Abdominal myomectomy remain the only conservative surgical option accessible to women with symptomatic uterine fibroids in resource-poor settings. Late presentation with multiple and large fibroid seedlings further render contemporary use of endoscopes unsuitable.

The application of rubber tourniquet around the uterine and ovarian vasculature prior to commencing enucleation of fibroid seedlings has served to reduce intraoperative haemorrhage. The existing practice is to release this tourniquet at intervals, to safeguard organs perfusion and oxygenation.

The realization that bilateral Internal Ileac Artery ligation and bilateral Uterine Artery occlusion do not terminate the future fertility of recipients, coupled with a quest for further reduction of intraoperative blood loss and operation time, prompted the adoption of a tourniquet non-release approach throughout the period of myomectomy.

Four case studies in which this technique was utilized were followed up for a range of 16 to 84 months postoperatively. The findings included: mean uninterrupted tourniquet time of 82.5 minutes (range of 55-120); mean estimated blood loss of 375 ml (range of 200-500); surgery to resumption of menses mean interval of 4.3 weeks (range of 1-7); surgery to first conception mean interval of 8.8 months (range of 3-18); and mean number of postoperative conception of 2 (range of 1-3).

Although a comparative analysis of both techniques is underway, the absence of adverse effects on the postoperative fertility of beneficiaries of the uninterrupted tourniquet method has the potential to minimize intraoperative blood loss and operation time, especially in settings where safety of blood transfusion and prolonged anaesthesia are challenges.