This leaflet contains information to help you prepare for your operation and get back to normal as quickly as possible. You will be given an admission date and have an appointment for clerking before your surgery. On that day, we will check your fitness for the operation and take any necessary blood tests or X-rays. This appointment also gives you the opportunity to ask questions that you may have concerning your operation. You will see a ward doctor and anaesthetist.

Our aim is continuity of care, however this is not always possible, and when you are in hospital you will be looked after by a team of Doctors and Nurses.

**What is Myomectomy?**

- Myomectomy simply means having fibroids removed. Fibroids are bundles of muscle fibres that grow in the womb. They are virtually always benign (non-cancerous).
- The main symptom is heavy periods because the fibroids increase the size of the womb (the womb stretches as they grow). As the lining of the womb is bigger, you bleed more.
- Fibroids are most common in women of childbearing age and more common in afro-carribean women. The female hormones oestrogen and progesterone increase fibroid growth so in pregnant women and those on the pill (when hormone levels are higher) fibroids can grow more quickly. They rarely develop in older women and if they do they often shrink after the menopause.

**How is the operation performed?**

If possible this operation is done through keyhole surgery (a laparoscopic myomectomy). Due to the size of the fibroids more major surgery is sometimes required. In these cases a cut in the tummy is usually made along the bikini line (although the incision may be made vertically if the fibroids are very large). Stitches are often dissolvable and will disappear in about 10 - 14 days. If non dissolvable stitches are used, they are usually taken out by the nurse at your GP practice 5 - 7 days after your operation.
What are the risks?
All operations have risks. Your surgeon will tell you about the risks of the operation before you have it. Anaesthetics can have side effects such as sickness but it is also possible to have an allergic reaction to the anaesthetic. Consequently, it is important to tell the doctor if you have any allergies. It is hard to give an exact figure of the number of women who have problems after surgery but this is what some of the research suggests:

- A small number of women will develop a temperature and an offensive discharge, and require treatment for an infection.
- A small percentage of women may have heavy bleeding after surgery that causes them to return to hospital.

Admission

- On the day of your operation a nurse, doctor, anaesthetist, and possible the physio and pain nurse will see you. They will give you information about your operation.

The operation
Your operation takes up to one hour and immediately afterwards you will be taken to the recovery unit to recover from the anaesthetic, until you are comfortable enough to return to the ward.

After the operation

- When you wake up, you will have a drip with clear fluid running into your arm. This is usually removed within 24 hours, when you feel well enough to drink and eat again.
- You may have a drain in your wound, but this is not often needed. If you do have a drain, it will usually be removed 24 hours after your operation.
Either tablets or suppositories or both will be used for the pain. It is important to take painkillers regularly to begin with.

Wind can be a common problem after this type of surgery and can be eased with peppermint water and painkillers.

About your feelings
It is not uncommon to feel tearful a few days after your operation. Many women experience these feelings. It is normal and most people have a bad day during their stay!

About pain
There are many different types of tablets, suppositories and injections that can be used for pain. Women vary with what they need, and so we tailor this to each individual person.

After surgery
Day 1 – First day after your operation
You will still feel sleepy, and may need help with a wash and change of nightwear. You will be encouraged to be out of bed as soon as you are able to manage this. You will often be taking sips of fluid within a few hours of surgery but may be able to drink freely and even have a light meal by the end of the day as soon as you are well enough.

Day 2/3
You will be able to walk to the bathroom and you will be encouraged to mobilize. You will be eating and drinking normally. You will usually be seen by the physiotherapist. Most drips / drains will have been removed and we will be planning for home as soon as you are well.

NB. If you need help with washing then please ask as people recover at different rates.

With a varied recovery people go home from day 1 onwards.
Discharge Home

- The day you are discharged home will depend upon the type of surgery you have needed, and how swiftly you recover.

- You may notice a vaginal discharge for up to six weeks after surgery. If your discharge becomes bright red, or heavy with clots, please rest and seek medical advice. If you have a smelly green/yellow discharge during your recovery, this would indicate an infection and you should see your GP.

- **Do not use tampons.**
  They might introduce an infection into the vagina.

- You will find that you get tired after doing very little - this is quite normal.

