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Myomectomy Consent

Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to institution or type of practice, may be appropriate.

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Myomectomy is the surgical removal of fibroids from the uterus. It allows the uterus to be left in place, and for some women, makes pregnancy more likely than before. Myomectomy is the preferred fibroid treatment for women who want to become pregnant. After myomectomy, your chances of pregnancy may be improved but are not guaranteed.

Before myomectomy, shrinking fibroids with gonadotropin-releasing hormone analogue (GnRH-a) therapy may reduce blood loss from the surgery. GnRH-a therapy lowers the amount of oestrogen your body makes. If you have bleeding from a fibroid, GnRH-a therapy can also improve anaemia before surgery by stopping uterine bleeding for several months.

Surgical methods for myomectomy include:

- Hysteroscopy, which involves insterting a lighted viewing instrument through the vagina and into the uterus.
- Laparoscopy, which uses a lighted viewing instrument and one or more small cuts (incisions) in the abdomen.
- Laparotomy, which uses a larger incision in the abdomen.

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The method used depends on the

- Size, location and number of fibroids.
- Hysteroscopy can be used to remove fibroids on the inner wall of the uterus that have not grown deep into the uterine wall.
- Laparoscopy is usually reserved for removing one or two fibroids, up to 2in. (5.1cm) across that are growingon the outside of the uterus.
- Laparotomy is used to remove large fibroids, many fibroids, or fibroids that have grown deep into the uterine wall.
- Need to correct urinary or bowel problems. To repair these problems without causing organ damage, laparotomy is usually needed.

What to expect after Surgery

The length of time you may spend in hospital varies.

- Hysteroscope is an outpatient procedure.
- Laparoscopy may be an outpatient procedure or may require a stay of 1 day.
- Laparotomy requires an average stay of 1 to 4 days.

Recovery time depends on the method used for the myomectomy:

- Hysteroscopy requires from a few days to 2 weeks to recover.
- Laparoscopy requires 1 to 2 weeks
- Laparotomy requires 4 to 6 weeks

Why Is It Done

Myomectomy preserves the uterus while treating fibroids. It may be a reasonable treatment option if you have:

- Anaemia that is not relieved by treatment with medicine.
- Pain or pressure that is not relieved by treatment with medicine.
- A fibroid that has changed the wall of the uterus. This can sometimes cause infertility or repeat miscarriages. Before an in vitro fertilization, myomectomy is often done to improve the chances of pregnancy.[1]

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How Well It Works

Myomectomy decreases pelvic painand bleeding from foibroids.

Pregnancy

Myomectomy is the only fibroid treatment that may improve your chances of having a baby. It is known to help with a certain kind of fibroid called a submucosal fibroid. But it does not seem to improve pregnancy chances with any other kind of fibroid.[2]

After myomectomy, a caesarian section may be needed for delivery. This depends in part on where and how big the myomectomy incision is.

Recurrence

Fibroids return after surgery in 10 to 50 out of 100 women, depending on the original fibroid problem. Fibroids that were larger and more numerous are most likely to recur[3.] Talk to your doctor about whether your type of fibroid is likely to grow back.

Risks

Risks may include the following:

- Infection of the uterus, fallopian tubes, or ovaries (pelvic infection) may occur.
- Removal of fibroids in the uterine muscle (intramural fibroids) may cause scar tissue.
- In rare cases, scarring from the uterine incision may cause infertility.
- In rare cases, injuries to the bladder or bowel, such as bowel obstruction, may occur.
- In rare cases, uterine scars may break open (rupture) in late pregnancy or during delivery.
- In rare cases, a hysterectomy may be required during a myomectomy. This may happen if removing the fibroid causes heavy bleeding that cannot be stopped without doing a hysterectomy.

What to think about when trying to get Pregnant after Myomectomy:

Because fibroids can grow back, it is best to try to conceive as soon after a myomectomy as is safely possible and your recovery from surgery is complete.

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When incisions have been made into the uterine wall to remove the fibroids, future pregnancy may be affected. Sometimes placenta problems develop, such as placental abruption or placenta accreta. During labour, the uterus may not function normally, which can make a caesarian delivery necessary.

