



'LET'S TALK' MYOMECTOMY

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MYOMECTOMY

REMOVAL OF FIBROIDS

WHAT ARE FIBROIDS?

Fibroids (Leiomyomas) are the most common non-cancerous tumors in women. In the USA, 70-80 % of women develop fibroids by age 50. Fibroids mostly develop in the myometrium, which is the middle layer of the womb or the uterus. These tumors can be of different sizes, and at different locations in the uterus. Even though the exact cause of fibroids are unknown, genetics, estrogen, and progesterone levels have shown some positive correlation.

Symptoms can include heavy and long menstrual periods (causing anemia), pelvic pain, frequent urination, bleeding between periods, pain during sex, and reproductive problems such as miscarriages, etc. Fibroids can be diagnosed using imaging tests such as MRI, transvaginal ultrasound, hysteroscopy, CT scans, among others.

WHAT IS A MYOMECTOMY?

It is the surgical removal of fibroids. There are different types of myomectomies. However, the type of myomectomy chosen by your surgical team depends on the size of fibroids, the location of fibroids, as well as any surgical history such as a previous c-section scar in the lower abdomen.

TYPES OF MYOMECTOMIES

1. **Abdominal Myomectomy (Open Myomectomy)**

- Usually involves an incision made through the skin, either a transverse incision (Bikini Cut) or a vertical incision from (Umbilicus to pelvic area),

2. **Laparoscopic Myomectomy**

- A laparoscope is used to remove the fibroids through small incisions made on the abdomen, and the skin is sealed with a surgical glue called Dermabond.

3. **Hysteroscopic Myomectomy**

- A resectoscope is advanced into the uterus through the vagina and the cervix to remove the fibroids.

GETTING READY FOR SURGERY

1. Confirm the date, time, and location of the surgery with the surgeon and the team.
2. Ensure that all medical history such as bleeding disorders, allergies, or history of intubations are reported to the surgeon.
3. Verify how many hours you will have to fast before the surgery.
4. Tell surgeon about medications you are taking. E.g. anxiety medications, hypertension medication, diabetic medications. Also report use of a CPAP and a Pacemaker.
5. Ask about the type of anesthesia, and address any prior issues you have had with anesthesia in the past.

BEFORE THE SURGERY DAY

1. Be sure to have fasted for the recommended number of hours.
2. Be on time for the procedure, You will need to be checked-in, and pre-operative labs drawn.
3. Remove all dentures, contact lenses, all piercings especially those in private areas. Bring your glasses instead of contact lenses.
4. Do NOT forget your state ID and Insurance cards.
5. In the case of a same-day surgery, ensure that a trusting adult will be available to pick you up after surgery. Ask all questions before you are discharged with regard to pain medications, soft softeners, and future appointments.

DURING THE SURGERY

- An IV will be placed into your vein right before surgery. This will be used to administer medications and fluids during surgery. Anesthesia will then be given to you to help relax you so that you don't feel anything during the surgery.
- A foley catheter may be inserted to help collect any urine you make during surgery.

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RIGHT AFTER THE PROCEDURE

Expect a few things when you wake up after surgery.

- You will still have your IV in place. There might be on some fluids.
- You may still have some anesthesia and so might be groggy.
- You might have an Incision.

POST OPERATIVE RECOVERY (NON SAME-DAY)

After the surgery, you will wake up in the recovery area. You may feel sleepy, although awake, because you still have some anesthesia in your system. Most patients will be transferred to the another unit to recover. Below are a few things to expect during the recovery:

- **Expect some amount of Pain:** Everyone has a different tolerance level when it comes to pain. You will be prescribed some pain medication. However, let the nursing staff know when your pain is more than you can tolerate.
- **Nausea:** Some patients may feel nauseous because of the anesthesia. Make sure to inform the nurse.
- **You may still have a foley catheter:** This was placed during surgery. It is a tube that was inserted into the bladder to drain the urine from your bladder so that you don't have to get up to use the bathroom. It can be a bit uncomfortable. Don't panic if your foley is not taken out the next day. Just enquire about what the reason is.
- **Expect to be on some IV fluids:** Since you did not eat before surgery and do not have much of an appetite right now, you need this hydration to support you.
- **Expect some dry mouth:** Your mouth will be dry and so depending on if the surgeon has placed an order for you to be able to drink anything yet, you will be given some ice or water (Depends on your diet order).

DAY AFTER THE SURGERY

- Depending on your urine output and the outcome of the surgery, your foley may be removed as per the orders of the surgeon.
- Try and walk today or at least get out of bed to sit in the chair. Mobility helps your body to start feeling normal again, and helps with slow return of bowel function.
- You will need to have flatus before being discharged. **Gas pain** is real! Make sure to walk so that all the gas can come out. It is normal to not have a bowel movement at the hospital after surgery.
- **Use an Incentive Spirometer:** With the tip in your mouth, suck in and breath out into it slowly. You need to do this at least 10 times an hour while awake. It makes you cough to bring out any mucus stuck in the lungs. Don't forget to hold you belly when you cough. Coughing hurts!
- When permitted to eat or drink, do so as slowly as can tolerate.

BEFORE YOU GO HOME

- Ensure that pain meds are sent to a pharmacy that will be convenient for you to pick up. Remember to check pharmacy hours.
- Note down any questions you may have, and address it to the discharge team.
- Be sure to make the team and nurse aware of your discharge plans. Will a family member pick you up? Will you be taking a cab home?
- Try not to lift anything that is more than 15lbs. Avoid lifting heavy items from the floor up.
- Remember to mark all future appointments to prepare in advance.
- Simple showers are okay. Do not soak in a tub until your doctor clears you.

Wishing a speedy recovery!

“Lets talk” is a tip sheet series on various health topics. Our goal is to make it easy to carry this plethora of knowledge anywhere at anytime. Hope this guide is helpful to you one way or the other. Share it with someone. We all need eachother.

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