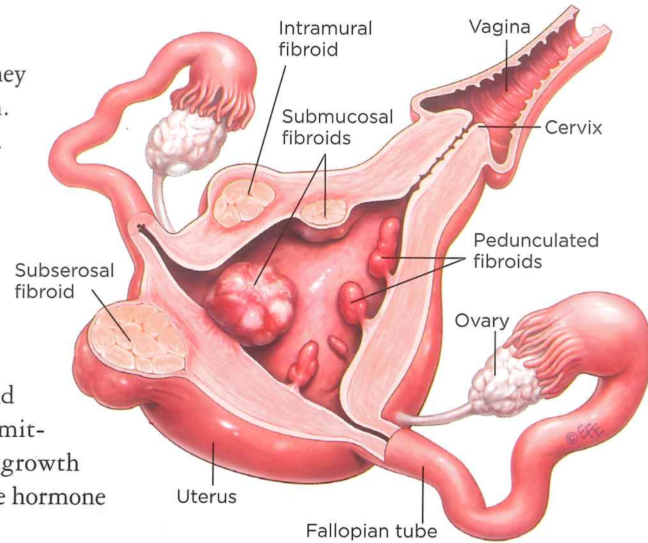
# SURGERY TO TREAT UTERINE FIBROIDS

A Guide for Women




Uterine fibroids are benign (non-cancerous) tumours of the uterus. They grow from cells in the muscle wall of the uterus, the myometrium. Doctors classify fibroids by their location, as shown in the illustration. Fibroids are common, occurring in about seven out of 10 women of child-bearing age. They range in size from tiny to as big as a grapefruit, or larger.

Fibroids do not always cause pain or other symptoms. Most are small and do not cause problems. Symptoms often depend on a fibroid's size and location, and the number of fibroids. Fibroids are also called fibromyomas.

Symptoms and signs may include:

- heavy menstrual bleeding
- pelvic pressure and pain, or backache
- severe period pain and cramps (dysmenorrhea)
- changes in bowel habits such as constipation
- sensation of fullness or bloating of the abdomen.
- more frequent urination and urgency
- low fertility or infertility
- miscarriage, particularly in the first and second trimester
- increased risk of premature birth
- abnormal uterine bleeding unrelated to periods (metrorrhagia)
- fatigue due to iron-deficiency anaemia.

Fibroids require treatment only if they are troublesome. Treatment depends on:

- the type, location, size and number of fibroids
- your age and medical history
- whether you want to become pregnant. Most women with fibroids have normal pregnancies and births. If fibroids become large or numerous, a pregnancy may develop complications.

The exact cause of fibroids is unknown. Their growth can be erratic, with some growing slowly and others rapidly. Some have intermittent growth spurts. Their growth appears to respond to the female hormone oestrogen.

An affected uterus may have several fibroids, which can develop at the same time in different locations. Most women treated for fibroids report relief from all or most symptoms.

## TYPES OF FIBROIDS

- Subserosal fibroids grow from the outer wall of the uterus and are the most common. Large subserosal fibroids can protrude into the abdominal cavity and press on nearby organs, causing symptoms.
- Submucosal fibroids grow from the inside wall of the uterus and protrude into the uterine cavity. These fibroids are the most likely to provoke symptoms, in particular heavy bleeding or poor fertility.
- Intramural fibroids grow deep within the uterus's muscle layers. Large intramural fibroids close to the uterine cavity can disrupt the normal shape of the uterus and cause infertility.
- Pedunculated fibroids grow on small, slender stalks, and arise from subserosal or submucosal fibroids. A pedunculated fibroid can easily twist, causing significant pain.
- Many fibroids are "hybrids". For example, an intramural fibroid can grow past the endometrium and into the uterine cavity, becoming an intramural-submucosal hybrid.

## Diagnosis of uterine fibroids

Diagnosis will rely on examination and tests to distinguish fibroids from other possible abnormal masses, such as ovarian cysts.

