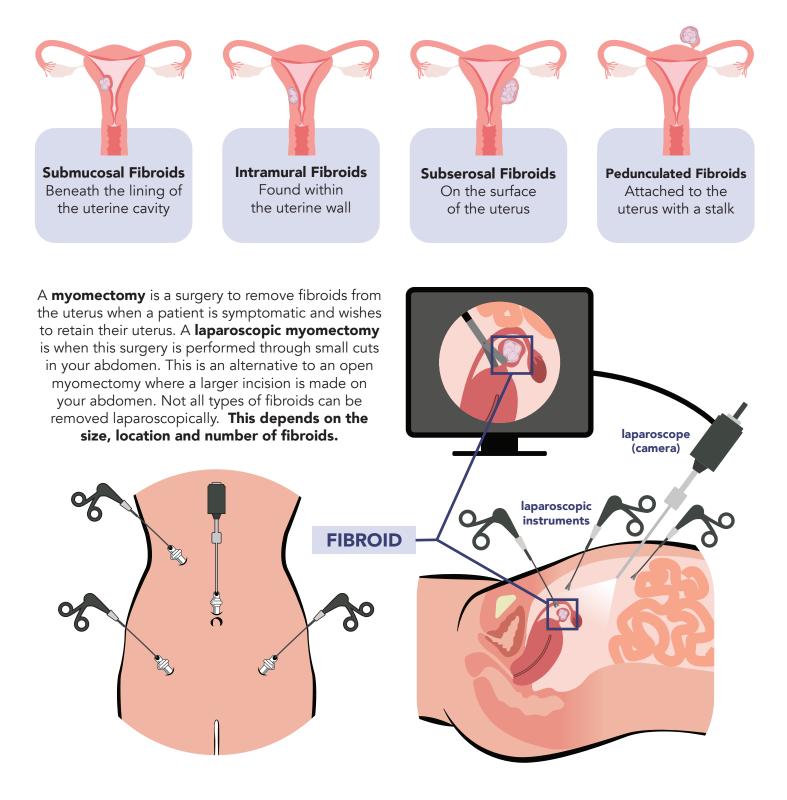
Laparoscopic Myomectomy



Fibroids are a benign growth of the muscular layer of the uterus. They are very common in reproductive-aged women, increasing with age, and **found in up to 70% of women** over the age of 50. Women may experience abnormal uterine bleeding or bulk symptoms (symptoms caused by pressure from the fibroids). Symptoms depend on both location and size of the fibroids. **There are four main types of fibroids:**



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What are the risks of a laparoscopic myomectomy?

Some risks include:

- Bleeding and infection
- Injury to other organs (e.g. bladder, bowel or other structures)
- Blood clots in your lungs and legs
- Need to switch to an open incision
- Risk of recurrence
- Need for Caesarean section for future pregnancies
- Rare chance (<1%) of needing hysterectomy (removal of uterus) at time of procedure due to uncontrolled bleeding

What to Expect after Surgery

Wound	The small cuts may be closed with dissolvable stitches and will be covered with small bandages. The stitches should dissolve, and the bandages will come off on their own. If they do not come off in 7-10 days, you can remove them yourself.
Pain	You can expect lower abdominal pain for the first few days after surgery. You may also experience pain in the shoulder because of the gas used in the operation. You will be discharged home with a pain medication prescription.
Constipation	It is not uncommon for the bowels to be slow after surgery. You may eat regular foods, but eat small, frequent meals until your bowel movements are back to normal
Vaginal bleeding	You can expect vaginal spotting following your surgery, it may be similar to a light period and should decrease with time.
Showers	You may shower 24 hours after your surgery. Sexual intercourse should be avoided for at least 2 weeks after surgery.

You can expect to go home on the same day or the day after your procedure. Most patients can return to work 2 - 4 weeks after surgery.

You will be seen in follow-up in 4 - 6 weeks. Additionally, follow-up may be arranged sooner if you have a small device placed in your uterus to prevent scarring.

References

Vilos GA, Allaire C, Laberge PY, Leyland N. The management of uterine leiomyomas. J Obstet Gynaecol Can. 2015 Feb;37(2):157-178.
Liu G, Zolis L, Kung R, Melchior M, Singh S, Cook EF. The laparoscopic myomectomy: A survey of Canadian gynaecologists. J Obstet Gynaecol Can. 2010 Feb;32(2):139-148.

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