Laparoscopic Myomectomy

Ultrasound of fibroid (red) in endometrial cavity.

R.K. Mishra

World Laparoscopy Hospital
Advanced Laparoscopic Surgery
Types of Myoma

1.

2.

3.
Types of Myoma

Adenomyosis. Note thickened wall of uterus which can be mistaken for fibroids.

MRI showing multiple fibroids (arrows)

Pedunculated
Intracavitary
Intramural
Subserous
Submucous
Treatment

- NONSURGICAL: Fibroids shrink at the menopause to 50% of their size but never go away.
- GnRh agonists e.g. Lupron, Synarel, Busarelin are medications given by injection or nasal spray that create a temporary menopause allowing shrinkage. However on stopping medication the fibroid re-grows to its original size.
Treatment

- **SURGICAL**: When the fibroids are less than 18 weeks size, LAPAROSCOPIC myomectomy can be performed.

- Inadequate Suturing has led to reports of uterine rupture in pregnancy and labor.

- Laparoscopic Myomectomy need good suturing skill.
Position of Surgical Team
Port Position
Task Analysis of Myomectomy

- Preventive Haemostasis
- Fixation of Myoma
- Enucleation Myoma
- Obliteration of Dead space
- Retrieval of Myoma
Laparoscopic Myomectomy

Vasopressin instillation prevents bleeding
Fixation of Myoma
Enucleation
Enucleation
Morcellation

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Tumble Square knot
Retrieval of Tissue
Laparoscopic Myomectomy
Laparoscopic Myomectomy
Laparoscopic Myomectomy
Other Laparoscopic Uterine Surgeries

- Multiple Myoma
Multiple Myomas
Complication

Bleeding is worst & most common complication of Laparoscopic Myomectomy
Thank You

Prof. R.K. Mishra and his students with Prof. P.R. Trivedi Pro-Chancellor, TGO University

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