

## Are there any risks involved with endoscopic removal of fibroids?

All surgical procedures carry with them a small chance of complications. Endoscopic removal of fibroids is not different in this respect and so carries with it a small risk. The main complications with endoscopes and lasers are:-

- 1 Haemorrhage i.e. difficulty controlling bleeding from major blood vessels.
- 2 Perforation of bowel or damage to the tubes coming from the kidneys and the bladder (ureters).

It is rarely necessary, but sometimes a more major operation (laparotomy or even a hysterectomy) may be required if severe complications occur. Laparotomy is where an open operation is required to repair any damage that may have been caused.

Every effort is made to minimise the risk of complications, but if you are concerned about them, please discuss the matter further with the consultant or a member of his staff who will be happy to answer any queries.

Finally, it is important to note that if submucous fibroids have been removed then there is a risk of infertility as the lining of the womb covering the fibroid has had to be removed as well.

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For further information visit the  
Birmingham Women's NHS Foundation Trust Website [www.bwhct.nhs.uk](http://www.bwhct.nhs.uk)

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## Endoscopic Removal of Fibroids

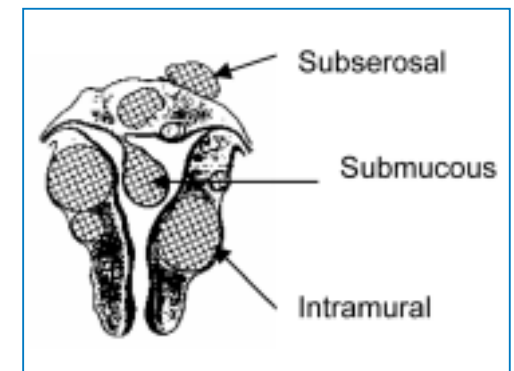
### Information for patients

#### What is a Fibroid?

A fibroid is a benign (non-malignant) swelling of the muscle cells that make up the uterus. They are a relatively common disorder, affecting 25 - 30% of women. The likelihood of developing them increases with age. Fibroids can vary in size from that of a small pea to that of a large melon. Not all fibroids cause symptoms and many women can have swellings of which they are completely unaware. The type and severity of symptoms are related not only to the size, but also to the position of the fibroids.

- Some fibroids protrude into the cavity of the uterus and are called **submucous fibroids**. It is now known that these types of fibroids are responsible for making periods heavy or irregular.
- Others lie within the wall of the uterus and are called **intramural fibroids**.
- A third type, **subserosal fibroids**, lie on the outer surface of the uterus and protrude into the abdominal cavity.

The traditional way to treat large uterine fibroids is to perform an abdominal hysterectomy, but a number of minimal access methods are now available, using endoscopes and/or lasers, which allows the uterus to be preserved.



## What is an Endoscopy?

An endoscopy is a minor surgical procedure, which involves the introduction of a fine instrument with a camera attached, into a specific area of the body. This allows the surgeon to visualise a complete area, without the need for large surgical incisions. Several types of endoscopes are available. The two types of endoscopes commonly used in gynaecological surgery for the treatment/ removal of fibroids are; the **hysteroscope** and the **laparoscope**.

## What is Hysteroscopy?

Hysteroscopy involves gently dilating the cervix (the neck of the womb) and inserting a hysteroscope to inspect the inside of the womb.

- **A Hysteroscopic Myomectomy** involves the insertion of an instrument which uses electrical energy (Versapoint®) through a channel in the hysteroscope. This allows the surgeon to remove fibroids which protrude into the uterine cavity (submucous fibroids) (see diagram). These fibroids are then removed via the vagina. Depending on the size of the fibroids, one or two operating sessions may be necessary to completely remove the fibroid. The success rate from undergoing such procedures is around 80%.

Birmingham Women's hospital has pioneered these techniques to be done under local anaesthesia in the "Onestop" "See & Treat" clinics and avoiding general anaesthesia.

## What is a Laparoscopy?

A laparoscope allows the surgeon to see inside the abdomen without the need for major surgery. The abdomen is first distended with gas so that clear vision can be maintained throughout the procedure. Tiny incisions are made in the navel and the abdomen and the laparoscope is then passed through the skin and guided to the area of operation. The laparoscope consists of a long tube with a series of lenses and a powerful light source, connected to a video camera.

- **Laparoscopic Myomectomy**  
The indications for doing this type of surgery are less common. This operation is for intramural and subserosal fibroids (see diagram). A laparoscope and laser fibre are inserted into the abdomen, through tiny incisions, so that the fibroid can be lasered away.

- **Laparoscopic Myolysis**

Is performed when the fibroid causes pressure symptoms. With myolysis, the fibroid is deprived of its blood supply. The laser is repeatedly introduced into the fibroid, thus destroying the blood vessels and causing the fibroid to wither and reduce in size.

Whilst the option to remove fibroids is now readily available, there is no guarantee that once removed they will not return. This may occur as by removing larger lead fibroids, smaller ones grow to take their place.

However, the benefit of minimal access surgery is that it allows the removal of fibroids to be as non-traumatic as possible (i.e. without the need for major surgery).

## What happens after endoscopic removal of fibroids?

- It is advisable to have rest for about 1 week after the operation and then to resume normal activities as soon as you are able. Full recovery may vary between 1 - 4 weeks.
- Returning to work is up to the individual concerned. Those in a non-manual job should be able to return to work sooner than those in a more physically demanding job. Be sensible and fair to yourself.
- You may experience some discomfort or pain in early stages following your operation. This should respond to paracetamol or something similar. If the pain persists or becomes distressing please contact the ward or your GP.
- You may have a vaginal loss. It will be red to start with but will change to a red/brown discharge. It may be intermittent and may last for a few weeks. We advise you to use sanitary towels whilst the initial bleeding persists and initially avoid tampons.
- You may bathe or shower, as preferred, and as soon as you wish.
- Depending which way your fibroids are removed, you may have one to three small cuts; one in the umbilicus (navel), and possibly one or two just above the pubic hairline.  
Occasionally, it is necessary to make a two-inch long incision just above the pubic hairline.  
Each cut will be closed by dissolving stitches and will be covered by a dressing. The stitches should have dissolved within 7 - 10 days following your operation. If not, please contact your GPs practice nurse and she/he will remove them.
- Sexual intercourse may be resumed at your own discretion.