

Gynecology Department

# Laparoscopic Fibroid Resection

This leaflet is about fibroid removal through keyhole surgery. The medical term for this procedure is laparoscopic myoma enucleation. Here, you will read about the most common reasons for removing a fibroid, the operation itself, and the recovery afterward, as well as the risks involved in the operation.

## What is a fibroid?

A fibroid is a benign ball in the muscle layer of the uterus. The medical term for a fibroid is a myoma. The size and especially the location of the fibroid in the uterus determine whether complaints arise. In the brochure "fibroids" you will find more detailed information on this subject.

## When is fibroid removal necessary?

In many cases, a fibroid does not cause any symptoms and does not require treatment. Sometimes, however, treatment is necessary, for example, in the case of heavy menstruation or if the fibroid is too large and is pressing on the bladder or intestines.

Various treatments are possible, from medication to surgery. The treatment depends on:

- your complaints
- the number of fibroids
- the location and size of the fibroid
- your age
- your wish to become pregnant or not in the future

## When is the choice made to remove a fibroid through keyhole surgery?

There are different surgeries for fibroids. If the fibroids are inside the uterus, they can often be removed via surgery through the vagina. Some women choose to have the entire uterus removed. If you want to become pregnant in the future, this is not an option.

Fibroids in the wall or on the outside of the uterus can only be removed by surgery through the abdominal wall. If there are only 1 or 2 fibroids, neither of which is too large (smaller than 8-10cm), it may be decided to remove them using keyhole surgery instead of an abdominal incision. Sometimes you will be advised to take a medication to shrink the fibroids in the period before surgery, so that keyhole surgery can be done, and a larger operation will not be necessary.

The advantage of keyhole surgery, compared to abdominal surgery, is that the hospital stay is shorter and recovery is generally faster. Also, the surgery often gives a nicer cosmetic result because you only have a few small scars after surgery.

## How is the operation performed?

Laparoscopic surgery to remove a fibroid is carried out under general anesthesia by a gynecologist together with a trainee gynecologist. The gynecologist usually makes an incision of approximately 1 cm in the navel, which fills the abdomen with carbon dioxide (CO<sub>2</sub>). The gynecologist then inserts the viewing tube (laparoscope) into the abdomen and connects it to a video camera. The uterus, fallopian tubes, and ovaries can then be seen on a monitor. Next, through 3 other small incisions on the left and right side of the abdomen, instruments are introduced into the abdomen to perform the surgery. Once the fibroid has been removed from the uterus, it is shredded into small pieces using a special device to be removed from the abdomen through the viewing tube.

## What are the risks of the operation?

Complications can occur with any surgery. The risks of surgery are assessed by your doctor with you. The most important risks are described below.

Remember when reading that these are *possible* consequences: most operations go off without complications.

- Sometimes it turns out that keyhole surgery requires a 'normal' abdominal operation via a larger incision. In essence, this is not a real complication because sometimes it is just too difficult to operate carefully using keyhole surgery. So please bear in mind that you may wake up with a larger incision than planned. Your hospital stay and recovery will then take longer. Very rarely, it may be necessary to remove the entire uterus due to a complication.
- **Blood loss** Sometimes, there is a lot of blood loss during the operation. In some cases, a blood transfusion may be required.
- **Damage to the bladder, urinary tract, or bowel** Very rarely, other organs in the abdomen are damaged during surgery. These complications are usually easy to treat, but they require extra care, and recovery often takes longer.

- **Infection** Although we work sterile during surgery, there is a small risk of developing an infection in the abdomen. There is also a risk of a bladder infection or infection of the wounds. If necessary, you will be given an antibiotic.
- **Thrombosis** After surgery, there is a risk of developing a blood clot in one of the blood vessels. This means that the blood can no longer flow through the blood vessel in the desired manner. After surgery, you will therefore receive an injection of blood-thinning medication in the hospital. At home, this is often no longer necessary because you are sufficiently active.
- **The development of adhesions** After any surgery, there is a risk of developing adhesions in the abdomen. Most adhesions do not cause any symptoms, but some women develop pain after surgery. Very occasionally, adhesions can make it more difficult to conceive.
- **New fibroids** After surgery, fibroids can develop again. This happens in fifty percent of the women. Sometimes this means that you will have to undergo another operation in the future.

## What should you be aware of after the operation?

Most women can go home one day after surgery. Recovery varies from person to person, but on average, takes between 4 and 6 weeks. It helps to move around early after surgery. Research shows that gradually picking up and expanding physical symptoms promotes your recovery.

The procedure may cause some post-operative pain, such as abdominal pain, muscle pain, or pain in the shoulders (this is due to the gas in the abdomen stimulating the diaphragm). You will be advised to take painkillers regularly. The pain will gradually lessen.

It is normal to have vaginal bleeding after surgery. This can vary from a few days to a few weeks.

The wounds are stitched with dissolving material. If the stitches are still visible after 7 days, they may be removed by the doctor.

Severe (abdominal) pain, fever, heavy blood loss are reasons to contact the hospital for advice. Be sure to call if you are seriously concerned! A few weeks after the operation, you will get a follow-up check. This can be done either by telephone or physically at the outpatient clinic.

## Future pregnancy

After a fibroid removal, it is still possible to become pregnant. However, in general, you are advised not to become pregnant in the first 6 months after surgery to ensure that the scar in the uterus has time to heal. Sometimes it is necessary to deliver your baby by cesarean section due to the scarring in the uterus. In very rare cases, the surgery has caused a weakening of the uterine wall, leading to a tear in the uterus if you are pregnant. This can have serious consequences for the child, and often for the mother as well. Are you planning to become pregnant in the future? Always discuss this with your gynecologist!

## To conclude

After reading this brochure, you can discuss them with your gynecologist at a future appointment if you still have questions. If necessary, write down any questions you may have to make sure you don't forget anything. You can also find more information on the internet at [www.degynaecoloog.nl](http://www.degynaecoloog.nl).

Contact details for the Gynecology Outpatient Clinic: 020 - 566 3400 (available from Monday to Friday from 09.00 to 16.30).

Outside these times, you can visit our emergency department for women 24 hours a day: 020 - 566 1500.