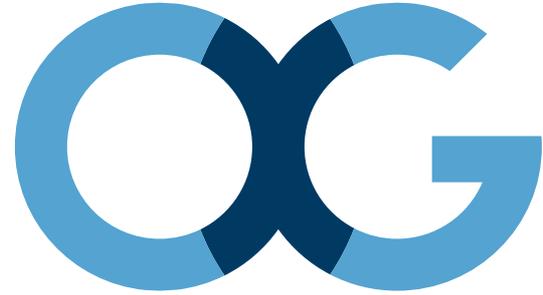


Laparoscopic myomectomy



How can a laparoscopic myomectomy help?

Laparoscopic myomectomy is a keyhole operation to remove fibroids from the uterus. The commonest problems that lead women to have their fibroids removed are: heavy periods; abdominal (tummy) bloating; difficulty getting pregnant; pelvic pain; and pressure on surrounding areas and organs.

Keyhole surgery, where possible, has benefits over open surgery. These benefits include: a quicker recovery; less pain; less time in hospital; and a faster return to work.

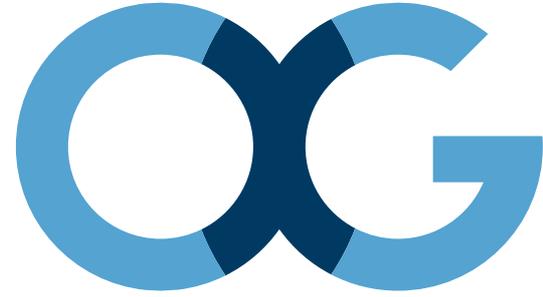
What are the risks of laparoscopic myomectomy?

All treatments and procedures have risks and we will talk to you about the risks of laparoscopic myomectomy. Risks can be divided up into two categories common (less serious) and rare (more serious).

Problems that may happen straight away

Common risks of laparoscopic myomectomy include: general abdominal pain; shoulder pain; wound infection; urinary infection; pelvic infection; difficulty passing urine; and bleeding. There can be side-effects associated with general anaesthesia and include nausea, vomiting and a sore throat. The anaesthetic doctor will discuss these.

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Problems that may happen later

Future risks can include developing scar tissue within the uterus or in the pelvis, developing new fibroids that can cause symptoms, and requiring a planned Caesarean delivery if you become pregnant. There is a chance that the procedure will not improve your bleeding, pressure symptoms, or difficulties trying to conceive.

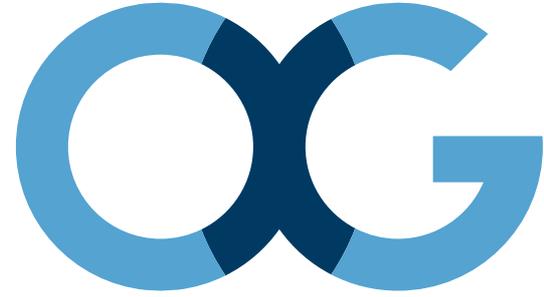
Problems that are rare, but serious

Rare but more serious complications include injury to internal organs such as the bowel, bladder, ureters (tubes that connect the kidneys to the bladder) or major blood vessels. There is also a risk of forming blood clots in the legs or lungs or having a severe allergic reaction to drugs used during surgery. There is a small risk of developing a hernia at the site of the cuts.

What additional procedures may be required?

Additional procedures that may become necessary but are not planned during your surgery include a blood transfusion if there is heavy bleeding. If this bleeding continues or there is injury, the surgery may be converted from keyhole to open surgery to try and stop the bleeding or perform a repair of an injury. This can be associated with more pain and a longer recovery period.

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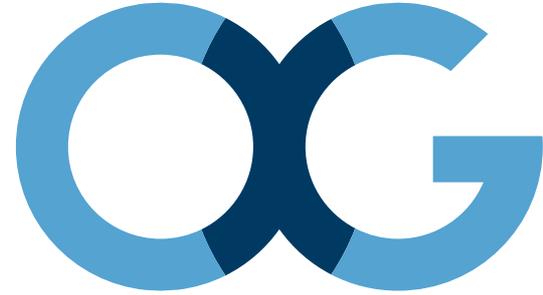
In the case of excessive and life-threatening bleeding there are occasions where hysterectomy (removal of the uterus) is required to stop the bleeding and save your life. The risk of this happening is small and approximately once for every 100 laparoscopic myomectomies performed.

You would only be recommended to have a myomectomy if we are confident that the fibroids are non-cancerous. It is however not possible to be absolutely certain of this and there is a very small risk that cancer is detected on microscopic examination of the fibroids following surgery ("a sarcoma").

In the UK, over 400 cases of gynaecological sarcomas are diagnosed each year. Some of these cases are only diagnosed after surgery for a presumed non-cancerous fibroid. The risk that cancer is detected in a presumed non-cancerous fibroid occurs once in every 500 to 7400 cases.

Nowadays we commonly perform morcellation within a bag to contain the spread of the small fibroid pieces minimising the risk of spreading small fibroid pieces which can attach to the inside of the abdomen and grow. This is particularly beneficial if the fibroid was unknowingly a cancer.

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What will happen if I choose not to have laparoscopic myomectomy?

If you choose against having a laparoscopic myomectomy the symptoms which led you to the gynaecological clinic are likely to continue.

What alternatives are available?

The alternatives available include: doing nothing; taking medical treatments; and other surgical procedures.

Doing nothing is unlikely to change your symptoms or fibroids. Medical treatments can help control pain and bleeding but do not remove the fibroid. Medical treatments can have side-effects. Other surgical procedures include an open cut (15-20cm) across the tummy just above the pubic hair line.

The risks of this include more pain and a longer recovery. The benefits of this may include removal of all fibroids if you have many fibroids. These should be covered in your consultation with the doctor.