

Having keyhole surgery to remove fibroids from your womb (laparoscopic myomectomy)

Department of Gynaecology

Information for Patients

Last reviewed: April 2025

Next review: April 2028

Leaflet number: 1128 Version: 2

What is a fibroid?

A fibroid is a ball shaped, non-cancerous growth in or around the womb. They are made of womb muscle but growing in a ball. They can be different in size, shape, number and position. They can be the size of a pea to the size of a melon. There can be many in the womb or just 1 or 2.

What is a laparoscopic myomectomy?

Laparoscopy is a type of keyhole surgery. The surgeon makes small cuts and passes instruments and a camera into the tummy.

A myomectomy is surgery to remove the fibroids from the wall of your womb. We do not remove the womb. We do this if you wish to have (more) children.

A myomectomy is not suitable for all types of fibroids. It will depend on things such as how big your fibroids are, how many and where in the womb they are and your age. We can remove fibroids that are less than 10cm big.

Why am I being offered a surgery?

You may be able to have surgery if your symptoms are very bad. We will offer surgery if other treatments and medicines have not worked for you.

To find more information about treatment options search: 'Treatment options for fibroids' or leaflet number 1609.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

What will happen before my surgery?

A nurse will see you a few weeks before your surgery. They make sure you are fit for surgery. You will have blood tests and MRSA swab tests. The nursing staff are there to help you. You can talk to them about how you are feeling or ask questions.

Make sure you have someone to take care of your family before coming to the hospital. You will stay in hospital for 1 to 3 days. It will take about 6 weeks to recover.

Do not smoke at all from the day before your surgery. Do not smoke for 2 days (48 hours) after surgery.

What happens during surgery?

1. We do this surgery under general anaesthetic. You will be fully asleep. You will see the doctor who will do the surgery before going into theatre. You will also see the doctor who gives you the general anaesthetic (anaesthetist).
2. We will make 3 to 4 small cuts in your tummy. Each cut is about 1cm long.
3. We put the surgical instruments and the telescope camera through the cuts. We watch the surgery on a TV screen.
4. We remove the fibroids by making cuts into your womb using the instruments.
5. We sew the wounds made in your womb and skin back up with stitches. These will dissolve over the next few weeks.
6. We may cut the fibroids into long, thin strips using a tool called a morcellator. We can then remove the strips through the small cuts in your tummy. This is called laparoscopic morcellation.
7. Sometimes we may cut the fibroid up within a bag instead. With this way of removing the fibroid from the tummy we will need to make a bigger cut at the tummy button.

The benefits of morcellation are:

- We can take out a larger fibroid without having to make big cuts in the tummy.
- Less pain after surgery
- Lower risk of infection
- Lower risk of blood clots in the legs or lungs
- A shorter hospital stay
- A quicker recovery

The surgery often takes 1 to 2 hours to finish. It may be longer if there are larger or many fibroids to remove.

What are the risks in having a laparoscopic myomectomy?

Common risks:

- **Blood loss needing a blood transfusion.** This is because there has been too much bleeding during or after the surgery. This happens in about 10 to 15 out of 100 surgeries.
- **Switching from keyhole to open cut in the tummy to finish the surgery.** We may need to make an open cut in the tummy. This is called open myomectomy. This can be because of where the fibroid is growing or too much bleeding. We will make a larger (about 10 cm) cut in the tummy. Changing from keyhole to open surgery happens in about 1 out of 10 cases. You may need to stay in hospital for 1 to 3 days.
- **Pain after surgery.** We will give you strong painkillers before you wake up from the anaesthetic. The anaesthetist will prescribe you strong painkillers for the first 24 hours after the surgery. You may get pain on your shoulder tip for the first 24 to 48 hours. This pain happens because of small leftover gas we used to see inside the tummy. It can cause irritation inside.
- **Scar tissue** (adhesions) can stick organs together inside your tummy after any surgery. This can cause tummy pain, problems getting pregnant. Very rarely it can cause blockage of pee and poo (bowel). Scar tissue is less common after keyhole surgery (5 in 100 cases) compared to open surgery (up to 10 in 100 cases). The risk of bowel blockage is very small (less than 1 in 100 cases). This is less common after keyhole surgery compared to open surgery.
- **Tear (rupture) of the scar in the womb during pregnancy or labour.** This can happen if the womb cavity was opened when removing the fibroid. There is no evidence of higher risk in keyhole surgery compared to open surgery (1 in 100 cases). There is a higher risk if you give birth less than 1 year after the surgery. We may advise you to have a caesarean section when you have a baby.

