



Original article

Laparoscopic versus Abdominal Laparotomy Myomectomy: Advantages and Disadvantages

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ABSTRACT

Background:

Multiple patients require conservative management of uterine fibroids. Many of them have not completed parity, and others do not want the removal of the uterus, worried about the impact that this alternative will have on their sexual life.

Objectives:

To evaluate our experience in patients myomectomized by laparoscopy or laparotomy and review the literature to define the advantages of each technique and recommendations for its indication. Method: Prospective, non-randomized study of myomectomized patients in the Gynecology Service of the Clinical Hospital of the Catholic University of Chile, during the period November 2007 and May 2008.

Results:

The population included was 43 cases; 16 cases corresponded to laparoscopic myomectomy (37.2%) and 27 to laparotomy myomectomy (67.8%). Laparotomy myomectomy was performed in 40% of cases using a minimal transverse incision. This approach was most frequently used when dealing with large fibroids or multiple fibroids. In our series, laparoscopic myomectomy would be associated with a lower requirement for analgesia. There are no differences in the frequency of complications, operative time and hospital stay between both techniques, when it comes to operated fibroids smaller than 5 cm.

Conclusion:

Our results suggest that laparotomy myomectomy is a safe technique that should be privileged when dealing with large and multiple fibroids. Laparoscopy is equally safe reserved for well-selected cases and surgeons experienced in the procedure.

Keywords: *Myoma ; myomectomy ; surgery ; laparoscopy ; complications.*

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