Myomectomy — open surgery (laparotomy)

01 What is it?

A myoma, or fibroid, is a benign tumour of the uterus, common in women after the age of forty, sometimes earlier because of family factors. It may be located in the cavity of the uterus, in its muscular wall, or be attached to the uterus by a stalk of varying width.

The purpose of this sheet is to complete the explanations given to you orally during your consultation, about the principles, the benefits and the possible drawbacks of the procedure that has been proposed to you.

A myomectomy (removal of fibroids) consists of surgically removing one or more fibroids while keeping the uterus. You therefore keep your periods and, possibly, the possibility of a future pregnancy. Here, the procedure is performed by open surgery (laparotomy): through an opening in the abdomen.

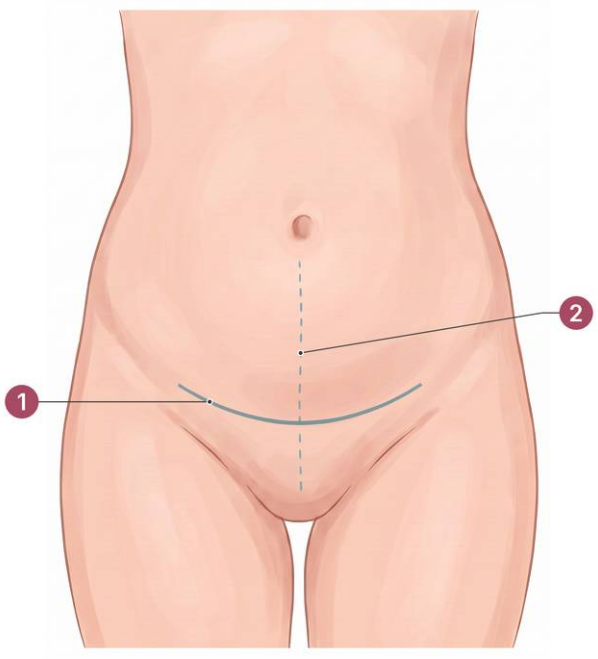


FIGURE 1 — The opening of the abdomen, by open surgery (laparotomy) (diagram, front view).

1. Most often horizontal, just above the pubic bone
2. or vertical, in the middle of the abdomen, if the size of the fibroid requires it

Front view: the right of the image is the patient's left side.

Diagram Wagram Clinic, 2026.

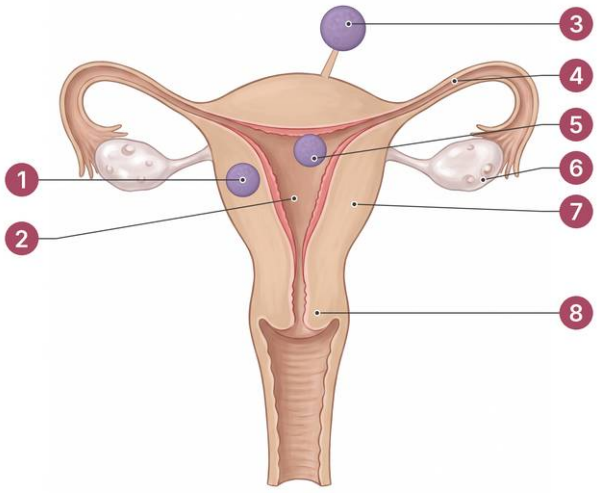


FIGURE 2 — Where a fibroid can be located (diagram, front view).

1. Fibroid in the muscular wall
2. Cavity
3. Fibroid attached by a stalk
4. Fallopian tube
5. Fibroid in the cavity
6. Ovary
7. Muscular wall
8. Cervix

In purple: the fibroid (myoma), a benign tumour of the uterus.

Front view: the right of the image is the patient's left side.

Diagram Wagram Clinic, 2026.

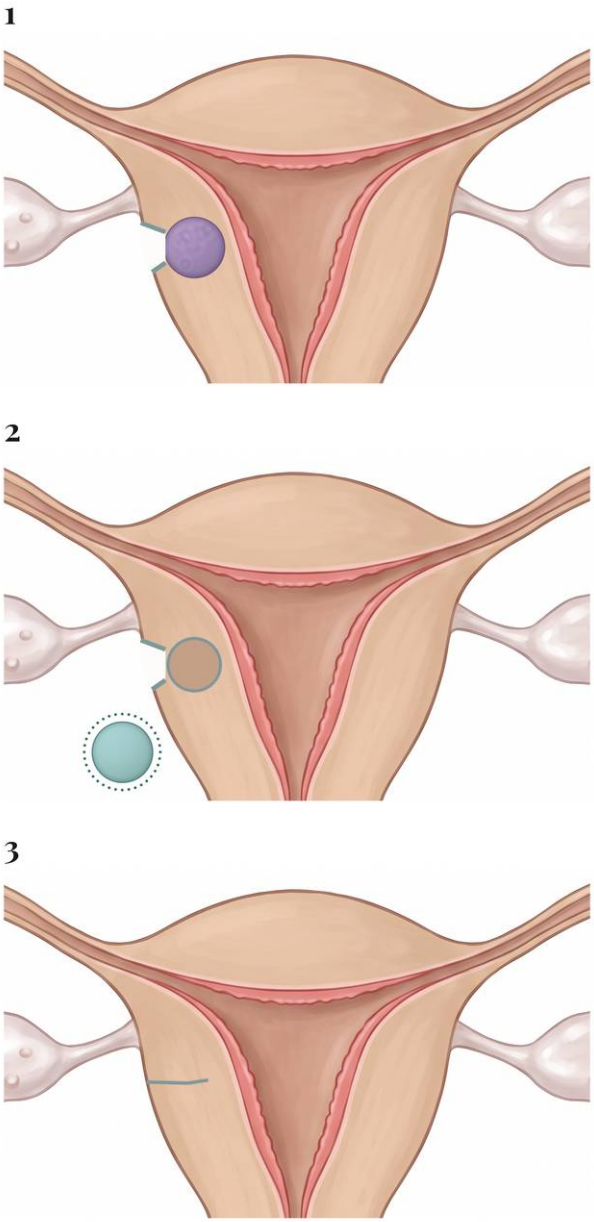


FIGURE 3 — Myomectomy: opening the wall of the uterus, removing the fibroid, closing the wall (diagram, front view).