Diagnosis may require:

- physical and pelvic examination
- ultrasound scan of the uterus; some patients may require a vaginal-probe ultrasound scan
- saline-enhanced sonogram or sonohysterogram. The gynaecologist fills the uterus with fluid to hold open its inner cavity and improve the ultrasound image
- hysteroscopy, a visual examination of the inside of the uterus
- uterine biopsy. During hysteroscopy, the gynaecologist may take a small sample of uterine tissue, which will be examined later by a pathologist
- computed tomography (CT) scan
- magnetic resonance imaging (MRI)
- blood tests to check for anaemia
- tests to rule out conditions with similar symptoms.

**IMPORTANT: FILL IN ALL DETAILS ON THE STICKER BELOW**

**Dear Doctor:** When you discuss this pamphlet with your patient, remove this sticker, and put it on the patient's medical history or card. This will remind you and the patient that this pamphlet has been provided. Some doctors ask their patients to sign the sticker to confirm receipt of the pamphlet.

PEEL HERE

**TREATMENT INFORMATION PAMPHLET**

PROCEDURE: ____________________

PATIENT'S NAME: ____________________

DOCTOR'S NAME: ____________________

EDITION NUMBER: ______ DATE: DD / MM / YYYY

Edition number: 1

## MYOMECTOMY

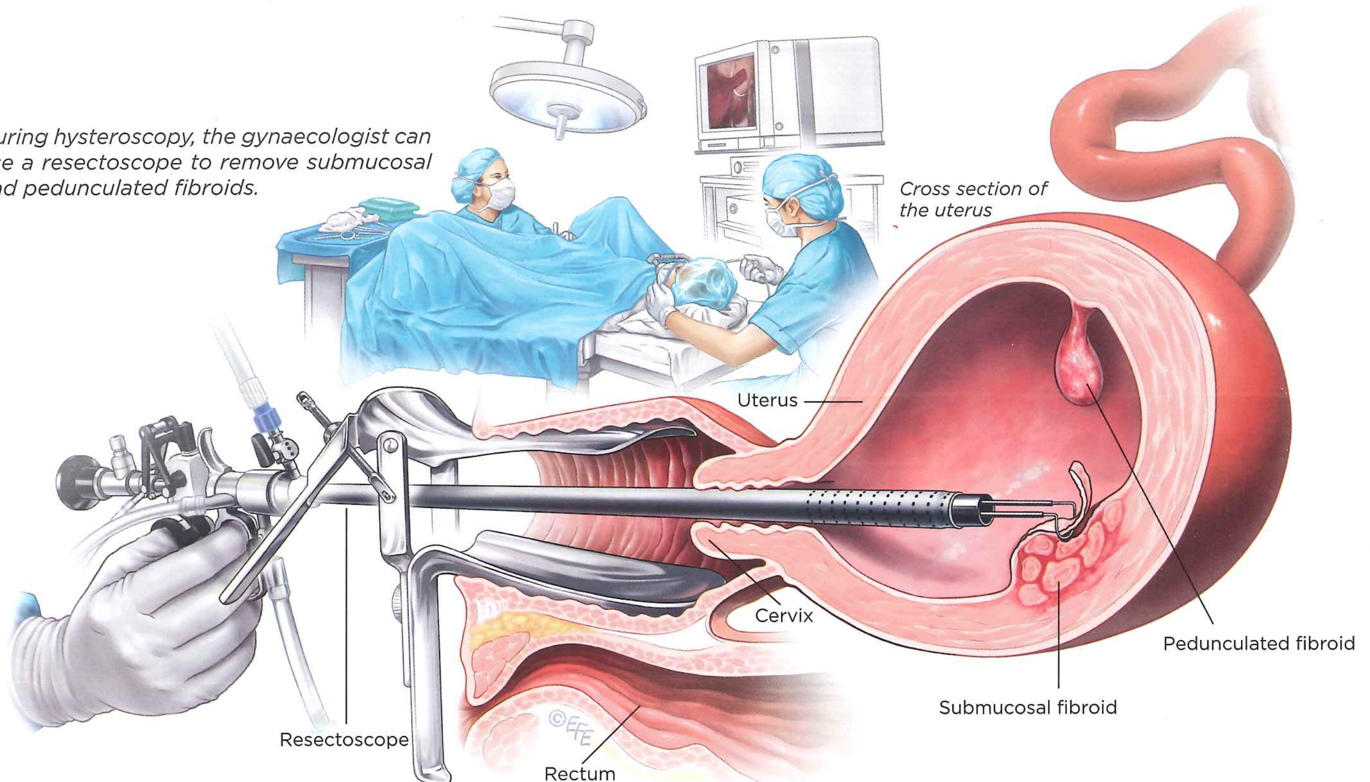
Myomectomy is surgery that removes fibroids while preserving the uterus. Myomectomy can reduce bleeding and symptoms. Myomectomy may be performed using minimally invasive procedures or open surgery (laparotomy). A minimally invasive procedure usually has a faster recovery time compared to open surgery, but may be hampered by the size of the fibroid. During the procedure, the surgeon may use a drug (Vasopressin) to reduce bleeding of the operative site. Other drugs may be administered to reduce the risk of excessive bleeding.

