What could go wrong during fibroid surgery?

Health experts highlight the potential risks and the clinical standards followed to ensure patient safety.

BY TONNY ABET

The sudden death of Kalangala Woman MP Helen Nakimuli on April 19, following a uterine fibroid removal surgery at Alexandra Medical Centre in Kampala, has intensified public scrutiny on surgical safety in Uganda.

The 40-year-old legislator reportedly drove herself to the facility for what some commentators described as a "routine" or "minor" operation, but which experts categorise as a major surgery. The legislator did not survive it.

Uterine fibroids are non-cancerous growths that develop from the muscle tissue of the uterus, according to scientists.

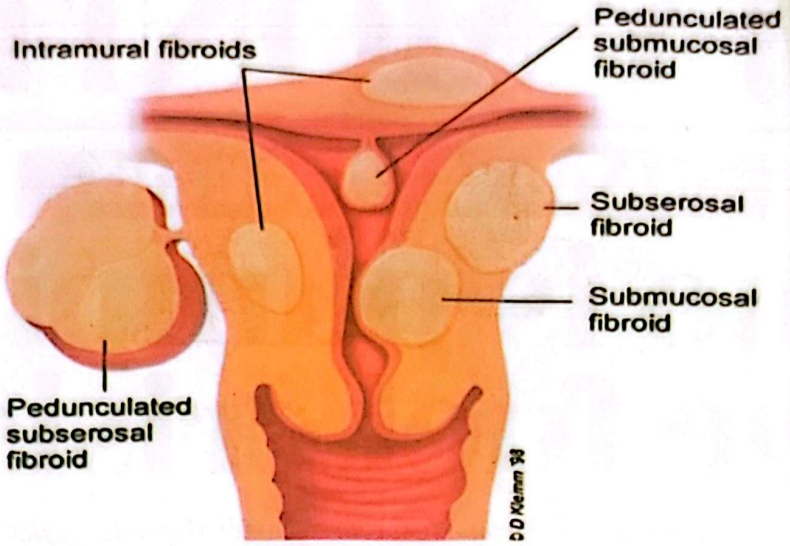
While the exact circumstances surrounding MP Nakimuli's death remain under review, the *Daily Monitor* reached out to health experts, who highlighted the potential risks associated with fibroid surgery and the clinical standards followed to ensure patient safety in such procedures.

Dr Gozanga Andabati, a specialist in female reproductive health at Bethany Women Hospital, describes fibroid surgery as "a major surgery," and says the main risks are associated with anaesthesia provision and the surgery itself, such as blood loss.

"As part of preparation, usually they have to do a general evaluation of the patient to see if the patient is fit for anaesthesia and is also fit for the surgery in terms of other systems like the heart, the lungs, the kidneys and the liver," Dr Andabati explains.

Blood levels are checked, and the blood groups are known in the preparation stage.

"If there are any negative results, those are usually sorted out before, or if they cannot be sorted out, then they may influence the approach to the procedure—some modifications to improve safety," the specialist reveals.



An illustration of the types of fibroids and the affected parts in the body. PHOTO/FILE

Dr Andabati reveals that the common approaches used to remove uterine fibroids can be a minimally invasive approach, which is either through laparoscopy or, where available, robotic surgery. He says the traditional approach, which is the open surgery, can also be used.

Laparoscopy is where a special camera equipped with a special instrument (laparoscope) is inserted into the body, either through a small incision to view the targeted body part, diagnose disease and perform surgical operations. The wounds created are tiny, keyhole size, and they heal faster than those of traditional open surgery.

Dr Andabati says each of the methods selected may require a specific anaesthesia protocol – either localised anaesthesia in the area of the target, like the abdomen or general anaesthesia protocol, where the patient is made to sleep.

Anaesthesia refers to the use of medications to block pain, usually during a surgical procedure. The death risk from anaesthesia is usually associated with the dosing, specifically overdose, according to health experts.

According to Dr Andabati, the choice of general or local (regional) anaesthesia might also change during the operation of fibroids due to complexity.

"For example, they can use the regional anaesthesia where they only numb the lower parts of the body, which is commonly used where the approach is the traditional open method (open surgery)," he explains.

