A Fibroid Treatment Option That Won't Compromise Your Fertility

Many women opt for a myomectomy to have uterine fibroids removed without jeopardizing their reproductive ability.

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For women with uterine fibroids who want a treatment option that won't compromise their fertility a myomectomy may be the right choice. The surgical procedure removes these noncancerous tumors while preserving healthy tissue in the uterus.

Doctors may recommend one of three types of myomectomies: hysteroscopic, laparoscopic or abdominal, which is also called a laparotomy.

"This depends on the size and location of the fibroids," explains Bronx-based ob-gyn Kecia Gaither, MD, MPH, the director of perinatal services at New York Health + Hospitals/Lincoln in the Bronx. "A woman should be knowledgeable as to what her options are and whether or not she wants to continue with her fertility."

A hysteroscopic myomectomy is a minimally invasive procedure that extracts fibroids through the vagina without the need for an incision. For this procedure, a reproductive surgeon inserts a hysteroscope—a small lighted device that can take pictures of the uterus and transmit them onto a screen—through the vagina and cervix into the uterus to search for fibroids. Once found, the growths are cut or shaved with an attached wire loop.

This procedure is very effective for submucosal fibroids that grow inside the uterine cavity and are located just under the uterine lining or mucosa. These fibroids are frequently the cause of heavy menstrual bleeding that can result in anemia.

The procedure usually takes about 30 minutes, and the patient can go home afterward, as recovery is short.

Laparoscopic myomectomy is another minimally invasive surgery used to remove fibroids. But this technique involves the surgeon making small incisions no longer than a centimeter (.4 inches) near the belly button then introducing a laparoscope, a narrow tube fitted with a camera, into the abdomen.

This surgery can also be conducted with the assistance of a robot holding instruments guided by the surgeon.

“A 3-D magnification camera affixed to one of the robotic arms gives the surgeon enhanced detail, true depth of field and a panoramic view, and the robotic hands’ broad range of movement—even greater than a human hand—enables great precision when removing a fibroid and delicately reconstructing the uterus,” explain experts at Brigham and Women’s Hospital in Boston.

A laparoscopic myomectomy may take two to four hours depending on the size and number of fibroids and necessitates a two- to four-week recovery.

Larger fibroids can be more difficult for surgeons to remove. In these cases, surgeons recommend an abdominal myomectomy, which enables them to see the pelvic organs. The procedure requires an incision about 10 centimeters, or 4 inches, long—preferably at the bikini line—through which the fibroid is taken out.

Abdominal myomectomy may involve hospitalization for one to three days and may require six weeks to recover. However, the surgery enables physicians to remove all the fibroids and is generally successful.

Many women who opt for a myomectomy say they experience a decrease in uterine fibroid symptoms, such as heavy menstrual bleeding and pelvic pressure.

One patient with a large fibroid that threatened her surrounding organs and her plans to have children opted for a robotic myomectomy at Brigham and Women’s Hospital. Five months after the surgery, doctors gave her and her husband clearance to have a baby, a goal they quickly achieved.

Despite this success story, however, and the low rate of problems with myomectomy, there are risks. Excessive blood loss, scar tissue, pregnancy and childbirth complications are possible, so women should discuss these issues with their doctors before undergoing the procedure.

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