Fibroid and Pelvic Wellness Center of Georgia
Soyini Hawkins, MD, MPH

Surgical Consent

Consent Details

Your doctor has recommended surgery as an option for you in hopes of relieving certain symptoms and/or problems about which you have complained. This is an introduction to what you can expect from this surgery.

Procedure

Myomectomy

Indication

Symptomatic Uterine Fibroids

A leiomyoma is noncancerous tumor made up of smooth muscles and connective tissue and can arise in any part of the body containing smooth muscle. They're on numerous terms used to refer to leiomyoma, such as my myomas, fibromas, and most frequently *fibroids* or *fibroid tumors*. The discussion here pertains to leiomyomas of the uterus, most common tumor of the uterus and female pelvis.

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

Uterine fibroids can be divided into those occurring within the cavity of the uterus (submucosal), within the muscle of the uterus (intramural), and those on the outside surface of the uterus (subserosal).

And myomectomy refers to surgical removal of one or more human fibroids. This operation can be performed using three different methods:

Hysteroscopy: operating within the uterine cavity with telescope vision and small instruments to remove submucous fibroids
Laparoscopy (straight stick or Robotic): operating through the abdomen with telescopic vision and small instruments to remove fibroids from abdomen or within the uterine muscle.

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Laparotomy: traditional "open" abdominal surgery to remove larger fibroids or many small fibroids.

Fibroids do not require treatment. Only when symptoms from fibroids appear or they are of a large size is treatment recommended. Treatment of fibroids can include observation, medical management, myomectomy, hysterectomy, and in recent decades, procedures to destroy (ablate) the tumors or to deprive them of their blood supply (uterine artery embolization).

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

Post procedure

You will be in the recovery room for short time before being sent home, in the case of hysteroscopy and sometimes laparoscopy, or to your hospital bed as with laparotomy. Most patients will stay one or two nights in the hospital following laparotomy. There may be some discomfort around the incision site, within the vagina, and on the lower abdomen depending on the procedure you had performed. Please take anti-inflammatory medication (Motrin, Toradol, or Advil) given around the clock (every eight hours with food) for at least the first 48 hrs. after you are discharged from the hospital. This will help considerably with any pain.

There will be a small dressing on the incision site if one was made; this is to remain until you follow up visit unless otherwise instructed. There may be small blood staining on the wound dressing. If the dressing becomes soaked, or you see active blood oozing, please contact us immediately and put pressure on the area. You may shower one day after surgery, but no swimming or baths. It is normal to have some bloody discharge from the vagina for a week or two. If you have significant bleeding you should call our office. We ask that you refrain from strenuous activity or heavy lifting until your follow-up visit. Every patient has some degree of swelling and bruising, it is not possible to predict in whom this might be minimal or more significant.

Hysteroscopy: Though may have some discomfort and cramping following the procedure, it is not usually necessary for you to plan more than 2-3 days off from work. It is normal to have some bleeding and discharge after the hysteroscopy. It is suggested that you use

menstrual pads to protect your clothes. You were instructed to refrain from vaginal intercourse, douching, tampons until seen in the office in 4 weeks.

Laparoscopy: You may have some discomfort and cramping following the procedure, including gas pain and shoulder pain. This discomfort is often due to the gas used for surgery and typically resolves after the first few days. We encourage you to take at least 1 to 2 weeks off of work and perhaps more if you do heavy lifting. You are instructed to refrain from vaginal intercourse douching and tampon using until told to resume. Follow up in the office in 4 weeks.

Laparotomy: We strongly encourage you to take at least 3 to 4 weeks off from work and perhaps more if you do heavy lifting. It takes about 6 to 8 weeks to fully recover from an open incision surgery. In the first 48 hours, it is to your advantage to limit your activity and often resting in the lying down position. Periodic walking is encouraged. Some patients have almost no discomfort while others are somewhat uncomfortable for a few days to weeks. Severe pain is unlikely but possible. We will prescribe you pain medication to alleviate most of your discomfort. Take this medication as prescribed and as needed. If any side effects occur please call us immediately. Refrain from any vaginal intercourse, douching until told you may resume. Please follow up in the office for staple removal in 1 week or post-operative exam in 4-6 weeks.

Expectation of Outcomes

The goal of myomectomy is to relieve symptoms while keeping the uterus. Many will notice a reduction in symptoms, while others will not. The success of myomectomy for long-standing infertility depends largely on the age of the patient, and size/number of fibroids, and other factors affecting fertility.

Myomectomy is complicated by bleeding that requires hysterectomy in less than 10% of cases. Within 20 years of myomectomy 25% of women will have hysterectomies for recurrent fibroids.

Possible Complications

All surgical procedures, regardless of complexity or time, can be associated with unforeseen problems. They may be immediate or even quite delayed in presentation. While we have discussed these and possibly others at your consultation, we would like you to have a list so that you may ask questions if you still have concerns. Aside from anesthesia

complications, COVID-19 associated complications (during COVID-19 pandemic) and unlikely death, it is important that every patient be aware of all possible outcomes, which may include but are not limited to:

Damage to adjacent organs: There is a risk during a myomectomy of recognized and unrecognized damage to bowel, bladder, nerves, vessels, fallopian tubes, ovaries, and the ureters. Though unlikely there is also risk of fistula (a hole between two structures) formation.

