Caesarean Myomectomy

Horace M Fletcher

Caesarean Myomectomy has always been taught to be a taboo subject area. Most Obstetricians are taught that the procedure should not be done because of the risk of major haemorrhage.

The procedure however holds obvious advantages for patients because it decreases the need for interval surgery achieving two procedures at one setting. Also decreasing many of the problems caused by fibroids.

In more recent times the procedure has been suggested by some as safe if certain basic rules are observed.

The doctors must get informed consent for the procedure as well as hysterectomy if needed. The procedure should only be done by senior staff. The baby must be delivered before the fibroids. Vasopressin, carbetocin and oxytocin are useful to prevent bleeding. The number of fibroids removed should be limited to no more than five or six. There should be adequate facilities for transfusion and hysterectomy prior to the procedure. Post operative monitoring should be close and best done electronically for at least three to four hours to detect any hypovolaemic decompensation.

We have had good experience with this procedure over a fifteen year period in Jamaica with over 100 procedures and only one maternal death in a woman who died three weeks after surgery from Adult respiratory distress syndrome, in the intensive care unit.