### Hysteroscopic myomectomy

Hysteroscopy is a procedure to examine and treat the inside of the uterus. No abdominal incisions are needed. This procedure can remove submucosal fibroids and pedunculated fibroids within the uterine cavity. Prior to the procedure, your gynaecologist may prescribe a medication to help soften the cervix.

To perform the procedure, the gynaecologist passes a thin telescope called a resectoscope via the vagina and through the cervical canal. A resectoscope has a built-in wire loop that carries an electrical current. The inside of the uterus is expanded with liquid (such as glycine or saline) or carbon dioxide gas to improve the view of the fibroids.

The wire loop is placed around each fibroid. An electrical current is passed through the wire, which cuts the fibroid from the uterine wall and stops most bleeding. The patient education pamphlet "Hysteroscopy - a guide for women" contains more detailed information about hysteroscopy and is available from your gynaecologist.




*During hysteroscopy, the gynaecologist can use a resectoscope to remove submucosal and pedunculated fibroids.*

## TALK TO YOUR DOCTOR

The aim of this pamphlet is to provide you with general information. It is not a substitute for advice from your gynaecologist.

If you are not sure about the benefits, risks and limitations of treatment, ask your gynaecologist. Read this pamphlet carefully, and save it for reference. Technical terms are used that may require further explanation by your gynaecologist. Your gynaecologist will be pleased to answer questions. If you have any concerns about the procedure, discuss them with your gynaecologist.

Seek the opinion of another gynaecologist if you are uncertain about advice you are given. Use this pamphlet only in consultation with your gynaecologist.

MAKING A DECISION: The decision whether to have treatment is always yours and should not be made in a rush. Make a decision only when you are satisfied with the information you have received and believe you have been well informed.

CONSENT FORM: If you decide to have surgery, your gynaecologist will ask you to sign a consent form. Before signing, read it carefully. If you have questions, ask your gynaecologist.

## YOUR MEDICAL HISTORY

Your gynaecologist needs to know your complete medical history. Tell your gynaecologist about any health problems you have had as some may interfere with surgery, anaesthesia or recovery. This information is confidential.

Tell the gynaecologist if you have or have had:

- an allergy or bad reaction to antibiotics, anaesthetics or other drugs
- prolonged bleeding or excessive bruising when injured
- recent or current infection
- recent or long-term illness, and any previous surgery.

Tell your gynaecologist if you are, could be, or plan to become pregnant.

Give your gynaecologist a list of ALL medicines you are taking or have recently taken. Include medicines prescribed by your family doctor, those bought "over the counter" without prescription, and vitamins or herbal supplements.

Include long-term treatments such as blood thinners, aspirin (including that contained in cough syrups), arthritis medication or insulin. Blood thinners can cause excessive bleeding during surgery and recovery.

