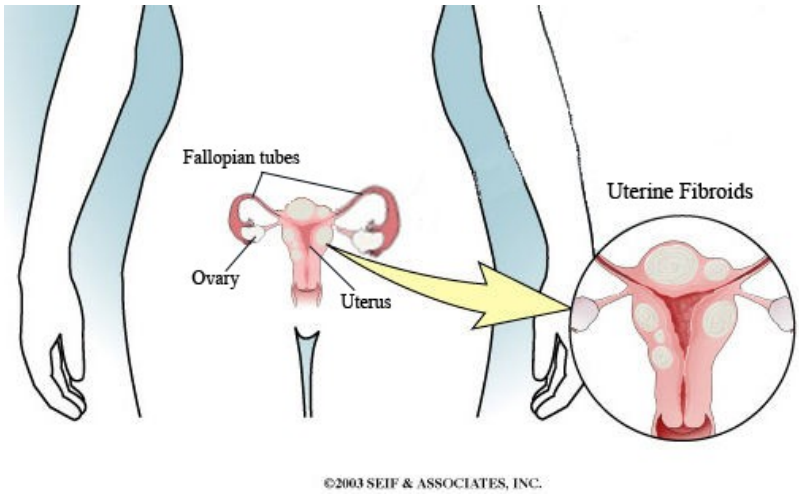
Myomectomy

Myoma is a non-cancerous tumor made up of fibrous tissue. It is also called leiomyoma, but more often called a fibroid tumor. Myomectomy is the removal of a fibroid tumor without removing another organ, like the uterus or ovary, with it. Fibroids range from the size of a pea to a grapefruit. They are rarely cancerous. They may be found on different areas of the uterus:

- **Intracavutary:** Inside the cavity of the uterus.
- **Submucosal:** Just under the inside lining (*endometrium*) of the uterus.
- **Intramural:** In the muscle layer of the uterus.
- **Subserosal:** Just under the outside lining of the uterus.
- **Pedunculated:** On a stem on the outside or in the cavity of the uterus.



They only need treatment when they are growing or when they cause symptoms, such as: pain, pressure, bleeding, and pain with intercourse.

There are several ways to perform a myomectomy:

- **Hysteroscopy myomectomy:** A lighted tube is inserted inside the uterus. The tube will remove the fibroid. This is used when the fibroid is inside the cavity of the uterus.
- **Laparoscopic myomectomy:** A long, lighted tube is inserted through 2 or 3 small incisions, to see the organs in the pelvis. This is used to remove a pedunculated and sometimes, when possible, a subserosal fibroid.
- **Myomectomy through an abdominal incision:** The fibroid is removed through an incision made in the stomach, when it cannot be removed with a hysteroscope or laprascope.

There are other ways to treat fibroids:

- **Hysterectomy:** Removal of the fibroid with the uterus.
- **Embolization of the uterine artery:** The uterine artery that feeds the fibroid is blocked, to cut off the blood supply to the uterus. This shrinks the fibroid.
- **Hormone treatment:** There are hormones that can shrink fibroids and prevent them from growing.

BEFORE THE SURGERY:

- Follow your caregiver's advice regarding your surgery and preparing for surgery.
- **Avoid** taking aspirin or blood thinners, as suggested by your caregiver.
- **DO NOT** eat or drink anything after midnight on the night before surgery, or as directed by your caregiver.
- **DO NOT** smoke for 2 weeks before the surgery.
- **DO NOT** drink alcohol the day before the surgery.
- If you are admitted the day of the surgery, try to be at the admitting office one hour before your surgery is scheduled.
- Try to arrange to have someone take you home from the hospital.
- Try to arrange to have someone be with you and help you when you go home.

LET YOUR CAREGIVER KNOW ABOUT THE FOLLOWING:

- If you have allergies, especially to medicines.
- If you develop a cold or any infection before your surgery.
- All the medicines you are taking, including over-the-counter, herbal medicines, and even eye drops.

- Use of steroids, even in cream form.
- Previous problems with anesthetics or surgeries.
- Possibility of being pregnant.
- History of blood clots or other bleeding problems.
- Other medical conditions, such as diabetes, kidney, heart, or lung problems.
- Previous surgeries.

RISKS AND COMPLICATIONS

There are some risks involved when you have a general or regional (*spinal/epidural*) anesthesia.

- Excessive bleeding.
- Infection.
- Injury to other organs.
- Blood clots in the legs, chest, and brain.
- Scar tissue (*adhesions*) on other organs and in the pelvis.
- Death during or after the surgery.

AFTER THE SURGERY:

- If you had laparoscopic or hysteroscopic myomectomy, you may go home the same day or stay overnight.
- If you had abdominal myomectomy, you may stay in the hospital a few days.
- Your intravenous and catheter will be removed in 1 or 2 days.
- If you stay in the hospital, your caregiver will order pain medicine and a sleeping pill, if needed.
- You may be placed on an antibiotic, if needed.
- You will be given written instructions and medicines before you are sent home.
- Arrange for someone to take you home from the hospital.

HOME CARE INSTRUCTIONS

- Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver. **Avoid** taking aspirin, as it can cause bleeding.
- **DO NOT** douche, use tampons, or have intercourse until your caregiver gives you permission.
- Change your dressing as directed.
- **DO NOT** drive until your caregiver gives you permission.
- Your caregiver may advise you to take showers instead of baths for a while.
- If you become constipated, you may take a mild laxative with your caregiver's permission. Also, eat more bran and increase your fluids.
- Take your temperature twice a day and record it.
- Do not drink alcohol until your caregiver gives you permission.
- Do not drive while on pain medicine.
- Try to have help at home for a week, or until you can do your own household activities.
- Keep all your post-operation appointments.

SEEK MEDICAL CARE IF:

- You develop a temperature of 100º F (37.8º C) or higher.
- You develop nausea and vomiting.
- You develop redness, pain, or drainage of fluids from the incision.
- You develop pain when you urinate, or have blood in your urine.
- You develop a rash on your body.
- You develop pain or redness where your intravenous was inserted.
- You develop a reaction or side effects from your medicines.
- You develop weakness or lightheadedness.
- You develop diarrhea.
- You need stronger pain medicine.

SEEK IMMEDIATE MEDICAL CARE IF:

- You have chest pain.
- You have shortness of breath.
- You have heavy bleeding from the vagina.
- You pass out.
- You develop increasing stomach pain, and your pain medicines do not make it go away.
- You develop pain, swelling, or redness in your leg.
- You see pus coming from the incision.
- You develop pain, swelling, or any kind of drainage from your incision.
- Your incision is opening up.

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