 in 10 under the age of 50 years.

It is not clear why fibroids form but they grow more when there are higher levels of progesterone and oestrogen hormones in the blood, for example in pregnancy. They tend to shrink after the menopause when these hormones are lower. They often run in the family and are more common if you are overweight.

## Why do I need to have treatment for fibroids?

For most women the fibroids cause them no problems and no treatment is needed. However, 1 in 4 women will have fibroids that cause them problems, usually when women are between 30 to 50 years old.

Problems caused by fibroids include:

- heavy, long and painful periods.
- Low iron levels (anaemia) due to heavy blood loss during periods.
- swollen tummy.
- tummy and/ or back pain.

- urinary problems, including leakage, dribbling and passing urine frequently.
- bowel problems such as constipation.
- fertility problems – difficulty getting pregnant (subfertility), late miscarriage, early (premature) labour or baby born bottom or feet first (breech position).
- pain during sex.

Depending on your circumstances your gynaecologist will discuss treatment options with you. These include having no treatment (waiting and watching), medical treatment (such as tablets, injections or a hormone coil) or surgery (open or laparoscopic myomectomy or hysterectomy).

## What is a laparoscopic myomectomy and why have I been offered this option?

Surgery to remove your fibroids may be considered if your symptoms are particularly severe and medicine/ other treatments have not worked. See also page 8 for treatment options.

A myomectomy is surgery to remove the fibroids from the wall of your womb, instead of having an operation to remove the whole womb (hysterectomy) because you wish to have (more) children.

A myomectomy is not suitable for all types of fibroids and will depend on factors such as the size, number and position of your fibroids and your age. See also page 8 for treatment options.

The traditional method is open surgery through a cut in your tummy. However, some fibroids can be removed by keyhole surgery (surgical procedure to remove fibroids from the womb (myomectomy) by using instruments passing through the tummy (laparoscopy)) as long as they are not too big (less than 10cm) and not growing too fast.

## What can I expect before my surgery and how do I prepare?

You will see a nurse a few weeks before your surgery to make sure you are fit for surgery and to have blood tests and MRSA and COVID swab tests. It is not unusual to feel anxious. The nursing staff are there to help you, and you can discuss with them how you are feeling.

You will need to make arrangements for your family, children or any other commitments that you have before coming into hospital. You can expect to be in hospital for 1-3 days and your recovery will take about 6 weeks.

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.

## What happens during surgery?

A myomectomy is carried out under a general anaesthetic so you will be fully asleep during the procedure. Before you go to theatre, you will see the doctor who gives you the general anaesthetic (anaesthetist) and the doctor who will perform your surgery.

Keyhole (laparoscopic) myomectomy is done by making 3 to 4 small cuts in the tummy (1cm each). Surgical instruments and the telescope camera are inserted through the cuts and the operation is watched on a screen. The fibroids are removed by making cuts into your womb using the instruments and the wounds made in your womb and skin are sewn back up with stitches that will dissolve over the next few weeks.

The fibroids are cut into long thin strips using an instrument (morcellator). The morcellator electrically or mechanically cuts the tissue into smaller pieces to allow the strips to be removed through the small cuts in your tummy. This is called laparoscopic morcellation.

**The benefits of myomectomy using morcellation are:**

- allows removal of a large fibroid through keyhole surgery.
- less pain after surgery.
- lower risk of infection.
- lower risk of blood clots in the legs or lungs.
- a shorter hospital stay.
- quicker recovery.

The operation usually takes 1 to 2 hours to complete, or longer if there are larger or many fibroids to remove.

## What are the risks involved in having a laparoscopic myomectomy?

### Common risks:

- **Blood loss needing a blood transfusion** (10 to 15 in 100 operations) due too much bleeding during or after myomectomy. The risk is the same as with myomectomy done with a cut in the tummy.
- **Switching from keyhole to open cut in the tummy to finish the myomectomy**. This may happen if it is not possible to control bleeding or due to position of the fibroid in the womb. Open myomectomy is carried out with a larger (about 10 cm) cut in the abdomen. Converting from laparoscopic to open surgery happens in about 1 out of 10 operations. If this happens you may need to stay in hospital for 2 to 3 days.
- **Pain after the operation**. You will be given strong painkillers by the anaesthetist before you wake up from the anaesthetic. The anaesthetist will also prescribe you strong painkillers for the first 24 hours after the operation. You may get shoulder tip pain in the first 24 to 48 hours after the operation. This pain is due to small amounts of leftover gas used in the operation to see inside the tummy causing irritation inside.