Your gynaecologist may ask you to stop taking blood thinners and other

# FOR UTERINE FIBROIDS

## Laparoscopic myomectomy

Laparoscopy is minimally invasive surgery. Laparoscopic myomectomy can remove pedunculated fibroids and subserosal fibromas from the outside of the uterus, as shown in the illustration. Laparoscopy may not be suitable for all kinds of fibroids.

A thin telescope (laparoscope) is inserted through an incision near the patient's navel. Surgical instruments are inserted through additional small incisions in the abdomen. The gynaecologist may perform the surgery with the aid of a robot. The patient education pamphlet "Laparoscopy - a guide for women" contains more detailed information about laparoscopic techniques and is available from your gynaecologist.

Morcellation: To facilitate easy removal from the abdomen, a large fibroid may need to be cut into smaller pieces (morcellated) and extracted. Morcellation can be undertaken with a scalpel or scissors, or using a powered mechanical instrument called a morcellator.

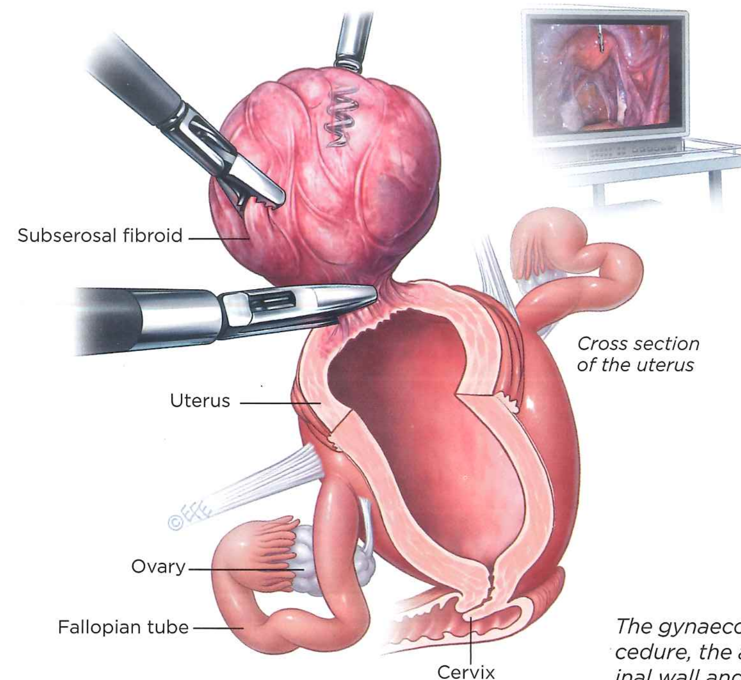
## Abdominal myomectomy

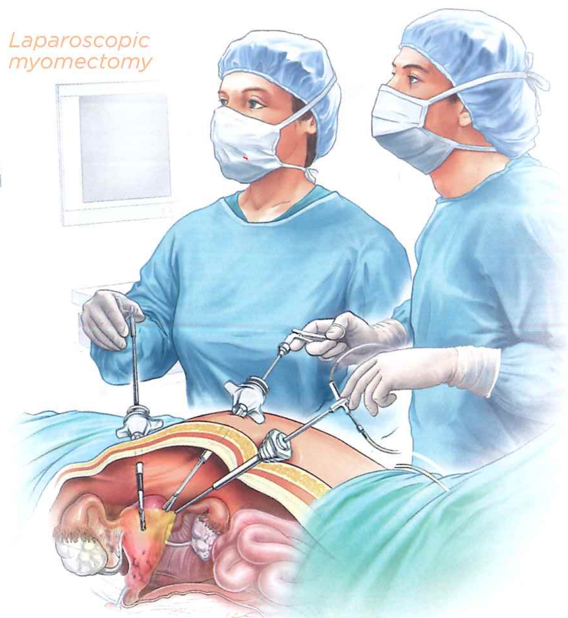
Abdominal myomectomy, performed as open surgery (laparotomy) is used to remove fibroids that are large, numerous or deep within the uterine wall.

