SURGICAL TREATMENT OF FIBROIDS

S. Salehpour
Professor ob/gyn
Infertility fellow
SBMU-Tehran
1399
Summary

1- Laparotomy – minilaparotomy
2- Monopolar resectoscopy
3- Bipolar resectoscopy
4- Laparoscopy, Robotic
5- Effect of surgery on fertility outcome
6- Effect of surgery on pregnancy outcome
7- cryomyolysis – thermowagulation
8- Occlusion of uterine artery
9- RF
Surgery depends on number, size and location of fibroids.
And is guided by patient age and desire for fertility preservation.
HYSTEROSCOPY
Hysteroscopic procedures

a- cutting pedicle

b- cutting into small chips: type 0, 1, 2, \( \leq 3\text{cm} \)

c- two-step procedure: type 0, 1, 2, \( \geq 3\text{ cm} \)
Hysteroscopic complication

- Perforation: in type 2 and 3
- Fluid overload: more in glycine, less in saline
Laparoscopic myomectomy, Robotic laparoscopy

- Increase rupture
- No improvement of reproductive outcome and PR.  
  (Domez 2014-chirrawar 2015)
- No difference in recurrence  
  (chirrawar 2014)
- Removal with morcellator  
  or vaginal or minilaparotomy
- Contraindications: - myoma > 10-12 cm  
  - multiple myoma ≥ 4 cm
Laparoscopic cryomyolysis and Thermo coagulation

- Reduction or suppression of primary blood supply of myoma
- Sclerothyoline degeneration
- Myoma shrinkage
- Very low or very high temperature
- Lack of histologic evaluation

(zupi 2015)
Laparoscopic or vaginal occlusion of the uterine artery

- Myoma size reduction and devascularization
- Inferior to UAE
- Clamp remain for 6h (hald 2004)
- 24% decrease myoma volume
- 51% decrease heavy bleeding
- Future fertility may be compromised
MRgFUS

- Tissue necrosis by ultrasound energy
- Future fertility may be compromised
Effect of type surgery on fertility

-removal of submucous fibroid has positive effect on fertility (pritts2009-cochraine 2020)
-In intramural and subserous there still controversies (cochraine 2020)
-No difference between laparoscopy or laparotomy in SS or IM (cochraine 2020)
-In SM hysteroscopy is better, either mono or bipolar (cochraine 2020)
Effect of type of surgery on pregnancy outcome

There is no evidence in superiority of laparoscopy, laparotomy or different electrosurgical systems to improve live birth rate, preterm delivery, clinical pregnancy, ongoing pregnancy, miscarriage, or CS.
\[ A - T_0, T_1 \leq 3 \]

- hysteroscopy

\[ C - T_{2-5} \ (\text{single or multiple}) \]

- Medical

- surgery (if wish of pregnancy)

\[ B - T_1 \geq 3 \text{ or anemia} \]

- Medical Re

- Hysteroscopy

\[ D - \text{premenopausal} \]

- Medical Rx

- Good response
  - Stop Rx
  - surgery

- bad response