Convert to Open Surgery (from laparoscopy): If the surgery is not able to be completed laparoscopically due to extreme difficulty, adhesive disease, injury to adjacent organs or heavy bleeding, it may be necessary to convert to an open incision (8-10cm) to complete the procedure. With Dr. Hawkins this occurs less than 10% of time and is usually do to extremely large fibroids where the possibility of conversion is anticipated.

Hysterectomy: If excessive bleeding is encountered and cannot be managed conservatively, a hysterectomy may be needed to prevent perfusion damage to vital organs. This is an extremely rare complication of myomectomy. Dr. Hawkins would only remove a uterus emergently to save a patient's life.

Pelvic infection or abscess: Signs of infection that you should watch for are: foul smelling discharge, tenderness, or pain in the vagina and pelvic for more than two days, significant bleeding, fever, chills, nausea, vomiting, weakness, and feeling ill. You must contact us immediately or go to the nearest emergency room if you have any of these symptoms.

Wound infection: The incision site can become infected. While infections typically resolved with antibiotics and local wound care, occasionally part or of all of the incision may open and require revision. Cleaning the incision with soap and water daily, keeping it dry and avoiding baths and swimming helps reduce the risk of infection.

Scar Tissue Formation: Scar tissue can form within the abdomen or within the cavity of the uterus that can lead to infertility.

Need for Cesarean Section/ Risk of Uterine Rupture: If the incision to remove the fibroid(s) goes to the cavity of the uterus Dr. Hawkins might recommend a cesarean section without labor for delivery of your future pregnancies.

Treatment failure/Inability to remove all fibroids: Many women will see improvements in their symptoms after myomectomy, although these same symptoms can recur at some

point in the weeks, months and years after surgery. 25% of women will have a hysterectomy for recurrent fibroids.

Blood Loss Transfusion: The uterus is quite vascular. Usually blood loss in this procedure is minimal to moderate. In some cases, blood loss can be significant enough to necessitate hysterectomy to control bleeding and/or transfusion to replace blood loss to hemorrhage.

Fluid Imbalance (Hysteroscopy): In addition to water, fluids used to inflate the cavity of the uterus for hysteroscopy contained dissolved sugars, starches, and salt. These substances give the fluid certain desirable properties for visualization of the uterine cavity. When too much fluid flows from the uterus and enters the abdominal cavity or bloodstream, and "imbalance" in the water content of the blood may result. Careful choice of fluid and monitoring fluid delivery make this and uncommon complication. Strict protocol is used to assure this is quickly recognized and corrected.

Unintended Dissemination of an Unrecognized Malignancy: Less than 1/1000 women who undergo hysterectomy for fibroids will have an unrecognized malignancy. Currently there is no reliable method to differentiate between benign fibroids from malignant fibroids (leiomyosarcoma or endometrial stromal sarcoma) before they are removed. The tumor has a very poor prognosis even if removed intact to the uterus.

Bleeding/hematoma: When a small blood vessel continues to ooze or bleed after the procedure is over, the area of collecting blood is referred to as a hematoma. The body normally reabsorbs this collection over a short period of time, and surgical drainage is rarely necessary.

Chronic pain: As with any procedure, a patient can develop chronic pain in the area that has undergone surgery. Typically, the pain disappears overtime, although some feeling of numbness may persist. If persists, further evaluation may be necessary.

Lower Extremity Weakness/ Numbness: This, too, is a rare event that may arise due to your positioning on the operating table. It is possible with the procedures in which you are in the lithotomy (legs up in the air) for a long time. The problem is usually self-limited, with a return to baseline expected.

Urinary Tract Infection or sepsis: Although we may give you antibiotics prior to and after the operation, it is possible for you to get an infection. The most common type is a simple bladder infection that presents with symptoms of burning urination, urinary frequency, and a strong urge to urinate. This usually resolves with a few days of antibiotics. If the

infection enters into your bloodstream, you may feel very ill. This type of infection can present with both urinary symptoms and any combination of the following: fevers, shaking chills, weakness, or dizziness, nausea and vomiting. You may require a short hospitalization for intravenous antibiotics, fluids, and observation. This problem is more common in diabetics, patients with long term steroids, or in patients with disorders of the immune system.

Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE): In any operation, especially long operations, you may develop a clot in the vein of your leg (DVT). Typically, this presents 2 to 7 days (or longer) after the procedure as pain, swelling, and tenderness to touch in the lower leg (calf). Your ankle and foot may become swollen. If you notice these signs, you should go directly to the emergency room and also call our office. Although less likely, this blood clot can move through the veins and block part of the lung (PE). This would present as shortness of breath and possibly chest pain.

You are consenting to the surgery mentioned above considering these risks. All questions were answered to your satisfaction. You are also consenting to the use of videotaping or pictures for educational purposes only.

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Patient Signature Date Print

_____ _____

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Witness Signature Date Print