

SURGICAL COMPLICATIONS
Hacker et al., 4th ed. Chapters 20, 31

A 41 year old, G3P3, African-American female presents to the GYN Clinic with complaints of abdominal bloating with associated pelvic pain and pressure. She also complains of feeling her uterus through her abdomen as if she was pregnant, which is unlikely since she had a tubal ligation 8 years ago. Her cycles are regular q 28 days with heavy bleeding and passing of clots. Her physical exam reveals a 14-week irregular shape, mobile uterus and normal adnexa.

After counseling, she elects definitive treatment with a TAH. Approximately 3 – 4 days after surgery, she is still somewhat distended, with minimal bowel sounds, and nausea/emesis. She also complains of right flank pain.

Discuss this case, including the possible diagnoses in this patient, evaluation techniques, and management.

Questions to Consider:

1. What is your differential diagnosis in this patient?
2. What are other treatment options for women with fibroids?
3. What if this patient were a 22 year-old G0; how would your recommendations change?
4. What makes fibroids get bigger? Smaller?
5. How often can fibroids become malignant?

APGO Educational Topic 41: Gynecological Procedures

- a. Describe the key components of pre-operative evaluation and planning, including complete medical histories, the informed consent process, and working with consultants.
- b. Describe the common peri-operative prophylactic measures, including steps taken to reduce infection and deep venous thrombosis.
- c. Describe the components of routine postoperative care.
- d. List common postoperative complications.

APGO Educational Topic 53: Uterine Leiomyomas

- a. Describe the symptoms and physical findings in patients with uterine leiomyomas.