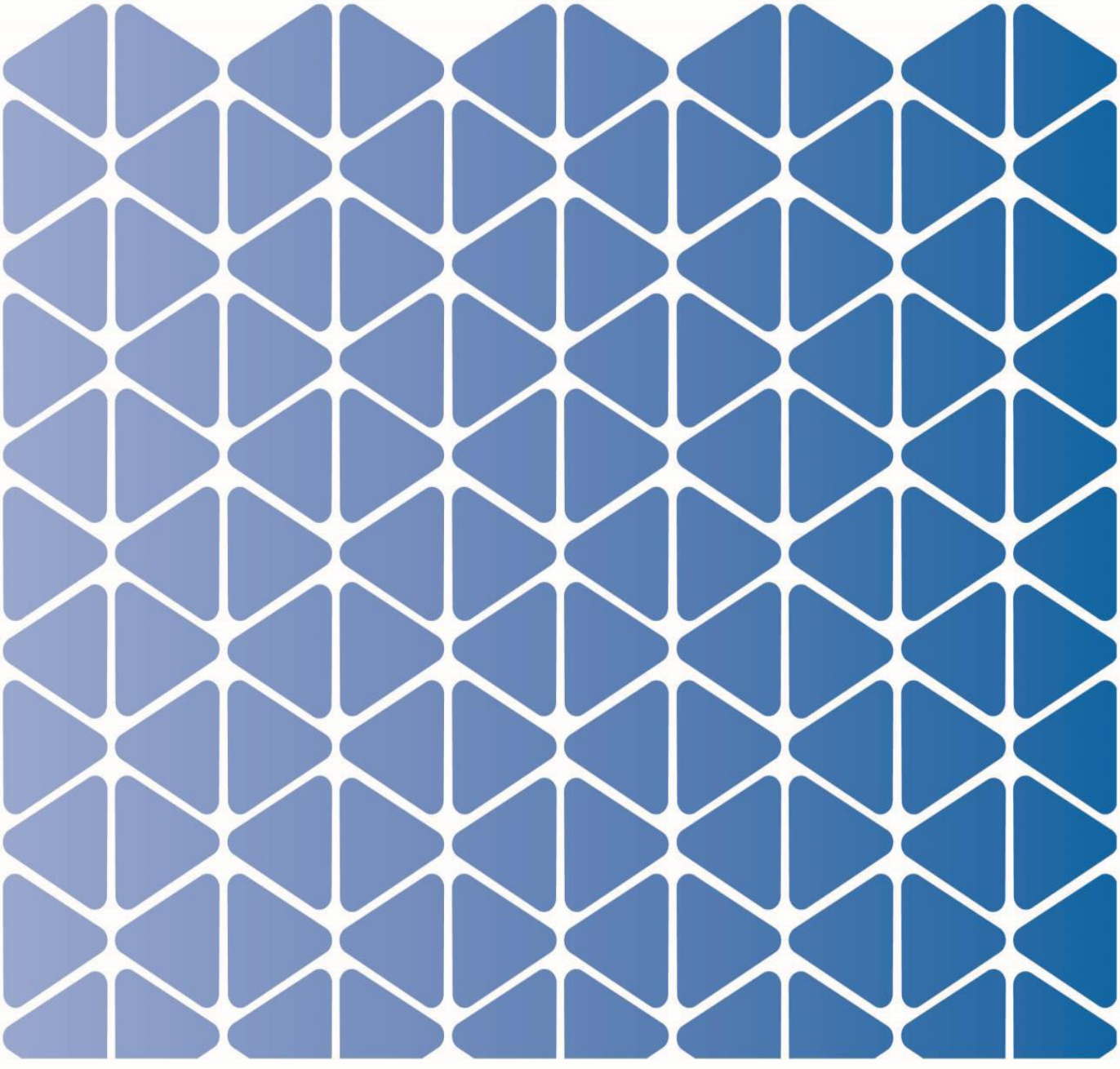
NHS
Worcestershire Acute Hospitals NHS Trust

PATIENT INFORMATION

LAPAROSCOPIC MYOMECTOMY



What is a Laparoscopic Myomectomy?

