

Procedure Information Sheet - Laparoscopic Myomectomy

Introduction

The removal of the uterine fibroids by inflating the abdominal cavity with carbon dioxide (CO₂) and insertion of instruments through small ports into the abdomen.

Indications

Heavy menstrual flow, pressure symptom and recent rapid growth.

Procedure

1. General anaesthesia.
2. Pneumoperitoneum created by insufflation of carbon dioxide.
3. Small incision made at the umbilicus.
4. Telescope and instruments passed into abdomen.
5. Fibroid enucleated.
6. Specimen removed and all tissue removed will be sent for histopathology examination or disposed of as appropriate unless otherwise specified.
7. Small abdominal wounds closed.

Pre-operative preparation

1. You will need to sign a consent form and your doctor will explain to you the reason, procedure and possible complications.
2. No food or drink is allowed 6 to 8 hours before operation.
3. Blood taking for blood typing and screening.
4. Fleet enema may be performed as instructed by your doctor.
5. Pubic hair is shaved if necessary as instructed by doctor.

Possible risks and complications

- Anaesthetic complication.
- May need blood transfusion if excessive bleeding occurs, or even proceed to perform hysterectomy if the bleeding is uncontrollable.
- Injury to neighbouring organs especially the bladder, ureters, bowels or blood vessel may require repairing.
- Some fibroids are not identifiable due to small size/too deep seated. Procedure may be modified in case of adenomyosis.
- Recurrence and need for re-operation.
- May need laparotomy.

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- Potential increased risk of uterine rupture during pregnancy because of the myomectomy wound in the uterus.
- Risk of deep vein thrombosis or pulmonary embolism in high risk patients.

Post-operative information

1. You may take analgesics as prescribed by your doctor.
2. Contact your doctor if severe abdominal pain, purulent discharge, heavy vaginal bleeding or fever (body temperature above 38°C or 100°F) occurs.
3. Can get pregnant half or one year later but there is risk of uterine rupture.
4. May need caesarean section in future pregnancy.

Remark

The above-mentioned procedural information is not exhaustive, other unforeseen complications may occur in special patient groups or individual differently. Please contact your physician for further enquiry.

Reference: http://www21.ha.org.hk/smartpatient/tc/operationstests_procedures.html

I acknowledge that the above information concerning my operation/procedure has been explained to me by Dr. _____. I have also been given the opportunity to ask questions and receive adequate explanations concerning my condition and the doctor's treatment plan.

Name:

Pt No.:

Case No.:

Sex/Age:

Unit Bed No:

Case Reg Date & Time:

Attn Dr:

Patient / Relative Signature: _____

Patient / Relative Name: _____

Relationship (if any): _____

Date: _____