## HYSTERECTOMY

Surgical removal of the uterus (hysterectomy) is not often necessary to treat fibroids. However, it is the only treatment that offers a permanent cure for fibroids. Menstrual periods and pregnancy are no longer possible after hysterectomy. A woman who has completed her family and has symptoms due to fibroids may opt for hysterectomy.

A total hysterectomy involves the removal of the uterus and cervix. A sub-total or supracervical hysterectomy preserves the cervix. The patient education pamphlet "Hysterectomy - a guide for women" contains more detailed information and is available from your gynaecologist.




*The gynaecologist can see the fibroids through the laparoscope. During the procedure, the abdominal cavity is filled with carbon dioxide gas to lift the abdominal wall and offer a clear view of the fibroids, uterus and other pelvic organs.*

medications (including vitamins) for a week or more before your procedure, or you may be given an alternative dose. Discuss this carefully with your gynaecologist.

SMOKING: It is best to stop smoking. Otherwise, don't smoke for several weeks before and after the procedure. Smoking delays and interferes with healing and increases risks of anaesthesia.

## MEDICAL TREATMENTS

Your gynaecologist may suggest that you take medications to reduce the symptoms of fibroids or to retard their growth.

### MEDICATIONS MAY INCLUDE:

- iron and vitamin supplements
- birth control pills, or a hormone-releasing intrauterine device (IUD), or a hormone-releasing implant
- anti-fibrinolytic medicines, such as tranexamic acid, which slow down menstrual bleeding by helping the blood to clot more quickly
- hormone therapy to shrink the fibroids, such as GnRH agonist therapy. Treatment may last from three to six months.

## ANAESTHESIA

Modern anaesthesia is safe and effective, but does have risks. Rarely, side effects can be life threatening. Ask your anaesthetist for more information.

Depending on your medical history and the surgical technique, you may be given general, epidural, spinal or local anaesthesia.

Your anaesthetist can explain which is best for you. Follow all pre-operative instructions.

## COSTS OF TREATMENT

Your gynaecologist can advise you about coverage by private health insurance. Ask which costs can be claimed on private health insurance. As the course of actual treatment may differ from the proposed treatment, the final account may vary from the estimate. It is best to discuss costs with your gynaecologist before surgery rather than afterwards.

**Your Gynaecologist**

This patient education has been reviewed by obstetricians and gynaecologists in Australia and New Zealand

## RECOVERY AFTER TREATMENT

The length of recovery will depend on the type of procedure. Hysteroscopic and laparoscopic myomectomy may be done as an outpatient or a day procedure. Women who undergo laparotomy remain in hospital from one to several days. Your gynaecologist will prescribe pain relief. Arrange for a family member or friend to drive you home from hospital.

After general anaesthesia, avoid driving for at least 24 hours. Get plenty of rest. You may want to take some time off work.

Get instructions from your gynaecologist about showering and bathing.

Tampons can increase the risk of infection in some cases. Wear sanitary napkins unless advised otherwise by your gynaecologist.

After a laparotomy, non-dissolvable stitches or surgical staples are removed about seven to 10 days later at a follow-up appointment. Your gynaecologist, hospital staff, local GP or district nurse can remove the stitches or staples.

**Hysteroscopic myomectomy:** Some women may have period-like cramps during and after the procedure. Blood-stained fluid may drain from the vagina for a few days. It should be no more than the flow of a normal period and should stop within 14 days.

**Laparoscopic myomectomy:** Some after-effects may last for a few days after surgery, including:

- tiredness, general aches and pains
- mild nausea
- discomfort at the incision sites
- pain in one or both shoulders that may extend into the neck, thought to be caused by the carbon dioxide gas used during the procedure
- cramps similar to period cramps
- sensation of abdominal bloating.

In several days, you may feel well enough to return to some normal, less strenuous activities.