A laparoscopic myomectomy is a type of minimally invasive keyhole surgery performed to remove *fibroids*—non-cancerous growths that develop within the muscle of the uterus (womb). Fibroids are extremely common and can vary in size, number, and location. While many cause no symptoms and require no intervention, others can lead to heavy menstrual bleeding, pelvic pain, pressure symptoms, fertility difficulties, or pregnancy-related complications.

This operation is carried out using small incisions (usually 3–4 incisions, each about 5–10 mm long) made in the abdomen. Through these incisions, a thin telescope with a camera (laparoscope) and fine surgical instruments are inserted. The camera projects images onto a screen, allowing the surgeon to view the uterus clearly and remove the fibroids with precision.

Unlike a hysterectomy, where the uterus is removed entirely, a laparoscopic myomectomy preserves the uterus. This makes it a valuable option for women who want to maintain fertility, preserve menstrual function, or simply avoid major abdominal surgery. The key advantage of this approach is faster recovery, less postoperative pain, and a quicker return to normal daily activity.

Who is Suitable for This Procedure?

Not all fibroids can be removed laparoscopically. Your specialist will assess your suitability based on several factors, including symptoms, imaging results, and reproductive goals. You may be recommended laparoscopic myomectomy if:

- You have a **small number of fibroids**, typically between 1 and 3.
- You experience **heavy or prolonged menstrual bleeding** affecting daily life.
- You have **pelvic pain, bloating or pressure symptoms** due to fibroids.
- You wish to **preserve your uterus** and keep the possibility of future pregnancy.
- Fertility has been affected and removal of fibroids may improve conception.

A detailed evaluation with ultrasound or MRI is usually required to determine size, position, and number of fibroids. Your gynaecologist will discuss whether this technique is the most appropriate and safest option for you.

Benefits of Laparoscopic Myomectomy

Choosing laparoscopic surgery offers several potential advantages over open (traditional) abdominal surgery:

- Minimally invasive technique – small cuts rather than one large incision.
- Faster recovery time, allowing quicker return to work and normal activity.
- Less postoperative pain and reduced need for strong pain medication.
- Shorter hospital stay – many patients return home the same day or within 1–2 nights.
- Lower risk of wound infection and better cosmetic outcome.
- Uterus is preserved, supporting fertility and allowing the possibility of future pregnancy.

These benefits make laparoscopic myomectomy a popular and effective procedure when performed in appropriately selected patients.

Risks and Possible Complications

All operations carry some risk; however, laparoscopic myomectomy is generally safe when performed by experienced surgeons. Potential complications include:

- **Bleeding**, occasionally requiring blood transfusion.
- **Infection** of wounds, pelvis, or internal tissue.
- **Damage to surrounding structures**, such as bowel, bladder, or blood vessels.
- **Adhesions (scar tissue)** that may form inside the abdomen after surgery.
- **Recurrence of fibroids**—new fibroids may grow in the future.
- In some cases, the surgeon may need to **convert to open surgery** if access or visibility becomes difficult.
- Very rarely, if bleeding is uncontrollable or uterus cannot be repaired safely, **a hysterectomy may be needed**. This is extremely uncommon and only done to protect your health.

Your surgeon will discuss these risks in detail and answer any questions you may have before you provide informed consent.

Preparing for Your Surgery

To ensure your operation is as safe as possible, you may be required to have:

- Blood tests
- ECG (heart tracing) if appropriate
- Pelvic ultrasound or MRI scan
- Review of current medications, including blood thinners and contraceptives

- You may be started on some injections called GnRH analogues which are required to reduce the size of the fibroid prior to surgery. This will be discussed with you if it will be beneficial in your case.
- If you are in the reproductive age group we advise you to use a reliable form of contraception. We also carry out urine pregnancy test to ensure surgery is not done inadvertently while you are pregnant. The medical team may postpone surgery if there is a doubt regarding possibility of pregnancy.

  You may be advised to stop eating and drinking 6–8 hours before the operation. Clear instructions will be given to you by the hospital team.

  If you smoke, stopping several weeks before surgery is strongly recommended. Smoking affects wound healing, increases infection risk, and may slow recovery. If you need support to quit, please speak to your GP or access NHS help-to-quit services.

  It can be helpful to plan ahead by organising support at home, arranging time off work, and preparing comfortable clothing and easy-to-reach essentials for your recovery period.

