△ GENERAL INFORMATION
A fibroid of the uterus is an abnormal growth of the wall of the uterus. Fibroids are very common in adult women and can be as small as a pea or larger than a cantaloupe. There can be just one fibroid or there can be many. The cause of fibroids is not known.

COMMON SIGNS AND SYMPTOMS
• Often fibroids do not produce any symptoms. They are found during a routine pelvic examination.
• Any signs and symptoms are influenced by the size and location of the fibroids and whether or not a woman still has menstrual periods.
• The symptoms can include heavier menstrual flow; more frequent, longer, or premature menstrual periods; fullness in the pelvis or pressure on the bladder with more frequent urination; and painful or difficult bowel movements.
• Fibroids can increase in size shortly before the onset of menopause.
• Because of their location, they can cause an early miscarriage.

DIAGNOSIS
• A detailed history and a thorough pelvic examination are essential.
• Ultrasound: Harmless sound waves are aimed at the area of your pelvis. The sound waves bouncing back (the echoes) from this area are seen as a picture on a screen. Ultrasound is a convenient and painless way to examine the uterus, fallopian tubes, and ovaries.
• CT scan (computed tomography scan): These special x-rays are taken as very thin slices through the area of your pelvis. This makes it possible to see the fine details of your uterus and other pelvic organs.
• Laparoscopy: This is done under general anesthesia with a rigid optical instrument that is as big around as your little finger and has a light at its tip. The instrument is inserted into the abdominal cavity through a tiny incision in your navel and the entire pelvic area is examined.

○ TREATMENT
The treatment depends on whether the fibroids produce symptoms and on the findings at the time the fibroids are examined directly. The treatment can be any of the following:
• Observation only for the time being.
• Stop any hormones that may be stimulating the fibroids to grow even larger.
• Burn the fibroids (if they are small and few) with a special electric needle introduced through the laparoscope. As the burn heals, the fibroid tissue shrinks to a scar.
• Cut out the fibroids but leave the uterus in place.
• An operation to remove the uterus, fallopian tubes, and ovaries.

Figure 1. This operation is most suitable when the woman wants to keep her uterus and the fibroids on its surface are not too large. These fibroids are destroyed by a laser beam introduced into the abdomen through laparoscope.
After careful consideration of all factors, the recommendation is that you have an operation to burn the small fibroids in your uterus. This is done with an electric needle introduced through a laparoscope (Fig. 1).

**PREOPERATIVE PREPARATION**
- You will have an examination of your blood, urine, heart (EKG), and lungs (chest x-ray).
- You will be instructed on how to cleanse your bowel before the operation.
- Do not eat or drink anything for 8 hours before the operation.
- Do not douche or use a tampon on the day of the operation.

**OPERATION**
- You will be asleep for the operation.
- Your abdomen will be swabbed with an antiseptic solution and draped with sterile sheets.
- Two laparoscopes will be introduced through tiny incisions in the abdomen. The electric needle is introduced through one of the laparoscopes and the fibroids burned as necessary.
- The operation usually takes about 2 hours.

**POSTOPERATIVE CARE**
- You will be taken to a recovery room and observed. When your blood pressure, pulse, and breathing are stable, you will be taken to a regular hospital room.
- That evening you will be helped to sit at the bedside and the next morning, to get out of bed.
- Pain will be controlled with medicine.
- You may have a thin, plastic tube in your nose. It will be removed as soon as your bowels start working. Your diet will be as you tolerate it.
- You should be able to go home in about 2 or 3 days.
- As with any operation, complications are always possible, some of them serious. With this type of operation, they can include hemorrhage, injury to the ureters and bladder, infection, blood clots, and possibly others.
- Arrangements will be made for your medicine, follow-up office visit, and stitch or clip removal.

**HOME CARE**
- You may walk about as you wish, even climb stairs, but don’t overdo things.
- Take medicine as prescribed for your pain.
- You may eat as you wish, but include plenty of roughage and liquids in your diet to help prevent constipation.
- Unless instructed otherwise, you may shower if you wish and with any dressings on or off. After you dry yourself, replace any dressings with clean, dry ones.
- Do not douche or use a tampon until after we talk about this during the follow-up office visit. A sanitary napkin is best for the vaginal drainage usually seen after this operation.
- Do not drive a car unless you can move freely and without pain and you are not taking medicines that decrease your alertness.
- Engaging in sexual intercourse too soon can be harmful to your recovery. If you wish, let’s talk about this during your follow-up office visit.
- You may return to work when you feel up to it.

**CALL OUR OFFICE IF**
- The incision becomes red or swollen, or there is drainage from it.
- You develop excessive or bloody vaginal discharge, or one with a strong odor to it.
- You develop a temperature higher than 100°F.
- You have any questions.