

MYOMECTOMY

A leiomyoma is a benign (non-cancerous) tumor made up of smooth muscle and connective tissue and can arise in any part of the body containing smooth muscle. There are numerous terms used to refer to leiomyomas, such as myomas, fibromas and, most frequently *fibroids*, or *fibroid tumors*. The discussion here pertains to leiomyomas of the uterus, the most common tumors of the uterus and female pelvis.

Almost half of all women will have uterine myomas of some size, though most women will not have any symptoms from them. The symptoms of uterine leiomyomas are abnormal uterine bleeding, pelvic and vaginal pressure, pain, abdominal distortion, spontaneous miscarriage and infertility. Risk factors for symptoms are size, location, number, and rapid growth.

Uterine myomas can be divided into those occurring beneath the lining of the uterus (submucous), within the muscle of the uterus (intramural), and those on the “outside surface of the uterus (subserous).

A myomectomy refers to the surgical removal of one or more uterine leiomyoma(s). Myomectomy is intended to remove fibroids from the uterus that are responsible for symptoms as those listed earlier. This operation can be performed using three different methods:

- Hysteroscopy: operating within the uterine cavity with telescopic vision and small instruments to remove submucous fibroids (see *D&C/Hysteroscopy*)
- Laparoscopy: operating through the abdomen with telescopic vision and small instruments to remove or ablate (destroy) fibroids on the abdominal surface and within the uterine muscle
- Laparotomy: traditional “open” abdominal surgery to remove larger fibroids or many small fibroids

Leiomyomas do not require treatment. Only when symptoms from fibroids appear will a recommendation for treatment be made. Treatments of fibroids can include observation, myomectomy, hysterectomy, and procedures to destroy (ablate) the tumors or to deprive them of their blood supply to cause them to die (uterine artery embolization). Medications to shrink fibroid tumors can be given for a short period of and sometimes are used prior to myomectomy.

The approach to management of your leiomyomas will depend on your symptoms, the size, location, and number of fibroids, treatment goals and the preference of your doctor. The pros and cons of each will be discussed with you in your consultation.