- **Scar tissue** (adhesions) can stick organs together inside your tummy after any surgery. This can lead to tummy pain, subfertility or very rarely bowel obstruction. Adhesions are less common after laparoscopic myomectomy (5 in 100) compared to open myomectomy (up to 10 in 100). The risk of bowel obstruction caused by adhesions is very small (less than 1 in 100). This is less common after laparoscopic myomectomy compared to open myomectomy.
- **Rupture of the scar in the womb during pregnancy or labour,** particularly if the uterine cavity was opened during removal of the fibroid. There is no evidence of increased risk in laparoscopic (keyhole) myomectomy compared to open myomectomy (1in 100), but there is a higher risk if you deliver a baby within 1 year of the myomectomy. You may be advised to have a caesarean section when you have a baby.

## Uncommon risks:

- Urinary infection, inability to pass urine and/ or frequency in 1 in 200 cases.
- Wound infection, bruising and delayed wound healing of the skin in 1 in 200 cases.
- Pelvic abscess or infection in the womb (1 in 200).
- Hernia at the site of incision (1 in 200).
- Return to theatre because of internal bleeding after the operation (1 in 200).
- Need for removal of the womb (hysterectomy) (risk is less than 1 in 100).
- Blood clot in leg/ lung (venous thrombosis and pulmonary embolism) (less than 1 in 100).
- There are specific risks with **morcellation** including the chance that an undiagnosed cancer, called uterine sarcoma, can be spread during the surgery (see below).

## Very uncommon risks:

- Damage to the bowel (1 in 1000).
- Damage to the bladder (1 in 1000).
- Bad reaction to the anaesthetic (1 in 10,000).

## What are the risks of myomectomy using morcellation?

- Small pieces of non-cancerous (benign) fibroid tissue could be left inside your tummy (abdomen). These may then attach to the internal organs in your abdomen where they can continue to grow. You may then need more surgery to remove these fibroids. The risk of this happening is thought to be 1 in 120 (uncommon) to 1 in 1200 (rare).
- Morcellation of uterine tissue or a fibroid that could contain an unexpected cancer called uterine sarcoma, which could spread the cancer inside the tummy. Before considering morcellation, your gynaecologist will have offered you tests that may include an ultrasound scan, a magnetic resonance imaging (MRI) scan, a sample of the uterus lining (endometrial biopsy) and a cervical smear test. However, none of the tests currently available can reliably diagnose uterine sarcoma before surgery.

## What might affect my risk of having a uterine sarcoma?

The factors below may mean that you have a higher risk of uterine sarcoma. Your gynaecologist will check for these and discuss with you before considering myomectomy using morcellation:

- Fibroids that are growing quickly.
- Possible signs of uterine sarcoma from your ultrasound or MRI scan results.
- If certain types of breast, ovarian or bowel cancer run in your family (such as BRCA mutations or Lynch syndrome).
- Your ethnicity. Fibroids are more common in Black women and the chances of uterine sarcoma may also be higher.
- If you have ever used the drug tamoxifen (used to treat breast cancer).
- If your fibroid continues to grow despite medical treatment.
- If you have had radiotherapy to your pelvis.
- Bleeding after your menopause or irregular vaginal bleeding (could be a sign of cancer).
- Your age. Your risk is higher around the time of and after your menopause. Various studies have shown this risk as ranging from:
    - 1 in 65 to 1 in 278 (if you are over 60 years of age).
    - 1 in 158 to 1 in 303 (if you are between 50 and 59).
    - 1 in 304 to 1 in 1250 (if you are younger than 50).

    While these studies don't give us exact risk figures, they do tell us that the risk increases significantly with age. If you are over 50 years of age, your risk is higher and continues to increase as you get older. If an unexpected uterine sarcoma is morcellated then it can potentially cause the cancer to spread and worsen your chances of survival from the cancer.

If you have a fibroid that appears suspicious, your gynaecologist may discuss your case with a team of specialists to help decide what treatment to recommend to you.

