

Patient Information

Gynaecology

Uterine fibroids

What are fibroids?

Fibroids are benign tumours (non-cancerous growths) arising from smooth muscle cells of the womb.

They are surrounded by a thin layer of compressed collagen tissue and muscle fibres. Your doctor may also refer to a fibroid as a leiomyoma.

Classification

Fibroids are described according to their location:

- Intramural - within the muscle wall of the uterus
- Sub-mucosal - positioned in the lining on the womb
- Sub-serosal - situated in the outer layers of the uterus, bulging outwards towards the abdomen
- Pedunculated - found outside the uterus, attached to the uterus via a thin stalk
- Cervical - located in the cervix rather than the body of the uterus

Who is more likely to get fibroids?

Fibroids are very common, occurring in up to 50% of women.

Any woman in her reproductive years can grow fibroids, particularly if they have not had children, but they are more common in certain ethnic groups and where there is a family history of them. They are more common with



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increasing age, but not more common after the menopause. Fibroids are associated with obesity and with early age of your first period.

How do fibroids grow?

The hormones oestrogen and progesterone promote the growth of fibroids. Usually, fibroids stop growing after the menopause. However, hormone replacement therapy (HRT) may encourage growth.

What problems/symptoms will fibroids cause?

Most women are totally unaware of their presence, and do not have any symptoms at all.

If you have the following symptoms, you may have one or a combination of the following:

Symptom	Cause
Heavy periods, with flooding and clots, prolonged bleeding, bleeding between periods	Fibroids affecting the endometrium (lining of the womb) and large fibroids affecting size of cavity of the uterus
Acute/chronic pain including during Intercourse	Large fibroid Twisted fibroid if on a stalk Degeneration (if fibroid dies)
Pressure symptoms (affecting the bowel, bladder and spine)	Large fibroid causing this pressure
Infertility, although most women with fibroids do not experience any difficulty in becoming pregnant	Very large fibroids may block one of the fallopian tubes or distort or increase the size of the uterine cavity. Some specialists believe fibroids can act like a contraceptive coil, where if pregnancy tries to attach itself to the inside of the womb overlying a fibroid, the presence of a fibroid may stop the placenta from developing properly, resulting in miscarriage.

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How are fibroids diagnosed?

Fibroids maybe found by your GP during an examination of your abdomen and an internal examination.

If your GP suspects fibroids, it is likely they would refer you to see a specialist. Usually, this specialist will want you to have an ultrasound scan to examine your uterus. An abdominal and/or a vaginal scan will be performed.

Occasionally further examinations maybe necessary:

- Saline-Hystero-Sonography - a small amount of sterile salt water is inserted into your womb through a fine catheter via your cervix whilst a scan is done. This is performed at your clinic visit.
- Laparoscopy - a special camera inserted into the abdomen when you are asleep in the operating theatre
- Hysteroscopy - using a special camera inserted in the womb vaginally. This maybe performed when you are awake or asleep
- Magnetic Resonance Imaging (MRI) - a special type of detailed scan

What treatments are available for fibroids?

If you have no symptoms, or they are mild, you may not need any treatment. You will be advised to report any changes to your GP.

In general, treatment depends on the size and position of the fibroid(s), and your wish to retain your fertility.

Available treatment options are:

- medical
- surgical
- non-surgical

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Medical

- Simple analgesics (pain relief) like paracetamol and ibuprofen may be helpful in controlling pain symptoms
- Anti-hormonal based treatments can reduce the size of fibroids and relieve symptoms.
The medical term for these medications is gonadotrophin releasing hormone agonist (GnRHa) given in an injection form called Prostag SR or Zoladex.

This medication works by switching off the production of two hormones which stimulate the ovaries. This reduces the blood supply to the uterus, which in turn reduces the size and vascularity of the fibroids.

There are no medications that will permanently shrink fibroids.

- Mirena Intrauterine System, or a coil. This device can help manage the symptoms you have because of your fibroid, such as heavy periods.

Other medical treatments include:

- Mifepristone – this is an anti-progesterone and in some cases helps to reduce the size of the fibroids.
- Progesterone such as Depo Provera may help manage symptoms such as prolonged bleeding. There is some evidence to suggest it helps reduce the size of fibroids.
- Tranexamic acid and Mefenamic acid can help with the amount of blood loss and relieve pain.

Surgical

Myomectomy (removal of the fibroids)

This is an operation for women wishing to have future pregnancies and/or do not want to have a hysterectomy. It is a major operation.

You will have a cut on your abdomen and some or all the fibroids will be removed by incisions (cuts) on the surface of the uterus. These cuts will be closed with sutures (stitches).

In certain cases, you may be suitable to have a myomectomy by laparoscopic (key-hole) surgery.

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Hysteroscopic Trans-Cervical Resection of Fibroids (TCRF)

This is only suitable for some submucous fibroids. The surgical technique involves removing the fibroid by shaving it away in pieces. This is done using an electric cutter via a camera inserted into the womb.

Hysterectomy

This operation removes the uterus and/or the cervix together with the fibroids. It is major surgery.

Usually, you will have a cut on your abdomen. This treatment is only suitable for women who have completed their family and/or have no desire for future fertility.

The route of hysterectomy will be decided by your specialist – it may be possible to undertake a laparoscopic assisted vaginal hysterectomy depending on size, position of fibroids and previous history.

Non-surgical

Uterine artery embolisation (UAE)

This is a relatively new treatment for fibroids which is undertaken in the X-ray department. It involves passing a fine catheter tube into an artery (usually in your groin). The catheter is then threaded up into the artery that carries blood to the fibroid. The artery is blocked permanently so it will not grow again and may shrink in size.

Please see separate leaflet for details of this procedure

The treatment option below is currently not available at UHCW NHS Trust. Your specialist will advise you if this treatment is appropriate and where it is available:

Magnetic Resonance Imaging-guided Focused Ultrasound (MRI-FUS)

This involves heating up the central part of the fibroid using a focused ultrasound beam. This is only available in a few research centres.

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Further Information

If you have any further concerns or queries, please contact Jules McEnroe or Michelle Lewis on 024 7696 7222 Monday to Friday, 8.00am to 5.00pm, or leave a message on the answering machine and we will call you back.

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Document History

Department:	Gynaecology
Contact:	27222
Updated:	September 2022
Review:	September 2024
Version:	4.3
Reference:	HIC/LFT/1288/11