Abdominal Myomectomy

PREOPERATIVE DIAGNOSES: 1. Pelvic mass. 2. Pelvic pain.
POSTOPERATIVE DIAGNOSIS: Uterine fibroid.
OPERATION: Exploratory laparotomy and myomectomy.

SURGEON:
ASSISTANT:
ANESTHESIA:
INTRAVENOUS FLUIDS:
ESTIMATED BLOOD LOSS:

URINE OUTPUT:
COMPLICATIONS:
SPECIMENS: Myoma

DISPOSITION: Stable to recovery room

FINDINGS: Examination under anesthesia revealed an approximately 14- to 15-week size, mobile globular uterus. Laparotomy findings included an intramural uterine fibroid approximately 10 to 11 cm. Frozen specimen result: a necrotic uterine fibroid with no evidence of malignancy.

PROCEDURE:
The patient was taken to the OR where her general anesthesia was administered. She was prepped and draped in the usual sterile fashion in the lithotomy position with Allen stirrups. A Foley catheter was sterilely placed and gloves were changed. Attention was turned to the patient's abdomen, where a midline vertical incision was made with the scalpel and carried to the underlying layer of fascia. The fascia was incised in the midline and this incision was extended superiorly and inferiorly with Bovie. Next, the peritoneum was identified and grasped with Kelly clamps and entered sharply with Metzenbaum scissors. This incision was extended superiorly and inferiorly with the bovie with good visualization of the bladder. A survey of the patient's abdomen was performed with the above noted findings. Next, the uterus was lifted out of the pelvis and the bowel packed with moist laparotomy sponges. The fundus of the uterus was injected with approximately 10cc of Pitressin in a verticle line with blanching noted. A vertical incision was made through the superficial myometrium to the level of the myoma with a scalpel. The fibroid was grasped with the single tooth tenaculum and the myoma was shelled out using Mayo scissors in the plane of cleavage between the myoma and myometrium. The myometrium was then reapproximated in approximately four to five layers using #0 Vicryl suture. The serosa was closed using #0 Monocryl in a baseball stitch. Excellent hemostasis was noted. The uterus was returned to the abdomen, the laparotomy sponges were removed and the pelvis was irrigated. Again the incision was inspected and excellent hemostasis was noted. The fascia was reapproximated using #1 Maxon. The skin was closed with staples.

The patient tolerated the procedure well. All sponge, lap and needle counts were correct x 2. The patient was taken to the recovery room in stable condition.

Dr. ___was present and scrubbed for the entire case.