## What are the alternatives to myomectomy using morcellation?

An alternative to myomectomy using morcellation is to choose open surgery where a larger cut is made on your tummy (abdomen) to remove the fibroids. The risks and benefits of laparoscopic and open surgery will vary depending on your individual situation and will be fully discussed with you by your gynaecologist.

Before deciding on any treatment, you will be given the chance to ask any questions you may have and to discuss any concerns so that you can make a choice that is right for you.

## Can new fibroids grow back after surgery?

After having a myomectomy there is a chance that new fibroids can grow again and that your symptoms come back.

In order for you to make an informed choice about your operation please discuss any questions you may have with the doctor or nurse before signing the consent form.

## What can I expect after surgery?

As you come round from the anaesthetic you may have episodes of pain and/ or feel sick (nausea). Please let the nursing staff know so they can assess you and help you feel more comfortable. You may have a patient controlled analgesia (PCA) pump attached to you with a handheld button. This will allow you to control your pain relief medication yourself. This will be discussed with you before the operation by the anaesthetist.

The nurse will regularly check with you to make sure that the PCA is working. We will ask you to score your pain from 0 to 10 - 0 meaning no pain and 10 meaning very strong pain.

Your nurse will monitor your blood pressure, heart rate, breathing and temperature. Your surgical cuts (laparoscopic incisions) and any vaginal bleeding will also be monitored.

Your nurse will ask you to move from side to side and to do leg and breathing exercises once you are able to. This will help prevent any pressure damage (sores), blood clots and chest infection.

You will have a fluid drip attached and once you are fully awake you will be able to start drinking and eating and your drip will then be removed.

You may also have a catheter inserted which will drain your urine. This is usually removed after 24 to 48 hours. You may also have a drain which is inserted through your lower tummy to drain off any fluid which may otherwise build up immediately after your operation. This is normally removed after 24 to 48 hours.

You can expect pain and discomfort in your abdomen for the first few days after the operation.

The nursing staff will help you with washing and encourage early movement. We would normally expect you to sit out of bed the day after your operation.

You may find it difficult to open your bowels at first. We will give you medicine (mild laxatives) to soften your poo and prevent you from getting constipated and having to strain.

## How long will I need to stay in hospital?

You will be seen and assessed by the Gynaecology Team each day to check your recovery. Decisions about your care will be shared with you. Please feel free to ask questions about your operation and recovery at any time. In most cases after a laparoscopic (keyhole) myomectomy you can go home the following day (or after 2 or 3 days if the operation was switched to an open myomectomy during the procedure).

You may not see a doctor on the day of your discharge as a nurse will normally discharge you when you are fit to go home.

## Advice to follow after surgery

To prevent problems after your operation, please follow the advice below:

**Rest:** during the first 2 weeks at home it is common to feel tired and exhausted, you should relax during the day gradually increasing the number of things you do 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 and is red or brown in colour. Some women have no bleeding initially and have a sudden gush after about 10 days; this is quite normal and should settle quickly. Sanitary towels should be used rather than tampons to reduce the risk of infection.

**Stitches:** the cuts on your tummy will be closed by dissolvable stitches or glue. If there is any problem with your stitches, please see the nurse at your GP surgery. We advise that you shower daily and keep the wounds clean and dry. There is no need to cover the wounds with any dressings.

**Exercise:** exercise is important and it is advisable to go for short walks each day, increasing the distance gradually. You should be able to go up and down stairs when you get home after your surgery. You may return to normal exercise such as cycling and swimming after 4 to 6 weeks (6 to 8 weeks if you had an open myomectomy).

**Diet:** a well balanced nutritious diet with high fibre content is essential to avoid constipation. Your bowels may take some time to return to normal after your operation and you may need to take laxatives. You should eat at least 5 portions of fruit and vegetables per day and drink at least 2 litres of water per 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 don't deliver within a year of the operation.

**Returning to work:** depending on your operation, you will usually need 4 to 6 weeks off work. Most women are able to return to work after 4 weeks (6 weeks if it was an open myomectomy). You can discuss this with your doctor or nurse. The hospital doctor will provide a sick certificate for this period.

**Driving:** it is usually safe to drive after 4 to 6 weeks but this will depend on your level of concentration, ability to perform an emergency stop and your insurance cover.

