

Intra and Postoperative Morbidity Associated with Myomectomy

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Background: Abdominal myomectomy is a known treatment modality for uterine fibroid in women who wish to retain their fertility. The procedure is associated with bleeding and eventual hysterectomy.

Objective: To evaluate the intraoperative morbidity and postoperative complications of abdominal myomectomy.

Design: A Retrospective Data Analysis.

Setting: University of Dammam Teaching Hospital, Saudi Arabia.

Method: Myomectomy patients between 1 December 2007 to 30 November 2012 were reviewed. The relation of weight and size of myoma to complications, anesthesia type, duration of operating time and estimated blood loss (EBL), Hb drop, blood transfusion, duration of hospital stay and postoperative complications were documented.

Results: One hundred thirty-seven procedures were reviewed. The median operating time was 1 hour and 40 minutes. The size of fibroid had a significant effect on the type of abdominal incision. Median estimated blood loss during the procedure was 500 ml with 23% of patients losing ≥ 1 liter. There was a significant positive relation between the size of fibroid and estimated blood loss, but this did not affect the Hb drop postoperatively nor blood transfusion rate. The median length of hospital stay was five days. Three cases were converted to hysterectomy.

Postoperative complications were seen in 15 (11%) patients, which include hemorrhage, febrile morbidity and paralytic ileus. The weight of the myoma had no relationship to postoperative complications. Midline vertical incision was associated with higher postoperative complications.

Conclusion: The larger the fibroid, the more likely the abdominal incision would be midline and more blood loss. Regional anesthesia significantly reduces operating time. Midline incision led to higher postoperative morbidity.

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