- Many women do not need a follow up appointment with the gynaecologist. If you have any problems it is best to contact your GP.

Back at home
You might find the following information useful. If you have any questions or worries about your recovery at home, your GP should be the person you contact, however, the ward is contactable on 0117 414 6785 if you are unable to find the help you need.

Getting there
You will probably have been very keen to go home ever since your operation. Don’t be surprised if you feel low and tearful once you get there - this is a normal reaction to the stress of leaving hospital and travelling home. After any operation, this can be the case - you may like to warn your family about this. It can be unnerving leaving the security of the hospital.

It is important to take it easy when you get home, although it is also recommended that you do some gentle walking each day. Do not lift anything too heavy for the first few weeks as your body needs time to heal.
Resting

- What rest you need will vary as to whether you have had keyhole surgery, or a cut to your tummy.

- Everyone will tell you to rest when you get home. It is not easy for women to rest properly. During the first week or so it is helpful to have someone at home with you to help cook, clear up, keep you company and do any heavy lifting. It can be uncomfortable to stand for any length of time: if so, sit on a stool when you are washing yourself, for example. If you feel a ‘dragging’ pain lie down till it stops.

- You may continue to feel unexpectedly tired for a several weeks (moreso after surgery has involved a cut to the tummy). Make time to relax and put your feet up whenever necessary. Bear in mind gentle exercise is also important to prevent complications after surgery.

- If you can, let your family take care of the household chores, or simply leave them undone! Do what you feel able to do - little and often is the best advice. Pace yourself.

Exercise and Lifting

- If might seem contradictory, but exercise is as important as rest. You should continue any exercises the physiotherapist taught you in hospital. Try to walk around (including up and down stairs). Increase exercise gradually. Gentle walking, or swimming is good exercise. Leave any more strenuous sports until after six weeks, and start gradually.

Pain
You may need painkillers for a couple of weeks. You will be given some painkillers to go home with but if your pain continues or gets worse go and see your GP.

For all surgery

- It is important to avoid heavy lifting if you have had abdominal surgery. After your operation avoid lifting anything heavy for four weeks, e.g. shopping, laundry, and children.
When you do lift anything, remember to bend your knees, keep your back straight, and hold the object close to you. This avoids straining your abdomen.

The best advice is, if it hurts don’t do it!

Most people overdo it at some time in their recovery. If you do, wait a while, try again a few days later. It is unlikely you will harm yourself.

With abdominal surgery, people worry that their scar is weak and may give way, but once the skin has healed, there is no need to be anxious about this. Your scar will fade gradually and will only be visible as a fine white line by 6 - 12 months after the operation. You can do the things previously mentioned without causing any problem.

**Hygiene**

- It is quite safe to use bubble bath if you like it, and there is no need to put salt in the bath water.

- After the operation, there will usually be some discharge or bleeding from the vagina which will mean you have to wear a pad. Bleeding can go on for up to 6 weeks, and will grow less, like the end of a period, and will then stop completely.

- When you go to the toilet, make sure your bladder is completely empty - try to get rid of every last drop of urine. This will reduce the risks of cystitis or infections. If your urine seems to smell offensive, or if you feel pain or burning when you go the toilet, go to see your GP.

- In order to improve muscle tone, do your pelvic floor exercises.

If bleeding continues or becomes offensive smelling contact your GP.
Diet

- Try to eat a variety of foods, with lots of fresh fruit and vegetables. High-fibre foods like wholemeal bread and brown rice will help prevent constipation.
- Drink plenty of fluid such as water.
- Avoid fatty foods, excessive alcohol, cakes and sweets if you don’t want to gain weight. Your surgery does not mean you will gain weight, but you must control your calorie intake while you are less active than usual.

Work

- You are the best judge of when you feel ready to go back to work. Some jobs are more strenuous than others. It depends again whether you have had keyhole surgery or not. Some women are able to be back at work after a few weeks. Where there has been a cut to the tummy, often 4-6 weeks is more reasonable.