**Housework:**

- **Weeks 1 to 2:** we recommend that you do very light activities around the house and avoid any heavy lifting (no more than 1.5kg in each hand).
- **Weeks 3 to 4:** we recommend that you gradually introduce lighter household chores e.g. dusting, washing up, making beds and ironing. You may begin to prepare food and cook, remembering not to lift any heavy items.
- **Week 4 to 6:** by this time you should be able to return to normal daily activities.

## Other treatment options for fibroids

A myomectomy is often the preferred procedure for women with fibroids causing problems who wish to have (more) children.

**Other types of surgical options are given below** (your gynaecologist will discuss with you if any of these other options are appropriate for you):

- **Open myomectomy** involves removing the fibroids through a cut (incision) in the abdomen. The incision is either across your bikini line or vertical (up and down or midline). This incision may be about 10cm in length. The fibroids are removed by making cut(s) into your womb and the womb sewed back with stitches that dissolve. Risks involved with open myomectomy are similar to laparoscopic myomectomy, but the risk of spread of unsuspected uterine cancer reported with the use of the power morcellation has not been reported with open myomectomy. The recovery time and the length of stay in hospital are longer with open myomectomy than with laparoscopic myomectomy.
- **Hysteroscopic myomectomy / transcervical resection of fibroids** are surgical procedures performed through the vagina and neck of the womb to remove fibroids which are seen within the cavity of the womb (submucous fibroids) using an operating camera called a hysteroscope. Fibroids within the wall of the uterus (intramural fibroids) or those protruding out of the uterine wall into the abdomen or pelvis (subserous fibroids) cannot be removed by this procedure.
- **Endometrial ablation** is a surgical procedure to remove the lining of your womb for heavy periods. This will not remove the fibroids. It may increase pain from the womb in 1 in 10 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).
- **Fibroid embolisation** is a procedure performed 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% and reduce blood flow with periods.
- **Hysterectomy** is a surgical procedure to remove the womb (not suitable if you wish to have children).

**Non-surgical options** (you may decide not to have an operation and want to try alternative treatments for your symptoms)**:**

- **Medications** to help with blood flow and pain can be used such as tranexamic acid and non-steroidal anti-inflammatory drugs (NSAIDs) e.g. ibuprofen, naproxen, diclofenac.
- **Hormonal therapy:**

  **- GnRH analogues** that bring on a temporary menopause, and shrinks the fibroids by 30 to 50%. These are only licensed for use before an operation.

  **- Esmya** - reduces effect of your own hormones on growth of the fibroids (will need monitoring of the liver as this may increase the risk of liver failure).

  **- Mirena IUS** - this is an effective contraceptive and reduces blood loss with periods. It will not shrink fibroids and can only be used if the inside of the womb is not too distorted by fibroids and not too large.

  **- Contraceptive pills** - usually help with blood flow and may help shrink fibroids; they do not increase the risk of fibroids growing.

## Where can I find further information and support?

Support organisations can provide helpful counselling, support and advice:

- A full list of useful organisations is available on the Royal College of Obstetricians and Gynaecologists (RCOG) website: https://www.rcog.org.uk/en/patients/other-sources-of-help/
- RCOG Consent Advice No.13, Morcellation for Myomectomy or Hysterectomy:

  https://www.rcog.org.uk/globalassets/documents/guidelines/consent-advice/consent-advice-no-13-morcellation-myomectormy-hysterectomy.pdf

  https://www.rcog.org.uk/en/news/updated-patient-information-and-consent-advice-on-morcellation-published/
- RCOG information leaflet on recovering well after a laparoscopic hysterectomy: https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/gynaecology/pi-morcellation-for-myomectomy-or-hysterectomy.pdf
- 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
- Helping you to stop smoking in Leicester:

  (Leicestershire) http://www.quitready.co.uk/

  (Leicester City) https://livewell.leicester.gov.uk/services/stopping-smoking/

## Contact details

**For any questions before your operation:**

Gynaecology Pre-assessment: 0116 258 4839 (Monday to Friday - 8am to 4pm)

**For any questions after your operation or if you are unwell:**

Gynaecology Assessment Unit - Leicester Royal Infirmary: 0116 258 6259

If you have any questions, write them down here to remind you what to ask when you speak to your nurse/ doctor:

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