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Caesarean Myomectomy – Time for Revival

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Summary

Myomectomy during caesarean section is conventionally reserved for pedunculated myomas. Dissection of myomas from the uterus is strongly discouraged for fear of haemorrhage which may need hysterectomy. This conventional concept is being challenged, based on the experience from the present series of 8 cases of myomectomy during caesarean section. Six cases with solitary fibroids required enucleation due to their proximity to the incision. One case was a pedunculated fibroid and another patient had multiple fibroids. In none of these cases, myomectomy was a pre-planned procedure. All the patients made an uneventful recovery. Blood loss during the procedure and operating time were within acceptable limits. The ability of the uterus to contract and retract following the delivery of the baby could effectively reduce the bleeding from the myomectomy bed. It is found that enucleation of a myoma can be safely done. Long term effects of the procedure were not addressed in the study.

Introduction

The incidence of fibroid complicating a pregnancy is around 2% of all pregnancies and it can result in a variety of problems like abortions, malpresentations, preterm labour, abruption, caesarean births, post partum infections and necrobiosis. Although Bonney in his original treatise in 1946 has described not only caesarean myomectomy clamp to be used in these cases the traditional teaching has been that myomectomy in pregnancy should be reserved for the selective resection of pedunculated myomas with the stalk of five cm. or less. This dictum was a result of a fear of uncontrolled haemorrhage during surgery, which might necessitate a hysterectomy, invite infection, increase maternal morbidity and mortality and subsequently invite litigation.

Aim of the study

The aim of the present study is to demonstrate that caesarean myomectomy is not only technically feasible but has certain advantages, so much so that it should be attempted whenever possible.

Material and Methods

The present study comprised of 8 patients, including 7 primigravidas and a second gravida, all of whom were diagnoed to have a fibroid complicating pregnancy during their antenatal period. They were counselled regarding the possibility of myomectomy and the advantages and disadvantages of same. Caesarean section was done only for an obstetric indication and the decision as to whether a myomectomy should be performed was taken only after a careful per operative examination to determine the feasibility of the procedure.

After delivering the baby and the placenta the fibroid was enucleated, if possible through the same lower segment incision, and the myoma bed was obliterated, using no. 1 Vicryl. The present series

included mostly cases of fibroids on the lower segment, anteriorly, except one, which was located on the posterior wall. Haemostasis was achieved and there were no instances of uncontrollable or troublesome haemorrhage. Apart from good antibiotic cover, no other specific post operative care was given.

Observation

Of the 8 cases, 1 was a pedunculated fibroid, 6 were single intra-mural fibroids and 7 had multiple intra-mural fibroids of which 7 were on the posterior wall. The fibroids ranged from 10 to 13 cm. in diameter.

In all the cases, enucleation was easy and the intra-operative blood loss was not more than normal. The operating time was also within normal limits. Also, in these cases there were no immediate post-operative complications. One patient, who had a myoma enucleated from the posterior wall, developed mild abdominal distension on the third post-operative day, which was relieved by conservative management. A short-term evaluation of these patients revealed no abnormality. As for reproductive outcome, only time will tell. However, one of the earlier cases in our series has conceived and is under our antenatal supervision at present.

Discussion

Thus, it is seen that the fears due to which this relatively simple procedure had been hitherto avoided are quite unfounded. Moreover, it has various advantages, namely

- subsequent surgery can be avoided
- symptomatic relief is achieved
- psychological satisfaction
- further pregnancies need not be complicated by the same problem

Conclusion

Caesarean Myomectomy in properly selected cases seems to be a safe procedure that does not add to the morbidity of the operation. Based on this experience, removal of myomas during caesarean section may be attempted routinely. However a multicentric study may be carried out to determine the safety and acceptability of the procedure.

References

1. Victor Bonney: The Technical Minutiae of Extended Myomectomy and Ovarian Cystectomy. 1st edition, 1946. Publishers: Cassell and Company, Ltd.