Uncommon risks:

- Pee (urinary) infection. Not able to pee and/ or frequency. This happens 1 in 200 cases.
- Wound infection, bruising and delayed wound healing of the skin (1 in 200 cases).
- Pus collection in the tummy (abscess) or infection in the womb (1 in 200 cases).
- Hernia at the site of a cut in the tummy (1 in 200 cases).
- Return to theatre because of bleeding after the surgery (1 in 200 cases).
- Need to take out the womb (hysterectomy) (7 in 100 cases). This can be 1 to 4 cases in 100 with open myomectomy.
- Blood clot in leg/ lung (venous thrombosis and pulmonary embolism) (4 in 100 cases).
- There are specific risks with **morcellation**. This includes the chance that an undiagnosed cancer can spread. This cancer is called uterine sarcoma. This can be spread during the surgery. There is more information about this on the next page.

Very uncommon risks:

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

What are the risks using morcellation?

- Small pieces of fibroid tissue could be left inside your tummy (abdomen). These may then attach to the organs in your tummy and keep growing. You may need more surgery to remove these fibroids. The risk of this happening is 1 in 120 cases (uncommon) to 1 in 1200 cases (rare).
- Sometimes what we think is a benign fibroid turns out to be a cancer called uterine sarcoma. This could spread the cancer inside the tummy. Before thinking about morcellation, your gynaecologist will have offered you tests:
 - an ultrasound scan,
 - a magnetic resonance imaging (MRI) scan,
 - a sample of the womb lining (endometrial biopsy),
 - a cervical smear test.

None of the tests available can be completely sure if a fibroid is actually a 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. They will talk to you before deciding to do a myomectomy using morcellation:

- Fibroids that are growing quickly. This is not always a sign of sarcoma and could be because of your hormones.
- Possible signs of womb cancer (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).
- Fibroids are more common in Black women. The chances of sarcoma is also higher by up to 4 times in Black women.
- 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 risk is higher around the time of and after your menopause. Different studies have shown this risk as ranging from:
 - 1 in 65 to 1 in 278 cases (if you are over 60 years of age).
 - 1 in 158 to 1 in 303 cases (if you are between 50 and 59).
 - 1 in 304 to 1 in 1250 cases (if you are younger than 50).

These studies do not give us exact risk figures but they do tell us that the risk goes up with age. If you are over 50 years of age, your risk is higher. It continues to go up as you get older.

If an unexpected uterine sarcoma is cut into strips (morcellated) then it can make the cancer spread more than open myomectomy. Any myomectomy (keyhole or open) can worsen your chances of survival from the cancer compared to a hysterectomy (removing the whole womb).

If your gynaecologist is worried about a fibroid, they may talk to a cancer team about your case. They can help decide what treatment to recommend to you.

What are the other choices to myomectomy using morcellation?

Another choice to myomectomy using morcellation is to choose open surgery. We make a larger cut on your tummy (abdomen) to remove the fibroids. The risks and benefits of keyhole and open surgery are different. It depends on your personal situation. We will discuss this with you.

Before deciding on any treatment, you can ask any questions you may have. You can talk about any concerns. We want you to 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. Your symptoms can come back.

Before you sign the consent form please ask the doctor or nurse any questions you may have.

