Fibroids

You are requested to read this leaflet as you might have been diagnosed with fibroid/s or you want to know more about the fibroids

It will give you a reasonable idea about the pathology, symptoms, types and available management options

However, it is a general guide and the management will depend upon the number, size, location of the fibroids and the effect it had on your health as well as reproductive function

Hence it will be prudent to consult a gynaecologist who is a specialist in managing fibroids or a reproductive medicine (fertility) specialist if you are interested or trying to get pregnant and diagnosed with fibroids

What are fibroids?

Fibroids are non-cancerous growth of uterine muscle fibres also known as myoma or leiomyoma

Their size varies from tiny seed like structures to some growing to the size of a melon

Their effects are varied based upon their size and location

Their management depends upon the symptoms one is having, their location, one's fertility aspirations and secondary complications due to the pressure effect

The true incidence of fibroids is difficult to know as most of the times they are asymptomatic and found only during incidental examinations or scans

The studies show that approximately 1 in 3 women will have fibroids and they are more common in women of African-Caribbean origin and women with high BMI as hormone Estrogen is linked to the development of fibroids although exact cause of the development of fibroids is not known

It is thought to be due to the multiplication of a single muscle fibre leading to a ball like structure which varies greatly in size

What are the symptoms?

Not everyone with fibroids will experience symptoms and they will depend upon the size and location of the fibroid/s and vary from person to person

Following are the common ones

- Heavy and/or painful periods
- Abdominal pain
- Lower back pain
- Increased frequency of urination
- Constipation
- Painful intercourse
- Subfertility
- Other symptoms will be due to pressure effect or complications of the fibroid/s

Types of fibroids

They can grow in various locations in the uterus and classified as

- Submucosal- meaning they are indenting the endometrium (lining of the uterus) and sometimes protrude in the cavity to varying degrees
- Intramural- meaning they are in the body of the uterus
- Subserosal- meaning they are developing more towards the outside of the uterus from below the protective covering of the uterus

Diagnosis

There are different ways to diagnose the fibroids

- Ultrasound scan- most common way to diagnose the fibroids and it can be abdominal or transvaginal (internal scan)
- CT/MRI scan- these scans are performed when fibroids are large enough to be seen by an ultrasound scan alone and also help to map the fibroids which helps to plan the surgery if needed
- Hysteroscopy (camera into the uterine cavity) it is a day case surgery where a camera is introduced into the uterine cavity which allows a thorough inspection of the cavity and where possible it allows the removal of the fibroid too
- Laparoscopy (camera into the abdominal cavity) it is a day case surgery where a camera is introduced into the abdomen which allows a thorough inspection of the abdominal and pelvic cavity and where possible it allows the removal of the fibroid too

Complications due to fibroids

These will depend upon the size and location of fibroids

- **Anaemia**- due to heavy periods sometimes requiring blood transfusion

- **Pain**- large fibroids can cause pain due to the pressure effect and sometimes due to the degeneration of the core (this is more common in pregnancy with large fibroids)

- **Pressure symptoms**- which can lead to increased frequency of urination, constipation and sometimes can lead to hydronephrosis (dilatation of the kidney/s) due to the fibroid pressing on the ureters (tubes carrying urine from kidneys to the urinary bladder)

- **Subfertility**- if they are indenting or protruding into the uterine cavity or large enough to block or distort the tubal openings

- **Miscarriage**- if they are submucous, they can interfere with implantation and lead to miscarriage

- **Pregnancy complications**- such as placenta getting adherent to the fibroid leading to difficult separation, preventing baby's head getting into the pelvis if they are large and in the lower part of the uterus, abnormal lie of the baby as the fibroid might not allow the head to be low enough to enter the pelvis, difficulty during caesarean sections if they are in the line of the incision, bleeding after delivery as fibroids will prevent the uterus from contracting effectively

Treatment for the fibroids

Quite a few patients will be asymptomatic so will not require any treatment

The treatment will depend upon your symptoms and your wish to get pregnant as quite a few treatment options will work like a contraceptive and interfere with conception

- Tranexamic acid- it is the treatment offered to patients with heavy periods and taken only during the period as it will help to reduce the blood loss
- Oral contraceptive pills- you can take them every month or tricycle them i.e. take 3 packs back to back and then bleed. It will help to control the growth of the fibroid and reduce the blood loss

- Progestogens- i.e. progesterone hormone in the form of either tablets or a depo injection (taken every 3 months) or an implant (lasts for 3 years) or a hormone coil which is put inside the uterine cavity (lasts for 5 years)
- GnRH analogues- this is given in the form an injection which creates an artificial menopause (and it is reversible) which helps in reducing the size of the fibroids before surgery
- Ulipristal acetate- this treatment is offered to reduce the size of the fibroids before surgery
- Uterine artery embolization- it is a procedure where a catheter is passed in your pelvic vessel, the feeding vessel of the fibroid/s is identified and blocked so it can reduce/block its blood supply and help to reduce the size of the fibroid/s
- Myomectomy- where the fibroid/s are removed surgically. It can be done hysteroscopically (i.e. putting the camera into the uterine cavity and works better with small fibroids affecting the cavity) or laparoscopically which is a key hole surgery or an open myomectomy where a transverse or a vertical incision is made on the abdomen and then fibroids are removed (the choice of incision will depend on the size of the fibroids, it could be done by a transverse incision like the one we do for a caesarean section or a vertical midline incision)
- Hysterectomy- where the uterus along with fibroids is removed with or without conservation of the ovaries and tubes depending upon the age of the patient

This is just a guide to provide you with more information about the fibroids and various options available

For patients having fertility aspiration, the management will be decided based upon age, ovarian reserve, size and location of the fibroids and accessibility of the ovaries through the transvaginal scan

If the fibroids (which are not submucous) require surgery, and ovaries are accessible then it would be preferred that we proceed with the IVF to freeze the embryos and then operate on the fibroids

The reason being fibroid surgery is quite adhesiogenic and can lead to lots of scarring and adhesions which may or may not involve ovaries making their access difficult for egg collection post-surgery and after the surgery to remove fibroids, you will be required not to get pregnant for 3-6 months depending upon the extent of the surgery

The submucous fibroids can be dealt with hysteroscopy and do improve success rates for pregnancy

It is very important that irrespective of your symptoms and wishes to get pregnant, it is better that you consult a gynaecologist or a fertility specialist