

What is a laparoscopic myomectomy?

A myomectomy is a surgical procedure to remove fibroids from the uterus. Fibroids are non-cancer tumours that develop from the muscle of the uterus. A myomectomy allows you to keep your uterus so that you can get pregnant later on.

The laparoscopic myomectomy can be chosen if the uterus is not too big and if there is no evidence of cancer. You should talk to your doctor to see if the laparoscopic approach is right for you.

During your myomectomy your surgeon will make a cut on your uterus where the fibroid is. The fibroid is detached off the uterus. The gap in the uterus is then stitched closed. Several cuts on the uterus might be necessary depending on how many fibroids you have and where they are located.

How are the fibroids removed from my body?

Once the fibroids are detached from the uterus, they can be taken out of the body in two ways:

- Morcellation: this is where the fibroid is cut into small pieces so that it can be removed through the small abdominal cuts. This can be done using a knife or a power morcellator.
- Mini-Laparotomy: this is where one of the small cuts on the abdomen is enlarged to 3 to 4 cm to allow for the removal of the fibroids

What is a power morcellator? Are there risks to using it?

A power morcellator is an electrical device that can cut the fibroid into smaller pieces so that your doctor can remove the fibroids through small skin cuts. The benefit of using a power morcellator is that it will allow you have laparoscopic surgery (see laparoscopy).

While power morcellation is safe, there are some rare risks:

- Risk of injuring surrounding organs (like the bowels, bladder, blood vessels, ovaries)
- Risk of leaving small bits of fibroid behind in the abdomen. This can lead to a condition where these small bits of fibroids can grow throughout the abdomen

Power morcellators should only be used in non-cancer surgery.

- While fibroids are non-cancerous, it can be hard to distinguish them from the cancer of the muscle the uterus, called 'sarcoma'.
- This risk is as high as 1 in 350 – meaning out of 350 surgeries for fibroids, there is 1 person who will have a sarcoma.
- There is no test that can be done before surgery to know for sure whether it is cancer or not. The cancer might only be diagnosed after your surgery.

- If a power morcellator is used during your surgery and you have an unknown cancer, it is possible that it will need a second surgery.
- Because small bits of cancer could be left behind, it could also worsen your cancer prognosis.

You should talk to your doctor about your risks for cancer and if a power morcellator is the right choice for you.

How do I get ready for surgery?

Your doctor might give you a medication called “Leuprolide acetate (Lupron)”. It is an injection medication that will help shrink your uterus. This is usually given 1 to 3 months before your surgery. You might get some side effects from the medication, such as hot flashes and mood changes.

Your doctor might also want you to take iron supplements to boost up your blood count before surgery. If your blood count is very low, your doctor might arrange for you to have an iron infusion.

Ask your doctor if these medications are necessary for you.

See [Laparoscopy](#) for more information about how to get ready for surgery.

What is the recovery after laparoscopic myomectomy?

The recovery is the same for all laparoscopic procedures (see [Laparoscopy](#)). You will usually stay 1 night in the hospital. A catheter into the bladder may be kept in overnight and will be removed in the morning.

It is also important that you do not have sex and avoid baths, hot tubs, swimming pools and heavy lifting for 6 weeks after surgery.

What are the risks of laparoscopic myomectomy?

The risks are the same for all laparoscopic procedures (see [Laparoscopy](#)).

In addition there is a risk of hysterectomy (removal of the uterus). This might be needed if there is uncontrollable bleeding from the uterus.

- There may also be risks for future pregnancies.
- There might be scarring in the uterine cavity making it difficult to get pregnant or may increase your chance of miscarriage.
- Having a scar on the uterus might also increase your risk of uterine rupture. This is when the scar comes apart during pregnancy or labour. This can be life

threatening for both you and your baby. Because of this risk, your doctor might tell you that you need a Cesarean Section for future pregnancies.

Will the fibroids come back?

10 to 40% of women who have a myomectomy will need a second fibroid surgery. This is why a myomectomy is not the best choice for a woman who does not want to get pregnant in the future.

How long should I wait before I try to get pregnant after a myomectomy?

You should wait at least 3 to 6 months before trying to get pregnant.

Who do I contact if I have questions?

If you have any questions or concerns, please call your gynecologist's office.