What Happens During the Operation?

The procedure is performed under general anaesthesia, meaning you will be asleep throughout. Once you are comfortable:

1. Small incisions are made around the tummy button and lower abdomen.
2. The abdomen is gently inflated using gas (carbon dioxide) to create space for instruments.
3. A laparoscope is inserted, giving the surgeon a magnified view of the pelvis.
4. The fibroids are identified, carefully separated from the uterine muscle, and removed.
5. The uterus is repaired with layers of stitches to restore its strength.
6. Fibroid tissue is removed either through a small incision or morcellated (cut into smaller pieces for removal). The doctor will also discuss methods of removal and will use the one which is safest to use in your case. While morcellating the fibroid it is contained in a bag to avoid the small fragments falling inside your tummy which may then grow further.

   The operation usually lasts 2-3 hours, depending on the number and size of fibroids present.

After the Operation & Recovery

After the Operation

You will wake in the recovery area where nurses will monitor your breathing, pain levels, and vital signs. It is normal to feel drowsy, bloated, or tender across the abdomen, especially around the incision sites.

Typical recovery experiences include:

- Mild to moderate discomfort, manageable with pain relief.
- Shoulder-tip pain from gas used during the surgery—usually settles within 48–72 hours.
- Vaginal bleeding or discharge for up to 1–2 weeks, similar to a light period.
- Feeling tired or low in energy for a few days.

You may go home the same day or within 1–2 nights depending on recovery progress. Before discharge, you will be given pain medication and postoperative instructions.

Recovery at Home

Every woman heals at her own pace, but these general guidelines may help:

- Gradually return to light daily activities over **1–2 weeks**.
- Avoid heavy lifting, strenuous exercise, or intense physical activity for **4–6 weeks**.
- Sexual intercourse, swimming, and tampon use should be avoided for **4–6 weeks** or until advised by your doctor.
- Many women need **4–6 weeks off work**, depending on the type of work they do.
- Drink plenty of fluids and maintain a high-fibre diet to avoid constipation.
- Gentle walking each day helps circulation and recovery.

Rest is essential, but listen to your body—balance activity with adequate downtime.

When to Seek Medical Help

Contact your healthcare provider or seek urgent medical attention if you experience:

- **High fever or persistent temperature**
- **Severe abdominal pain** not relieved by medication
- **Excessive vaginal bleeding**, passing large clots
- **Increasing redness, discharge, or swelling** around the incisions
- **Difficulty passing urine or opening bowels**
- **Shortness of breath, chest pain**, or pain in the calf (which may indicate a blood clot)

Prompt review ensures any issues are managed quickly and safely.

Future Fertility and Pregnancy

A major advantage of laparoscopic myomectomy is the preservation of the uterus. Fertility may improve, particularly if fibroids previously distorted the uterine cavity. Most doctors recommend waiting three months before trying to conceive, allowing the uterus to heal fully.

The mode of birth in future pregnancies depends on factors such as depth of fibroid removal and how the uterine muscle was repaired. In many cases, a planned caesarean section may be advised, particularly if the incision was deep. Your obstetrician will discuss the safest birth plan for you during pregnancy.

Alternatives to Surgery

Laparoscopic myomectomy is one of several fibroid treatment options. Other approaches include:

- **Medical treatment**, including hormonal therapy to reduce symptoms.
- **Uterine Artery Embolisation (UAE)** – shrinks fibroids by cutting off blood supply.
- **Hysteroscopic myomectomy** – removal of fibroids inside the uterine cavity via the vagina.
- **Open (abdominal) myomectomy** – suitable for very large or numerous fibroids.
- **Hysterectomy** – complete removal of the uterus (definitive cure, no future fertility).

Each option has benefits and limitations. Your doctor will help you choose the one best suited to your situation, symptoms, and personal wishes.

Final Notes

A laparoscopic myomectomy is a highly effective and uterus-preserving treatment for symptomatic fibroids. Most patients recover well and return to normal activity within weeks, with an excellent chance of improved symptoms and maintained fertility.

If you have any questions or concerns at any point before or after surgery, please do not hesitate to contact your healthcare team.

You are not alone—support and guidance are available every step of the way.

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.