

**DR DRAGANA DJORDJEVIC  
SPECIALIST GYNECOLOGIST OBSTETRICIAN**

**11 DUNKIRK DRIVE  
ALEXANDRA PARK  
HARARE, ZIMBABWE**

**PR No: 18192**

**EMAIL: [GYN2.AFRICA@GMAIL.COM](mailto:GYN2.AFRICA@GMAIL.COM)**

**ROOMS: (04) 744582**

## **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.

**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.**

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 inserting 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.

### **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 growing on 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.<sup>1</sup>

## **How Well It Works**

Myomectomy decreases pelvic pain and bleeding from fibroids.

## **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.<sup>2</sup>

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<sup>3</sup>. 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.

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.....

WITNESS.....

ID#.....

CONFIDENTIAL

**DR DRAGANA DJORDJEVIC**  
**SPECIALIST GYNECOLOGIST OBSTETRICIAN**

11 DUNKIRK DRIVE  
ALEXANDRA PARK  
HARARE, ZIMBABWE

Pr No: 18192

EMAIL: [GYN2.AFRICA@GMAIL.COM](mailto:GYN2.AFRICA@GMAIL.COM)

ROOMS: (04) 744582

## Laparoscopy 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 the institution or type of practice, may be appropriate.

**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 Laparoscopy?**

Laparoscopy is a way of doing surgery without making a large incision (cut). A thin tube known as the laparoscope is inserted into the abdomen through a small incision. The laparoscope allows your health care provider to see the pelvic organs. If a problem needs to be treated, other instruments are used. These instruments are inserted either through the laparoscope or through other small cuts in the abdomen.

### **How long will I be in the hospital for laparoscopic surgery?**

Laparoscopy often is done as outpatient surgery. You usually can go home the same day, after you have recovered from the anesthesia. More complex procedures, such as laparoscopic hysterectomy, may require an overnight stay in the hospital.

### **What anesthesia is used for laparoscopic surgery?**

Before surgery, you will be given **general anesthesia** that puts you to sleep and blocks the pain. **Regional anesthesia** instead of general anesthesia may be used. This type of anesthesia numbs the area, but you remain awake.

### **How is laparoscopic surgery performed?**

Your health care provider will make a small incision in your navel and insert the laparoscope. During the procedure, the abdomen is filled with a gas (carbon dioxide or nitrous oxide). Filling the abdomen with gas allows the pelvic reproductive organs to be seen more clearly.

The laparoscope shows the pelvic organs on a screen. Other incisions may be made in the abdomen for surgical instruments. These incisions are no more than one half an inch long. Another instrument, called a uterine manipulator, may be inserted through the cervix and into the uterus. This instrument is used to move the organs into view.

### **What is involved in the recovery?**

If you had general anesthesia, you will wake up in the recovery room. You will feel sleepy for a few hours. You may have some nausea from the anesthesia. If you have had an outpatient procedure, you must have someone drive you home.

For a few days after the procedure, you may feel tired and have some discomfort. You may be sore around the incisions made in your abdomen and navel. Sometimes, the tube put in your throat to help you breathe during the surgery may give you a sore throat for a few days. If so, try throat lozenges or gargle with warm salt water. You may feel pain in your shoulder or back. This pain is from the gas used during the procedure. It goes away on its own within hours, or a day or two. If pain and nausea do not go away after a few days, or become worse, you should contact your health care provider.

Your health care provider will let you know when you can get back to your normal activities. For minor procedures, it is often 1-2 days after the surgery. For more complex procedures, it can take longer. You may be told to avoid heavy activity or exercise. Contact your health care provider right away if you have any of the following signs or symptoms:

- Fever
- Pain that is severe or gets worse
- Heavy vaginal bleeding
- Redness, swelling or discharge from the incision
- Fainting

### **What are the risks of laparoscopic surgery?**

As with any surgery, there is a small risk of problems with laparoscopy. These risks include:

- Bleeding or hernia in the incision sites.
- Internal bleeding
- Infection
- Injury to internal organs.
- Problems caused by anesthesia.

Sometimes the problems do not appear right away. The risk that a problem will occur is related to the type of surgery that is performed. The more complex the surgery, the greater the risk. Be sure to ask your health care provider about the risks associated with your specific surgery. There also may be other ways to treat your condition besides surgery, such as medications.

In some cases, the surgeon decides that a laparoscopy cannot be done during the surgery. An abdominal incision is made instead. If this happens, you may need to stay in the hospital for a day or two. Your recovery also will take longer.

### **What are the benefits of laparoscopic surgery?**

Laparoscopy has many benefits. There is less pain after laparoscopic surgery than with open abdominal surgery, which involves larger incisions, longer hospital stays and a longer recovery. The risk of infection also is lower. You will be able to recover from laparoscopic surgery faster than from open abdominal surgery. It often can be done as outpatient surgery, so you usually will not have to spend the night in the hospital. The smaller incisions that are used allow you to heal faster and have smaller scars.

**Glossary**

**General Anesthesia:** The use of drugs that produce a sleep-like state to prevent pain during surgery.

**Regional Anesthesia:** The use of drugs to block sensation in certain areas of the body.

**If you have further questions, contact your obstetrician – gynecologist.**

PATIENT NAME..... ID#.....

SIGNATURE..... DATE.....

WITNESS..... ID#.....

CONFIDENTIAL