**Laparotomy:** Recovery may take about six weeks. Avoid strenuous exercise, heavy lifting and vigorous exercise.

**Hysterectomy:** Recovery may take up to 12 weeks. Avoid sexual intercourse for at least six weeks to allow your cervix to heal. Blood-stained vaginal discharge in the first weeks is normal. Use sanitary napkins rather than tampons.

### Pregnancy following treatment

Troublesome fibroids increase the risk of infertility and miscarriage. In some women, the removal of fibroids may improve their chances of pregnancy, but treatment cannot guarantee conception or a successful pregnancy.

## POSSIBLE COMPLICATIONS OF UTERINE-FIBROID SURGERY

As with all procedures, treatment of fibroids has risks, despite the highest standards of practice. While your gynaecologist makes every attempt to minimise risks, complications may occur that may have permanent effects.

It is not usual for a doctor to outline every possible side effect or rare complication of a surgical procedure. However, it is important that you have enough information about possible complications to fully weigh up the benefits, risks and limitations of surgery.

The following possible complications are listed to inform you, not to alarm you. There may be other complications that are not listed. Smoking, obesity and other significant medical problems can cause greater risks of complications.

### General risks of surgery

- Cardiovascular problems such as a heart attack or stroke
- Infection of the wounds that require treatment with antibiotics
- Excessive bleeding that may require a blood transfusion
- Anaesthetic complications
- Blood clots in a deep vein of a leg (deep vein thrombosis or DVT) or a lung
- Keloid or hypertrophic scarring, a surgical scar that becomes inflamed, raised and itchy; keloids can be annoying but are not a threat to health.

### Specific risks of fibroid surgery

- Injury to a nearby organ.
- Adhesions (bands of scar tissue) may form inside the uterus and block the fallopian tubes or cause the ovaries to "stick" to nearby structures such as the intestines. This can cause low fertility or infertility.
- Due to complications of laparoscopy or hysteroscopy, a hysterectomy may be needed, but this is rare.
- Surgery can weaken the uterine wall if deep incisions were made. A Caesarean section may be needed for a future delivery. A Caesarean reduces the risk of a uterus rupturing along its surgical scars during labour.
- In some cases, the uterus is so damaged by numerous fibroids that the gynaecologist cannot successfully treat it, and a hysterectomy is needed.
- The surgeon may not be able to remove all fibroids. Removed fibroids do not grow back, but myomectomy does not prevent new fibroids from growing. About half of the women who have myomectomies will develop new fibroids.
- Some small fibroids may be missed and then have to be removed at a later time if they become troublesome.
- During myomectomy, a cancerous tumour can be mistaken for a fibroid. Surgery on, and morcellation of, the cancerous tumour can sometimes lead to its spread. This is rare. The risk increases slightly after menopause and with age.
- Complications from carbon dioxide used to inflate the abdomen during laparoscopy, such as breathing or heart rhythm problems.
- Sluggish return of the bowel and bladder to normal function.

### Conversion to open surgery

Although the gynaecologist may recommend laparoscopy to remove fibroids, the gynaecologist may find, after starting the procedure, that continuing with laparoscopy is not safe or not in the best interests of the patient. The fibroids may have to be removed using a laparotomy. Conversion from laparoscopy to a laparotomy should not be considered to be a complication of the procedure, but rather is done for the patient's safety. Some patients are very disappointed that they had open surgery, but a conversion to laparotomy is based on the need to reduce risks to the patient.

### Report to your gynaecologist

After surgery, notify your gynaecologist at once if you notice any of the following:

- increasing nausea or vomiting
- increasing or persisting abdominal pain
- persistent bleeding from the vagina that is smelly or becomes heavier than a normal period and is bright red
- persistent redness, pain, pus or swelling around the wounds, or a fever of more than 38°C or chills, which may indicate infection
- pain or burning on passing urine or the need to pass it frequently; this may indicate a urinary tract infection
- feeling dizzy, faint or short of breath
- any other concerns you may have about your recovery.

If you cannot contact your gynaecologist, go to your family doctor or Accident and Emergency at your nearest hospital.

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