A Case Report of a Successful Caesarean Section after Prior Uterine Fibroid Myomectomy Complicated by Omental Adhesions and Adherent V-Lock Suture causing Small Bowel Obstruction¹

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Background:

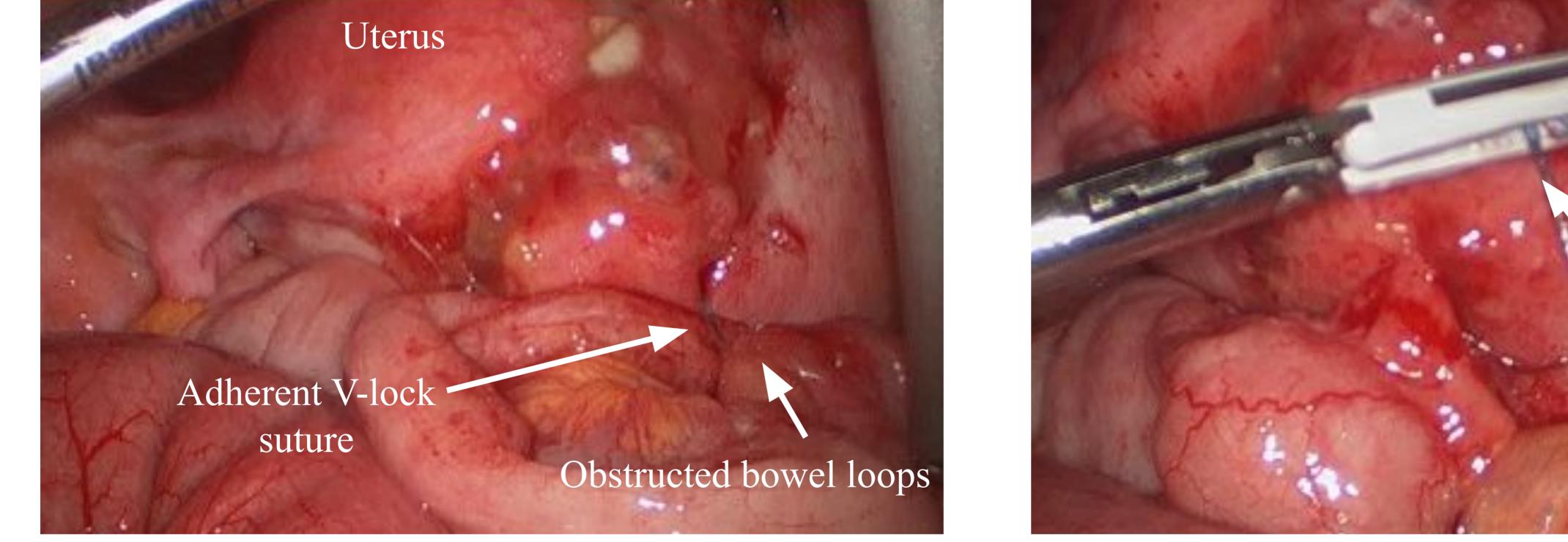
Uterine leiomyomas, or fibroids, are the most common benign tumours in the uterus. Among treatment options, myomectomy is considered for those who are symptomatic and wish to preserve future fertility. Complications after myomectomy have been increasing in the last decade.

Aims:

This case report aims to outline a complication of robotic myomectomy and determine whether it affected the subsequent success of a patient's pregnancy and caesarean section.

Case:

In 2020, a 29-year-old woman underwent a robotic myomectomy for a large fibroid in the United States. Two weeks later, she flew from USA to Australia and presented to hospital with abdominal pain and vomiting. A small bowel obstruction was diagnosed, and conservative management failed. She was taken to theatre for an exploratory laparoscopy. Intraoperatively, an adherent V-lock suture from the uterus to small bowel mesentery was identified (Figures 1 & 2). Two loops of small bowel were obstructed. The V-lock tail was ligated, bowel freed, and serosal injury oversewn. Two years later, the patient had an uncomplicated IVF pregnancy.



Figures 1 and 2: Intraoperative findings from Laparoscopy in 2018: 5cm V-lock suture disconnected from distal end of uterine suture line, **likely pulled through the myometrium.** This V-lock became adherent to small bowel mesentery with two loops of small bowel obstructed.

5cm V-lock suture

disconnected

Results:

At K39, baby was born easily in complete breech via planned caesarean section. The placenta was very adherent and removed manually. There were no remnant fibroids. The estimated blood loss was

1200mL from uterine atony, treated pharmacologically. The patient was discharged with oral iron for anaemia and recommended to have repeat elective caesarean sections in the future given her history.

Discussion:

In the discussed case, a potential complication of V-lock suture use during uterine myomectomy is considered. However, this case highlights that a successful pregnancy and caesarean section can eventuate after this complication.