

Gynecology Department

Fibroid Removal Via Abdominal Incision

This brochure is about fibroid removal through an abdominal incision. The medical term for this procedure is laparotomy myoma enucleation. Here you will find information on the most common reasons for removing a fibroid, on the surgery itself and the recovery afterward, and the risks of the surgery.

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 an abdominal incision?

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. However, 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 through an operation through the abdominal wall. Usually, this means that a horizontal abdominal incision is made just above the pubic bone, 10-15 cm long (bikini incision). However, sometimes the fibroids are too large, and a vertical tube incision must be made from the pubic bone to the navel. Your gynecologist may advise you to take a medication to shrink the fibroids in the period before surgery so that a smaller incision is needed.

Only if there are only 1 or 2 fibroids, and if these fibroids are not too large, the procedure can sometimes be performed using keyhole surgery.

How is the operation performed?

Abdominal Fibroid removal is performed under general anesthesia by a gynecologist together with a trainee gynecologist. Once the abdomen has been opened, the gynecologist can "peel out" the fibroids. The uterine wall and the abdominal wall itself are then carefully closed up again with stitches.

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 a hitch.

- **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 uterus** Very rarely, it may be necessary to completely remove the uterus due to a complication.
- **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 return home after 3 or 4 days following surgery, depending on the size of the abdominal incision. Recovery varies from person to person, but on average, it takes between 4 and 6 weeks. It helps to get moving again early after surgery. In addition, research shows that gradually picking up and expanding your physical activities helps your recovery.

The procedure may cause some post-operative pain. You are advised to take painkillers regularly. The pain will gradually lessen.

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

The abdominal wound is sutured with material that dissolves. Therefore, it is not necessary to have the stitches removed.

Severe (abdominal) pain, fever, heavy blood loss are reasons to contact the hospital for advice. Also, 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.

Contact details for the Gynecology Outpatient Clinic: 020 - 566 3400 (available from Monday to Friday from 09:00a.m. to 04:30 p.m.).

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