

Patient Advice and Liaison Service (PALS)

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Large print and other languages

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এই তথ্যগুলো সহজে পড়া যায় অথবা বৃহৎ প্রিন্টের মত বিকল্প ফরম্যাটে পাওয়া যাবে, এবং অনুরোধে অন্য ভাষায়ও পাওয়া যেতে পারে। আরো তথ্যের জন্য আপনার ক্লিনিক্যাল টিমের সাথে কথা বলুন।

Na żądanie te informacje mogą zostać udostępnione w innych formatach, takich jak zapis większą czcionką lub łatwą do czytania, a także w innych językach. Aby uzyskać więcej informacji, porozmawiaj ze swoim zespołem specjalistów.

Macluumaadkaan waxaa loo heli karaa qaab kale, sida ugu akhrinta ugu fudud, ama far waa weyn, waxana laga yabaa in lagu heli luuqaado Kale, haddii la codsado. Wixii macluumaad dheeraad ah, kala hadal kooxda xarunta caafimaadka.

Bu bilgi, kolay okunurluk veya büyük baskılar gibi alternatif biçimlerde sunulabilir, ve talep üzerine Alternatif Dillerde sunulabilir. Daha fazla bilgi için klinik ekibinizle irtibata geçin.

ہم میں ہڈی کے اس جے، سی۔ یٹکس اے جے ایک بایوسد ایم سی ٹی ایم راف لڈا بٹم تامل عم ہی ٹنرپ اڑب ای ناس آ اور درخواست پر متبادل زبانوں میں بھی دستیاب ہو سکتی ہیں۔ مزید معلومات کے لیے، اپنی کلینکل ٹیم سے بات کریں۔

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Patient information

Laparoscopic myomectomy



What is laparoscopic myomectomy?

Laparoscopic myomectomy is keyhole surgery to remove fibroids through small abdominal incisions (cuts) without removing your uterus (womb).

Why do I need a myomectomy?

The decision to have this procedure will be made by you in conjunction with your gynaecologist on discussion in the clinic.

It is an option for treatment of symptoms related to fibroids in women who have not completed their family such as:

- Heavy periods
- Pressure symptoms
- Symptoms related to fertility

What type of fibroids can be removed?

Fibroids that are attached to the outside of the uterus by a stalk (pedunculated) are the easiest to remove via keyhole surgery. Many subserosal fibroids (close to the outer surface of the womb) or intramural fibroids (in the wall of the womb) can also be removed. Sometimes larger fibroids within the cavity of the womb (submucous fibroids) can be removed using laparoscopic surgery

Not all women meet the criteria for laparoscopic surgery. Criteria can include; the number, site and size of fibroids and though there are cut-off limits on occasion these limits can be overcome depending on the expertise of your surgeon. What are the advantages of having keyhole surgery over an open cut to the abdomen?

The advantages of a laparoscopic myomectomy over traditional 'open' surgery are:

- Less invasive approach
- Faster recovery
- Less internal and external scarring

What does the operation involve?

During the operation a telescope (laparoscope) is inserted through a small (1cm) incision, usually in the navel (belly button). Two or three additional small (0.5 -1 cm) incisions are made for keyhole instruments to perform the surgery.

Following the removal of the uterine fibroids, the openings in the uterus are stitched closed. The procedure can take a few hours to complete depending on the size and number of fibroids.

What are the risks of having this operation?

The risk of complications following a laparoscopic myomectomy is approximately 3%. It is important to note that with a laparoscopic myomectomy, there is a risk of:

1. Adhesion formation, though the risk is half of that compared to open myomectomy 47% vs. 90%.
2. There is a risk of bleeding and a 1:50 risk of needing a blood transfusion.
3. There is a remote risk of needing to have a hysterectomy as a life saving procedure; that risk is about 1:250. For a surgeon who performs one per week, it will take five years for such a complication.
4. There is a risk of regrowth of your fibroids between 5-40% depending on the number location and size of your fibroids.
5. Fertility is improved for some women who have myomectomy particularly in those where there is mechanical obstruction to the cervix or tubes or those within the cavity of the uterus. However there is no guarantee that fertility will improve in all women.
6. There is a small risk of uterine rupture in labour therefore you may be advised to have a caesarean depending on the complexity of your surgery.