1 — Wall opened: the surgeon opens the wall of the uterus

2 — Fibroid removed

3 — Wall closed: the uterus is kept

In purple: the fibroid (myoma). In blue-green: the wall opened, then closed.

In blue-green, outlined with dots: the part removed during the operation.

Front view: the right of the image is the patient's left side.

Diagram Wagram Clinic, 2026.

This sheet is based on the patient information sheet of the CNGOF "Myomectomie" (2017), adapted to the practice of the clinic.

02 Why this procedure?

The procedure is decided on because of symptoms (bleeding, pain, infertility) or because the fibroid or fibroids have become too large. It aims to treat these symptoms.

The number of fibroids and their location determine the technique. The surgeon will tell you the type of procedure planned for you.

03 How does the procedure take place?

The procedure is carried out under general anaesthetic.

The surgeon reaches the fibroid or fibroids through an opening in the abdomen, most often horizontal, just above the pubic bone; if the size of the fibroid requires it, the scar is vertical, in the middle of the abdomen. The surgeon opens the wall of the uterus, removes the fibroid or fibroids, then closes the wall of the uterus.

The procedure lasts about 1 hour to 1 hour 30 minutes.

04 What the procedure does not guarantee

After several years, other fibroids may appear when the fibroid disease is extensive: this happens in 20% of cases.

The scar left on the uterus may be an area of weakness and, in some cases, require delivery by caesarean section. It is advisable to allow a healing interval between the procedure and any pregnancy. The surgeon will discuss these points with you.

05 Risks and complications

Myomectomy is a common and well-established procedure, which goes smoothly in the majority of cases.

During the operation, bleeding from the opening in the wall of the uterus may occur. In the exceptional case of life-threatening bleeding, a transfusion of blood or blood products may be needed. Very exceptionally, this bleeding can only be stopped by removing the uterus.

Exceptionally, organs near the uterus may be injured (bowel, urinary tract, blood vessels), which requires specific surgical management.

Afterwards, the first 48 hours are often painful and require strong painkillers. Sometimes a haematoma or an infection (abscess) of the scar occurs, most often treated with simple local care. A urinary infection, usually not serious, is not uncommon.

Unless there is a particular reason not to, an anticoagulant treatment is prescribed during the hospital stay to reduce the risk of phlebitis (a clot in a leg vein) or pulmonary embolism; it is continued for a period that you will be told.

Exceptionally, severe bleeding or infection may occur in the following days and require a further operation. As with any surgery, this procedure may very exceptionally involve a life-threatening risk or serious after-effects.

06 Alternatives

- No medicine makes fibroids disappear permanently.
- Medicines of the LHRH analogue family can reduce the volume of fibroids by up to about 50%, but only temporarily; their prolonged use is not advised. Your doctor may prescribe them for a few months before the procedure to make it easier.
- Embolisation, a radiology technique without surgery, injects particles into the vessels that feed the fibroid: the fibroid does not disappear but gradually shrinks. It is reserved for very specific indications.
- Other techniques destroy the fibroid through the wall of the abdomen (ultrasound, for example); most of them are still being evaluated. If one of them is offered to you, your doctor will give you specific information.
- Several of these techniques may be combined depending on your situation.
- Depending on the size, number and location of the fibroids, other surgical approaches exist; the surgeon will tell you the one planned for you.

07 Contraindications

Certain risks may be increased by your condition, your medical history or a treatment taken before the operation. It is essential to inform your doctor of your medical history (personal and family) and of all the treatments and medicines you take.

Smoking increases the risk of complications of any surgery; stopping 6 to 8 weeks before the procedure removes this additional risk. If you smoke, talk to your doctor, your surgeon and your anaesthetist.

08 Before the procedure

A pre-anaesthetic consultation is always carried out before any procedure.

Most often, you are admitted to hospital the day before the operation. After premedication (a sedative), you are taken to the operating theatre; a drip is set up, then the anaesthetic is given. A gynaecological examination (including a vaginal examination) is performed under anaesthetic before the procedure.

09 After the procedure and your instructions

You spend time in the recovery room before returning to your room.

Pain relief is always prescribed by the anaesthetist. A urinary catheter and the drip usually stay in place for a variable time. A small drain is sometimes placed for a few days through the wall of the abdomen, to prevent a haematoma. An anticoagulant treatment may be started.

Moderate vaginal bleeding is normal after the operation.

You usually return to normal eating within two days after the operation.

Your hospital stay lasts 2 to 3 days.

Showers are possible a few days after the operation; wait at least 15 days before taking a bath.

A follow-up consultation takes place 3 to 4 weeks after the procedure. Wait for this consultation before resuming sexual activity.

10 When to seek medical advice without delay

After you return home, if pain, bleeding, vomiting, fever, pain in the calves or any other abnormality appears, you must inform your doctor.

11 Your questions for Dr Gatri

This information sheet probably cannot answer all your questions. In any case, do not hesitate to ask your doctor any question that comes to mind, either orally or in writing.