

Performing surgery for massive fibroids via transverse suprapubic incision – an innovation

Miss Pritha Das Mahapatra, Mr Isaac Manyonda, Mr Sourav Das, Miss Nishita Mehta
Department of Obstetrics and Gynaecology, St George's University Hospital NHS Foundation Trust, London, UK

OBJECTIVE

We run a dedicated Myoma Service for women with massive fibroids. Based on the observation from Caesarean sections, we postulated that for majority of first-time myomectomy or hysterectomy, with a mobile pelvic mass and no expected adhesions, modification of the Pfannelsteil incision could allow most of our cases to be operated on via a transverse suprapubic incision. This involved making a low transverse incision on the skin and cutting the subcutaneous tissue till the rectus sheath is reached. The fat layer is then stripped off from the rectus sheath by blunt dissection going upwards. At 2cm below the umbilicus, a transverse incision is made in the rectus sheath and peritoneal cavity is opened by routine approach. Care is taken to achieve haemostasis by cauterizing any perforators during entry. The pelvic mass is then delivered through this higher transverse incision. If the mass is still too large, an initial debulking myomectomy is performed to make it deliverable. When closing, fat layer is apposed by separate interrupted sutures eliminating any dead space. In this study we aimed to investigate the outcomes and complications related to this incision (like infection, dehiscence, and subcutaneous seroma).

St George's Healthcare 
NHS Trust

DESIGN

Retrospective, observational study

METHODOLOGY

Clinical notes of all patients who underwent open myomectomy and hysterectomy under the myoma team of St George's Hospital between 1st May 2020 and 31st October 2021 were retrieved, and operative notes, follow-up documentation, clinic letters, GP correspondence and notes from post-operative attendance to A&E, where applicable, were reviewed.

RESULTS

39 women had open myomectomy (uterine size 16 - 30 weeks, median 20 weeks) and 33 had hysterectomy (uterine size 14 - 30 weeks, median of 18 weeks). Follow-up was either face-to-face or virtually. Two women (2.8%) reported post-operative wound infections which were treated successfully in the community. There was no reported incidence of any other wound complication. Up to 3 months post-operatively most women complained of paraesthesia causing sensory numbness and tingling sensation on the skin above the incision line. None reported it as a major complication, and no specialist referral was required.

CONCLUSION

This surgical modification allows the transverse suprapubic incision to be used to perform a hysterectomy or myomectomy for massive fibroids with no significant incision-related complications.