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TITLE

CESAREAN MYOMECTOMY- EVALUATION OF ITS SAFETY BY PROSPECTIVE OBSERVATIONAL STUDY.

AUTHOR/S

Siddiqua S F (BD) [1], Abbasi S (BD)

ABSTRACT

Objectives: Myomectomy at the time of cesarean delivery was traditionally discouraged because of the risk of hemorrhage. A prospective observational study was performed to determine the safety and feasibility of myomectomy during cesarean section.

Materials and Methods: Fibroid is found in 2% of pregnant women. 97 cases of cesarean myomectomy was done during Feb 2014 - Aug 2016. Our technique comprised of a lower segment transverse incision and delivered the baby, after that myomectomy was done Carbocin started after delivery and oxytocin continued for 24 hours. Some patients needed additional uterotonic drugs like ergometrin or tranexamic acid.

Result: The average age 29.5 years and mean GA 37.65 weeks. 92.24% pt was diagnosed preoperatively. 67.04% patients had multiple myoma. size 6 – 24 cm in size, large myoma (12-24) cm were in 21 patients and 7 patients had large myoma occupying whole uterus. More than 73.8 % myoma are intramural, some subserous or pedunculated. Sites were- Ant wall 23.4% , post wall 47.4%, lower segment 11.5%, corneal 9.2%, cervical 5.4%, broad ligament 2% . Intraoperative blood loss 1-1.5 L. 86.14% .

8 patients need bilateral uterine artery ligation to avoid PPH. Associated pathology were- endometriosis, chocolate cyst, adenexal cyst, placenta previa or morbidly adherent placenta, abruptio placenta, bladder adhesion. 13% had malpresentation of baby. Myomectomy added 15-30 mins extra to the operation time but no extra hospital stay or significant postoperative morbidity. Outcome of babies were good.

Conclusion:

Myomectomy during cesarean section –which will help to preserve future fertility. It should be done by expert surgeon with competent team. So now it's a time to think and change the taboo of cesarean myomectomy- because it is safe and effective .

INSTITUTE

[1] Anwer Khan Modern Medical College Hospital