MYOMECTOMY

Please read and sign the following consent form when you feel that you completely understand the surgical procedure that is to be performed and after you have asked all of your questions. If you have any further questions or concerns, please contact our office prior to your procedure so that we may clarify any pertinent issues.

Definition: Myomectomy is a surgical procedure to remove one or more uterine fibroid(s), also called leiomyomas. A uterine fibroid is a noncancerous tumor made up of smooth muscle and connective tissue that grows within the lining of the uterus, within the muscle of the uterus, or on the outside surface of the uterus. The goal of a myomectomy is to take out the symptom-causing fibroid(s) and reconstruct the uterus. Unlike a hysterectomy, which removes the entire uterus, a myomectomy removes only the fibroid(s) and leaves the uterus intact.

Procedure: A myomectomy can be performed in a number of ways, depending on the location, size, and number of fibroids present. The surgical routes provided by your surgeon for a Myomectomy are: Hysteroscopic, Laparoscopic, da Vinci Robotic, or Laparotomy. You and your surgeon will discuss which type of myomectomy is appropriate for your condition. After general anesthesia is achieved, the surgeon will proceed with one of the following surgical routes.

Hysteroscopic Myomectomy: A speculum will be placed into the vagina and the cervix will be dilated. The hysteroscope (a thin lighted telescope/camera) will then be inserted through the vagina and cervix and into the uterine cavity. Sterile fluid is passed through the hysteroscope to open up the uterine cavity and optimize visualization. Miniaturized instruments will then be used to remove or destroy the fibroid(s). No abdominal incisions are made.

Laparoscopic Myomectomy: A small incision at your belly button will be made for the laparoscope (thin lighted telescope/camera) to be passed through and 2-4 additional incisions will be made in your lower abdomen to insert surgical instruments. Carbon dioxide gas will be used to inflate the abdomen to allow the doctor to visualize the uterus and to locate and remove the fibroid(s) via the aide of the laparoscope and surgical instruments. The removal of larger fibroid(s) may involve an instrument called a Morcellator, which divides the fibroid(s) into small sections that are then removed from the body through one of the incisions. Repair to the uterine muscle will be done if necessary.

da Vinci Robotic Myomectomy: Three to five small incisions are made in the abdomen and pelvis to allow the surgeon to insert a 3D high-definition camera and miniaturized wristed instruments to visualize the pelvis and uterus. Through the da Vinci robotic-computer console, the surgeon views a magnified 3D image of the surgical site inside your body. The da Vinci robotic technology translates the surgeon’s hand movements into precise micro-movements at the surgical site. The surgeon will remove the fibroid(s) and repair the uterus, with the aid of the camera and surgical instruments. This is a form of laparoscopic surgery.

Laparotomy Myomectomy: A full incision is made through the abdominal wall and muscles (laparotomy) for direct visualization and access to the pelvic organs and uterus. This surgical route permits the most direct access to the uterus and therefore is usually reserved for cases with multiple large fibroids. The surgeon will remove the fibroids and repair the uterine muscles prior to closing the pelvis and abdomen. This procedure is typically performed only in rare circumstances, as the surgical risks and recovery are greater than with minimally invasive techniques. However, there is always a small risk of the need to perform a laparotomy incision anytime myomectomy is attempted.

Diagnosis: A Myomectomy is performed to achieve relief from symptomatic uterine fibroid(s). Uterine fibroid(s) may cause pelvic and vaginal pain, abnormal uterine bleeding, painful intercourse, miscarriage, and/or infertility.
Expectations of Outcome: Myomectomy can take 30min-2hrs to complete, depending on the route of surgery. When you awake from surgery you will have an IV and possibly a bladder catheter. Most likely, if your myomectomy was performed hysteroscopically, robotically or laparoscopically, you will go home the day of surgery. However, patients that have a Myomectomy performed through a laparotomy incision will stay at least one night in the hospital. Depending on surgical route, recovery time can range from several days to 4 weeks (your surgeon will instruct you of your specific recovery time). After a myomectomy women typically may expect relief from pelvic/vaginal pain and abnormal uterine bleeding. Women with infertility issues are expected to improve their reproductive potential.

Possible Complications of the Procedure: All surgical procedures, regardless of complexity or time, can be associated with unforeseen problems. They may be immediate or even quite delayed in presentation. While we have discussed these and possibly others in your consultation, we would like you to have a list of some specific complications so that you may ask questions if you are still concerned. Aside from anesthesia complications, a list of possible complications, would include, but are not limited to:

- **Organ Injury:** During any part of the procedure, any organ in the abdomen or pelvis (liver, spleen, colon, intestine, bladder, stomach, ureter, etc) can be inadvertently injured. Often the injury is minor and can be treated with relative ease; however if the injury is major or the repair is complicated, more extensive surgery may be necessary. This may prolong the hospital stay and recovery and might also necessitate additional surgical procedures in the future. Sometimes the injury will not show symptoms or be recognized for several weeks after the surgery. Minimally invasive procedures also carry the risk of creating an incisional hernia; where abdominal tissue protrudes through the muscle at the incision site.

  *Cancer Spread:* The chance that the Fibroid could represent a cancer called Leiomyosarcoma is approximately .25% (.23% to .27%). If an unanticipated cancer were morcelated by knife or power equipment then the cancer would be upstaged. This increases the treatments needed and can increase the probability of cancer spread, recurrence, and cancer death.

- **Risk in Pregnancy:** If the fibroid(s) are deep within the wall of the uterus then the surgeon will need to cut and repair the uterine muscle. Depending on the extent of repair, these patients are at risk for uterine rupture during future pregnancies and delivery and therefore are advised to have a Cesarean Section for all future pregnancies.