Dr Andabati says this regional anaesthesia is used especially for cases where the fibroids are really not that big. "But if they are huge or if the surgery is taking too long sometimes, somewhere at the end you convert to making the patient sleep," he says.

The surgeon, together with the anaesthesia team, discusses this at the beginning and even during the procedure.

Dr Aggrey Atwine, a member of the Uganda Medical Association, sheds more light.

"General anaesthesia, among other things, involves relaxing the body muscles (this doesn't spare the respiratory muscles-muscles used for breathing), that's to say, the patient's breathing is temporarily stopped, and respiratory effort is machine-driven," he explains.

"This involves inserting a tube into the patient's airway that connects the lungs to the supportive machine (we call it a ventilator). This is a standard protocol for most long procedures and all procedures with a high risk of bleeding, among other indications," he adds.

Dr Atwine says for many reasons, the most risky part of this kind of anaesthesia is reversing the patient or ending the initial muscle relaxation to regain patient-driven breathing. "In a very rare occurrence, it can fail, and that's why death may get listed as the last complication of any surgery," he adds.

Information from the Anaesthesia Patient Safety Foundation (APSF) indicates that, on a global scale, the "risk of dying from anaesthesia is now very low, estimated at about one in 100,000 to 200,000 cases."

28% WOMEN AFFECTED

But the rates of anaesthesia-related deaths in low and middle-income countries appear to be significantly high due to inferior equipment and limited capacity of anaesthesia providers, and a limited number of anesthesiologists.

According to scientists, the most common causes of anaesthesia-related deaths are circulatory failure due to hypovolemia (decreased volume of circulating blood) in combination with overdosage of anaesthetic agents.

The other causes of death can be a decline in oxygen levels in the body and sub-optimal breathing after, for instance, undetected intubation to the throat, difficult intubation, technical failure in the anaesthetic equipment, or aspiration of stomach content.

Dr Andabati, however, explains how doctors manage serious risks like blood loss. "Surgery involves cutting, and it may involve opening blood vessels, and so in fibroid surgery, usually there are techniques embedded within the surgical procedure to reduce the risk of blood loss," he explains.

"For example, they use some tourniquets, rubber bands that are simply applied around tissues to tighten and close blood vessels in the meantime, as the surgery is going on," he adds.

Dr Andabati notes that teamwork is essential because doctors often discover more complexities during operations that require constant sharing of ideas among peers.

"The more surgeries that have been done before, the higher the risk of complications and even the surgery gets more complicated because you have to deal with other things like tissues getting stuck together before you even do the actual surgery," he adds.

> **What they say**
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Treatment options and prevention

Dr Othiniel Musana, a specialist in diseases of the female reproductive system and the former president of the Association of Obstetricians and Gynaecologists of Uganda (AOGU), says treatment for fibroids depends on the fertility desires of the woman and also her age.

"So, if she's much younger, we are likely to remove them (fibroids) and hope that she can conceive and do the other things," he reveals. "If she's older, [with] no desire for fertility, then we offer a cure. The other one is not a cure. The other one is a temporary measure."

Dr Musana says the surgical intervention is always associated with disease recurrence. "So, what happens is, it's like removing weeds in a garden. So, what we remove are the ones that we can see with the naked eye and the ones that we can feel within the muscle of the uterus," he explains.

"But of course, some may be very small, and you cannot see them or feel them. And they're not causing any problem at that time. So, we shall remove the ones we see and feel," he adds.

Dr Musana says many see the recurrence in less than three years.

"So, within two years after removing the fibroids, 40 percent of these women may come back with fibroids that need clinical attention. So, you can never remove all of them," he says.

"Fibroids don't cause cancer. They're not cancerous. However, there is a rare condition which causes cancer. It's called the leiomyosarcoma," he adds.

Dr Andabati calls for frequent medical checkups, education of the public and early detection and treatment of fibroids.

CAUSES AND RISK FACTORS

- **Hormonal Influence:** · Genetics: Family history of fibroids.
- **Demographics:** Being of African descent and aged between 35 and 54.
- **Diet:** High consumption of red meat and sugary foods.
- **Lifestyle & Environment:** Obesity, Vitamin D deficiency, and high stress levels.
- **Hair Relaxers:** Studies suggest chemicals in hair straighteners can be absorbed through scalp lesions, acting as hormone disruptors.

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