Driving

- You should be able to drive again when you feel able to concentrate fully and can do an emergency stop comfortably: usually about 4 weeks after the operation if you have had a cut to your tummy, earlier if keyhole surgery.
  Do check with your insurance company that you are covered. Start with short journeys.
Making love

- It is normal to feel tired or indifferent to sex after a major operation, but things will gradually return to normal. You or your partner may feel anxious about pain after the operation.
- It is advisable to refrain from full penetration for about six weeks, but do not worry if you have gentle intercourse before this time. If you feel any pain, stop what you are doing and try another time.
- To avoid the risk of infection, it would be better if you were to avoid intercourse until your discharge settles.

Feelings

- Some women who have had surgery feel relieved, as difficult symptoms that have hindered their life will have gone. However other women feel depressed and lethargic, and may need a period of time to get over this.
- It is sometimes difficult for friends and family to understand how you are feeling. Seek and accept help and support from elsewhere if necessary. The hospital’s nurses, doctors and your own family doctor will be able to help.

Remember, after any surgery

- Tell your family you may not be your usual self for a while after getting home.
- Rest whenever you feel tired.
- Avoid lifting anything heavy intially and build up gradually what you do.
- Get some gentle exercise each day.
- Make sure your bladder is empty when you go to the toilet.
- Don’t go back to work until you really feel ready.
Physiotherapy Advice after Gynaecological Surgery

First day after operation

You will spend most of the day in bed. It is a good idea to take 3 deep breaths (whenever you are awake) every hour. This may help if you feel nauseous and will help regain normal breathing.

Coughing

- If you have an abdominal wound you need to support it.
- **In bed:** bend both knees up with feet flat on the bed and support the wound gently but firmly with your hands.
- **Sitting:** lean slightly forward to relax abdominal muscles and again support the wound with your hands and/or pillow.
- If you have had vaginal surgery, put your hand over the pad and support the perineum when coughing.
Getting out of bed

- Bend knees up one at a time.
- Keep knees together, roll onto your side.
- Push up into sitting position using your arms. At the same time, lower legs over the side of the bed.

Circulation

Regular movement of legs is essential while you are not as mobile. You will be given stockings to wear.

Remember; although it is important to mobilise early do not do too much. A balance must be achieved between exercise and rest.

Learn to listen to your body!

Exercises: You should start gently and stop if it hurts. Try again a few days later.

Pelvic floor contractions

The pelvic floor muscles support the back passage, vagina and opening from the bladder and pelvic organs. This exercise can be done anytime, anywhere. To help you remember try to associate it with a regular activity. Wait until the catheter is removed.
Sitting comfortably

- Tighten your back passage (as if controlling wind), vagina and front passage.
- (i) Lift and hold for 5-10 seconds, as you are able, repeat 5 times.
  (ii) Lift and release quickly 5 times.
- Repeat these exercises 5-10 times during the day.

Abdominal exercise

Lying on your back, let your tummy relax, breathe in gently. As you breathe out gently draw in the lower part of your tummy, hold for 5 seconds, and repeat 5 times. Do not move your back. You should be able to breathe and talk while exercising. This can also be done in sitting or standing.

Pelvic tilting

Lie on your back with your knees bent. Pull your tummy in and flatten your back onto the bed. Hold, then relax. Do not hold your breath. Repeat 5 - 10 times twice daily.

Knee rolling

Lying as above, pull lower tummy in and roll both knees gradually over to one side, bring back to the middle and roll to other side. Keep shoulders flat on bed, repeat as above.

Progression of exercises

Wait until after your check-up before progressing exercise e.g. swimming/low impact exercise. Avoid high impact aerobic classes and competitive sports for at least 3 months.

Avoid straining when opening your bowels. It will help to put your feet up on a low stool and relax your abdominal muscles.
References and useful addresses


**Women’s Health Concern**
web site available at: [www.womens-health-concern.org.uk](http://www.womens-health-concern.org.uk) [accessed December 2014]

[www.patient.co.uk](http://www.patient.co.uk) [accessed December 2014]

[britishfibroidtrust.org.uk](http://britishfibroidtrust.org.uk) [accessed December 2014]

NHS Constitution. Information on your rights and responsibilities. Available at [www.nhs.uk/aboutnhs/constitution](http://www.nhs.uk/aboutnhs/constitution)
If you or the individual you are caring for need support reading this leaflet please ask a member of staff for advice.

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