- **Treatment Failure:** Although improvement of symptoms is expected after a myomectomy, there are cases where the symptoms do not improve. In addition, new fibroids can recur months or years after the surgery. Twenty-five percent of women will have a hysterectomy for recurrent fibroids.

- **Scar Tissue:** Scar tissue can form within the abdomen or within the cavity of the uterus and cause adhesions. Adhesions can create pelvic pain or infertility.

- **Infections:** Although prophylactic antibiotics are given through your IV prior to surgery, post operative infections can still occur. The most common type of infection is a bladder infection (UTI). A UTI can cause burning with urination, increased urinary frequency, blood in the urine, pelvic or back pain, fever and or chills. The incision sites may also become infected. This would typically cause redness, yellow drainage, or increased pain at the incision sites. Pneumonia is an infection involving the lungs. Pneumonia may occur from lack of deep breathing after surgery due to pain from the incision sites. Early ambulation and deep breathing helps to reduce the risk of pneumonia. A pelvic abscess is when an infection occurs within the pelvis or uterus. Fever more than 100 degrees; increasing pain, severe constipation, and malodorous vaginal discharge can be signs of this type of infection. While rare, sepsis is another infection that can occur. Sepsis is when the infection enters the bloodstream and can make you very ill. Sepsis symptoms usually include: fever, chills, weakness, nausea, vomiting and or confusion. *If any of the above symptoms of infection occur, call our office.*

- **Vascular Injury:** Any of the vessels inside the abdomen/pelvis are at potential risk for injury during a myomectomy. Inadvertent injury to a blood vessel can occur during dissection of the fibroid from the uterus and/or surrounding tissues or from electrical injury to the vessel wall. Another type of vascular injury occurs when the sealed or sutured vessel comes loose after the procedure has been finished. Most of these injuries are recognized and resolved at
the time of surgery. Major vessel injury or delayed bleeding may require additional surgery, prolonged hospital stay and recovery, readmission to the hospital, and blood transfusion.

• Blood Loss/Transfusion: The uterus is a vascular muscle. Usually the blood loss in this procedure is minimal. In some cases blood loss can be significant enough to necessitate a blood transfusion or removal of the uterus. If a transfusion is necessary, there is a small risk of blood related infections such as Hepatitis or HIV.

• Hematoma: When a small blood vessel continues to bleed after the procedure is over, the area of collected blood is referred to as a hematoma. The body normally re-absorbs this collection over a short period of time and surgical drainage may be necessary, however, this is rare.

• Chronic Pain: With any procedure, a patient can develop chronic pain in an area that has undergone surgery. Typically, the pain disappears over time, although some feeling of numbness may persist.

• Deep Vein Thrombosis (DVT)/Pulmonary Embolus (PE): In any operation (especially longer operations), you can develop a clot in a vein of your leg (DVT). Typically, this presents two to seven days post op as pain, swelling and tenderness to touch in the lower leg area. Although less likely, this blood clot can move through the veins and block off part of the lung (PE). This presents as shortness of breath and chest pain. If you notice any of these signs, call our office.

• Lower Extremity Weakness/Numbness: While this is rare, it is possible that due to the positioning of your legs in the lithotomy position (legs in the air/stirrup) for a long period of time or direct injury to nerves by surgical instruments, you may develop weakness or numbness in your legs. It is usually self-limited, with a return to baseline.

• Permanent Injury/Death: Permanent injuries from surgery are rare but do occur. Permanent injuries may involve removal of organs not planned during the original surgery, pain that does not resolve with time, or diminished ability to enjoy life. Death is extremely rare from Gynecologic surgery but does occur. The most common reasons are massive blood loss, overwhelming sepsis, heart attack, DVT/Pulmonary embolus, stroke, and anesthesia complications.

*Hysterectomy: The goal of myomectomy is to remove the fibroid(s) while preserving the uterus. In rare circumstances the surgery is so difficult or the uterus is so vascular that a hysterectomy is necessary.

Additional Procedures/Consultations: If there are unanticipated findings, difficulty during the surgery, or a situation where your doctor does not believe that he has the expertise to accomplish all of your case then an intra-operative consultation may be necessary. Intra-operative consultation is when another physician or surgeon is asked to give recommendations, assist or take over a surgical case. This occurs at your doctor’s discretion for your safety and without regard to whether the other physician is on your insurance panel. By signing below you give consent to intra-operative consultations if necessary.

Photographs/Recordings: Still photographs and digital recordings of your surgery may occur for documentation of intra-operative findings or for educational purposes.

Consent: I, Dr. _____________________________, have counseled ________________________________ regarding her planned surgery. In my professional opinion I believe that the surgery is reasonable and most likely will result in a beneficial outcome. It is my belief that the patient has considered her options and fully weighed the risks of surgery.

Signed ________________________________ Date ___________________ Time ______________

I, ______________________________________________________, believe that the surgical procedure listed above is the best option for me. My situation is not an emergency and I understand that I have other options, including not having surgery. I understand that complications, bad outcomes, and unanticipated events will occur occasionally during surgery and recovery. I understand that my doctor and his surgical team are not perfect and at no point have I been guaranteed any outcomes or results. I have been given the opportunity to ask all my questions and I believe that I have all the
information necessary to make a reasonable decision. Therefore, I elect to give my consent and proceed with the above surgery, as witnessed by my signature below.

Patient Signature___________________________________________________________ Date_________________

Witness Signature___________________________________________________________ Date ________________