

Laparoscopic or Robotic Myomectomy



Uterine fibroids (also called myomas) are non-cancerous growths that originate from the uterus. Up to 70% of women will have fibroids by age 50, and 25% of these women will have significant symptoms. Symptoms of uterine fibroids can include heavy menstrual bleeding, prolonged periods, pelvic pain, pressure on other organs (called bulk symptoms), or planning your life around periods. Symptoms often depend on the size and location of the fibroids in the uterus.

Laparoscopic or robotic myomectomy is a procedure for removing uterine fibroids (growths). Your surgeon first makes a few small surgical cuts in your abdomen (or belly). She then places a small camera through one of these cuts to see inside. She uses the other small surgical cuts to insert tiny (robotic) instruments that can remove the fibroids (growths) in little pieces. This is called minimally-invasive surgery because the small size cuts are less damaging for your body. The other way surgeons perform an abdominal myomectomy is to make one large surgical cut in your abdomen (usually 5 to 7 inches long). Women who have laparoscopic (or minimally invasive) myomectomies recover more quickly, have less pain, and have fewer infections.

Why is this procedure performed on patients?

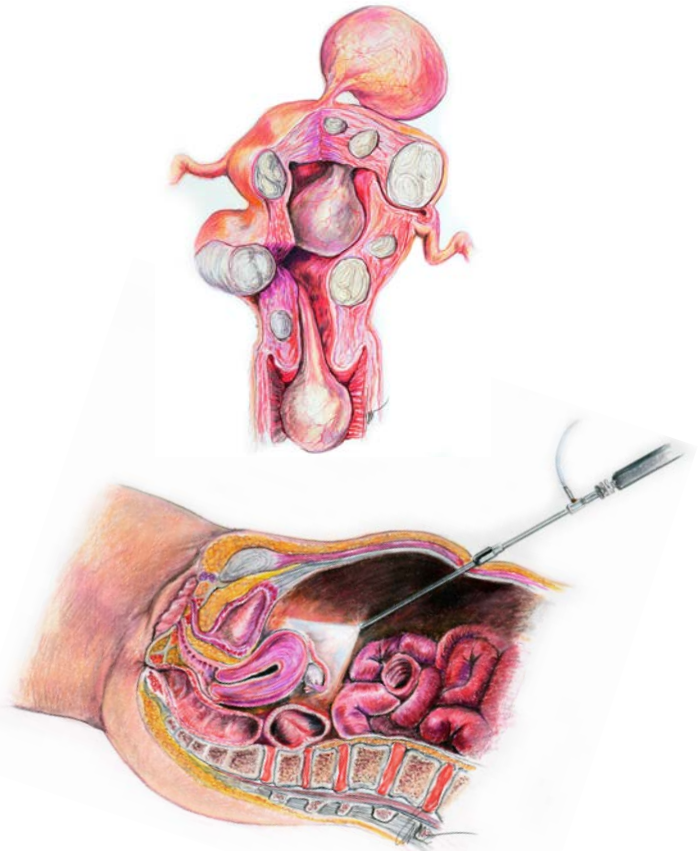
Laparoscopic or robotic myomectomy is used for women with symptomatic fibroids who want to save their uterus.

Benefits of the surgery:

- Saves the uterus
- Removes the entire fibroid
- Faster recovery than traditional abdominal surgery done through a large incision

Alternatives to this procedure can include:

- Not having any treatment
- Medication to manage bleeding
- Procedure to decrease blood supply to the uterus (uterine artery embolization)
- Burning of fibroids (radiofrequency ablation)
- Removal of uterus (hysterectomy)



Top illustration: Different types of fibroids in a uterus.
Bottom illustration: A cross-sectional view of a laparoscope (camera) inside the abdomen.

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What are the risks of this procedure?

There is a small chance of having a complication or problem when you have surgery. Your risk could be higher if you have had surgery before or have other medical conditions. Some risks include:

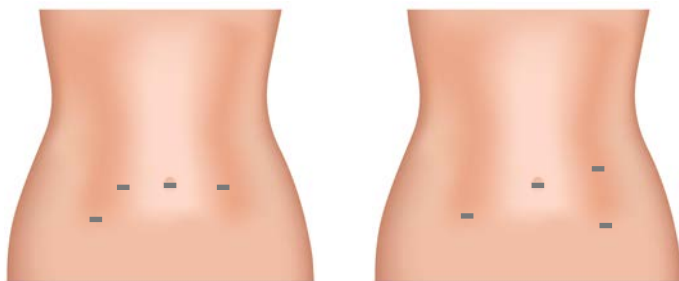
- Bleeding during or after the surgery
- Infection
- Injury to your bladder, intestines, or other structures near your uterus
- Blood clots in your legs or lungs
- Hernia (weakness or a tear in the wall of your abdomen)
- Need to switch to a laparotomy (surgery through one large incision)
- Up to a 30% chance of recurrence of fibroids requiring further treatment or repeat surgery
- Complications in pregnancy including requiring a C-section for delivery and need for closer monitoring in pregnancy (please consult an obstetrician early in pregnancy)

What should I expect after surgery?

Everyone recovers at a different pace after surgery. Many patients are able to get back to most of their usual activities by two weeks after surgery. Common symptoms after laparoscopic treatment of fibroids include:

- Irregular vaginal bleeding
- Fatigue or sleepiness from anesthesia
- Pain or cramping in your stomach and soreness from your surgical cuts
- Shoulder pain
- Constipation (difficulty emptying bowels)

Do not put anything in your vagina for at least two weeks (no tampons or sexual intercourse).



Examples of laparoscopic and robotic myomectomy surgical cuts

When should I call my doctor?

Serious problems after laparoscopy are uncommon, but notify your surgeon if you develop:

- Difficulty breathing or shortness of breath
- Heavy vaginal bleeding
- Pain not controlled by your pain medications
- Severe nausea and vomiting
- A temperature over 100 degrees
- Trouble urinating or having a bowel movement