In rare cases, a hysterectomy is needed when the surgery reveals that the uterus is too overgrown with fibroids for a safe myomectomy.

PATIENT NAME……………………………………….. ID:……………………………

SIGNATURE…………………………………………….. DATE…………………………

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Hysteroscopy Consent

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AS PART OF CONSENT THAT YOU HAVE READ AND UNDERSTOOD THIS DOCUMENT, PLEASE INITIAL EACH PAGE AND PRINT & SIGN YOUR NAME ON THE LAST PAGE.

- What is hysteroscopy?
- Why is hysteroscopy done?
- How is hysteroscopy performed?
- What should I expect during recovery?
- What are the risks of hysteroscopy?
- Glossary

What is hysteroscopy?

Hysteroscopy is used to diagnose or treat problems of the ***uterus***. A hysteroscope is a thin, lighted telescope-like device. It is inserted through your ***vagina*** into your uterus. The hysteroscope transmits the image of your uterus onto a screen. Other instruments are used along with the hysteroscope for treatment.

Why is hysteroscopy done?

One of the most common uses for hysteroscopy is to find the cause of abnormal uterine bleeding. Abnormal bleeding can mean that a woman's menstrual periods are heavier or longer than usual or occur less often or more often than normal. Bleeding between menstrual periods also is abnormal (see the FAQ Abnormal Uterine Bleeding). Hysteroscopy also is used in the following situations:

- Remove ***adhesions*** that may occur because of infection or from past surgery
- Diagnose the cause of repeated ***miscarriage*** when a woman has more than two miscarriages in a row
- Locate an ***intrauterine device***
- Perform ***sterilization***, in which the hysteroscope is used to place small implants into a woman's ***fallopian tubes*** as a permanent form of birth control

How is hysteroscopy performed?

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Before the procedure, you may be given a medication to help you relax, or ***general anesthesia*** or ***local anesthesia*** may be used to block the pain. If you have general anesthesia, you will not be awake during the procedure.
Hysteroscopy can be done in a doctor's office or at the hospital. It will be scheduled when you are not having your menstrual period. To make the procedure easier, your health care provider may dilate (open) your cervix before your hysteroscopy. You may be given medication that is inserted into the ***cervix***, or special dilators may be used.
A ***speculum*** is first inserted into the vagina. The hysteroscope is then inserted and gently moved through the cervix into your uterus. Carbon dioxide gas or a fluid, such as saline (salt water), will be put through the hysteroscope into your uterus to expand it. The gas or fluid helps your health care provider see the lining more clearly. The amount of fluid used is carefully checked throughout the procedure. Your health care provider can view the lining of your uterus and the openings of the fallopian tubes by looking through the hysteroscope. If a ***biopsy*** or other procedure is done, small instruments will be passed through the hysteroscope.

What should I expect during recovery?

You should be able to go home shortly after the procedure. If you had general anesthesia, you may need to wait until its effects have worn off.

It is normal to have some mild cramping or a little bloody discharge for a few days after the procedure. You may be given medication to help ease the pain. If you have a fever, chills, or heavy bleeding, call your health care provider right away.

What are the risks of hysteroscopy?

Hysteroscopy is a safe procedure. However, there is a small risk of problems. The uterus or cervix can be punctured by the hysteroscope, bleeding may occur, or excess fluid may build up in your system. In rare cases, hysteroscopy can cause life-threatening problems.

Glossary

Adhesions: Scars that bind together affected surfaces of the tissues inside the abdomen or uterus.
Biopsy: A minor surgical procedure to remove a small piece of tissue that is then examined under a microscope in a laboratory.
Cervix: The opening of the uterus at the top of the vagina.
Fallopian Tubes: Tubes through which an egg travels from the ovary to the uterus.
General Anesthesia: The use of drugs that produce a sleep-like state to prevent pain during surgery.
Intrauterine Device: A small plastic device inserted in the uterus to prevent pregnancy.
Local Anesthesia: The use of drugs that prevent pain in a part of the body.
Miscarriage: Early pregnancy loss.
Speculum: An instrument used to open the walls of the vagina.
Sterilization: A permanent method of birth control.
Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.
Vagina: A tube-like structure surrounded by muscles leading from the uterus to the outside of the body.

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