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Caesarean Myomectomy: New Frontier in Surgical Practice

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The study conducted by E Yao Kwawukume on myomectomy during caesarean section at Korle Bu Teaching Hospital and Family Health Hospital, Accra, Ghana, and published in Volume 6, Number 3 of the *African Journal of Reproductive Health* made very interesting read.

At the University of Benin Teaching Hospital, Benin City, Nigeria, after our first publication titled "Inevitable Caesarean Myomectomy"¹, we have since 1996 routinely carried out myomectomy during caesarean section. The result of our first 25 cases was published in 2001.² We have since then carried out more than 70 procedures of caesarean myomectomy. Our investigations on comparative blood loss, duration of surgery and morbidity at caesarean section, caesarean myomectomy and myomectomy will soon be published.

Our findings and conclusions regarding blood loss during this once dreaded procedure are similar to those of Kwawukume. We are particularly interested in the fact that contrary to the previous widely held belief, no patient in his and our series suffered sufficient blood loss to require a hysterectomy. There was also no case fatality. However, his surgical technique for minimising blood loss differs significantly from ours. The use of tourniquet may be more cumbersome and more likely to be as effective as the use of high dose oxytocin. We also think it may be more traumatic to a recently pregnant uterus. In our series, we relied solely on high dose oxytocin infusion to bring about a bloodless operation field for the myomectomy that followed the delivery of the baby. It is also important to stress that the infusion of 30 units of oxytocin in 500ml of 5% dextrose in water over four hours was continued for 12–24 hours. Ben-Rafael et al in Tel Aviv, Israel, recently also reported similar results as ours using high dose oxytocin infusion in their

series of 32 patients.³

We hasten to say that the only constant procedure in this world is change. We are excited that another researcher from Africa has re-emphasised the positive findings in his series of myomectomy at caesarean section. It certainly takes more than being a surgeon to undertake a caesarean myomectomy. Uterine fibroids are commoner among black women and encountering them at caesarean section is inevitable in our practice. We certainly need more reports on the present day serious adverse complications (if any!) of myomectomy at caesarean section.

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