What can I expect after surgery?

When you wake up from the anaesthetic you may have some pain and/ or feel sick. Let the nursing staff know of this. They can assess you and help you feel more comfortable. You may have a patient controlled analgesia (PCA) pump attached to you. It has a handheld button. This will let you control your pain relief medicine. The anaesthetist will talk to you about this before the surgery.

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

Your nurse will check your blood pressure, heart rate, breathing and temperature. They will also check your stitches and any vaginal bleeding.

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

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

You may also have a tube (catheter) in your bladder to drain your pee. It is often taken out after 1 or 2 days. You may also have a drain inserted through your lower tummy. This will drain off any fluid which may build up right after your surgery. This is normally removed after 1 or 2 days.

You will feel pain and discomfort in your tummy for the first few days after the surgery.

The nursing staff will help you with washing. They will encourage you to move. We normally expect you to sit out of bed the day after your surgery.

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

How long will I need to stay in hospital?

The gynaecology team will see you each day to check your recovery. We will share decisions with you about your care. Please feel free to ask questions about your surgery and recovery at any time. In most cases after a keyhole myomectomy you can go home the next day. You can go home after 2 or 3 days if the operation was switched to an open myomectomy.

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

Advice to follow after surgery

To help reduce problems after your surgery, make sure you:

- **Rest:** For the first 2 weeks at home it is normal to feel tired. You should relax during the day. Slowly do more things you do each day. Do not cross your legs. For the first 2 weeks at home it is normal to feel tired. Do this until you are back to your usual level of activity. This could be 2 to 6 weeks.
- **Vaginal bleeding:** You can have some vaginal discharge or bleeding. This can be for 1 to 2 weeks after the surgery. This is like a light period. It is red or brown in colour. Some women have no bleeding at first then have a sudden gush after about 10 days. This is quite normal. It should settle quickly. Use sanitary towels. Do not use tampons. This will reduce the risk of infection.
- **Stitches:** We close the cuts on your tummy with dissolvable stitches or glue. See the nurse at your GP surgery if there are any problem with your stitches. We advise that you shower daily. Keep the wounds clean and dry. There is no need to cover the wounds with dressings.
- **Exercise:** Exercise is important. We advise that you go for short walks each day. Slowly walk more. 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. Or 6 to 8 weeks if you had an open myomectomy.
- **Diet:** A healthy diet with high fibre content is good to help you poo. Your bowels may take some time to return to normal after your operation. You may need to take laxatives. You should eat at least 5 portions of fruit and vegetables a day. Drink at least 2 litres of water a day.

- **Sex:** You can have sex when you feel recovered from the surgery and feel ready for it. If you are trying to get pregnant, it is best to wait 3 to 4 months. This is so that you do not have the baby within 1 year of the surgery. This can increase the risk of the womb tearing open in pregnancy or during labour.
- **Returning to work:** You will need around 4 to 6 weeks off work. Most people 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 give you a fitness to work certificate for this period. If you need more time off to recover, please see your GP for another fitness to work certificate.
- **Driving:** It is often safe to drive after 4 to 6 weeks. This will depend on your level of concentration, if you can do an emergency stop and your insurance cover.
- **Housework:**
 - **Weeks 1 to 2:** Do very light activities around the house. Do not do any heavy lifting. No more than 1.5kg in each hand.
 - **Weeks 3 to 4:** Slowly start to do lighter household chores such as dusting, washing up, making beds and ironing. You may begin to prepare food and cook. Remember not to lift any heavy items.
 - **Week 4 to 6:** By this time you should be able to return to normal daily activities.

Where can I find more information and support?

Support organisations can offer helpful counselling, support and advice:

- Patient UK, Women's Health: www.patient.info/womens-health
- British Fibroid Trust: www.britishfibroidtrust.org.uk/myomectomy.php
- Fertility Network UK (Tel: 0800 008 7464): www.fertilitynetworkuk.org

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

