

Fibroids

Fibroids are non-cancerous growths within the muscle wall of the uterus (womb). Women usually develop fibroids during their reproductive years. After menopause they tend to get smaller. Fibroids are also known as leiomyomas or myomas. Approximately 80 percent of all women will develop fibroids although most will never have symptoms.

Types of fibroids

Fibroids are classified depending on their location within the uterus:

- subserosal– grow on the outside surface of the uterus
- pedunculated – grow as a separate attachment to the uterus
- submucosal – grow on the inside surface of the uterus
- intramural – grow inside the muscular wall of the uterus.

What causes fibroids?

The exact cause of fibroids is still unknown however female hormones, including oestrogen and progesterone, will promote their growth. You have a higher risk of getting fibroids if you:

- are at the later end of your reproductive years, 35 years and over
- started your periods at a younger than average age
- have never been pregnant
- are obese
- are of African descent.

What problems can fibroids cause?

Most fibroids are small and do not cause any symptoms at all. Fibroids are more likely to cause symptoms if they are large and located in certain areas in the uterus. They might also cause symptoms if you have a lot of them.

Common symptoms include:

- heavy menstrual bleeding
- pelvic pain, discomfort, bloating and pressure in the abdomen
- lower back pain
- passing urine more frequently or constipation
- painful intercourse.

Fibroids and fertility

Most women with fibroids are able to become pregnant and have a completely normal pregnancy. However some fibroids change the shape of the inside of the uterus and may increase the likelihood of problems such as:

- difficulty falling pregnant
- miscarriage
- premature labour and premature birth
- breech baby
- caesarean section

Haemorrhage after birth.

Fertility problems may not necessarily be caused by fibroids. If you are having any difficulties, a basic fertility check is a good idea to rule out any other possible issues.

Fibroids and cancer

Fibroids are almost always benign, which means they are not cancer.

- Subserosal
- Pedunculated
- Submucosal
- Uterus
- Intramural
- Vagina
- Cervix
- Fallopian tube

How are fibroids diagnosed?

Your doctor will talk to you about your symptoms and you may be examined. An ultrasound will usually be recommended.

How are fibroids treated?

Your treatment depends on:

- the severity of symptoms
- your age and how close you are to menopause
- whether you may wish to be pregnant in the future
- the size, number and location of the fibroids
- how much the symptoms are affecting your quality of life.

Not all fibroids require treatment.

Treatments to manage your symptoms

- Medications to relieve pain or heavy bleeding.
- They include tablets, implants and intra-uterine devices. Endometrial ablation, a minor procedure where a thin tube is inserted into the vagina, through the cervix and into the uterus. Heat is then used to destroy the lining of the uterus. This reduces heavy menstrual bleeding. If you wish to get pregnant in the future, this is not an option for you.

Treatments to reduce the growth of the fibroid

- MRI-guided ultrasound therapy: This technique uses ultrasound waves to reduce the fibroid size.
- Uterine artery embolization: In this procedure, a fine substance is injected into the blood vessel that is attached to and feeds the uterus. If the blood supply to the uterus is interrupted it will stop the fibroid from growing.

Treatments to remove the fibroid

Depending on your symptoms and circumstances you may be offered one of the following surgical procedures to remove your fibroids:

- Hysteroscopic resection of the fibroid: A thin tube is inserted into the vagina, through the cervix and into the uterus. The fibroid is removed using heat (electrocautery). Not all fibroids can be treated in this way.
- Myomectomy: This procedure can be done using keyhole surgery (laparoscopy) or open surgery (laparotomy). The aim is to remove the fibroid without removing the entire uterus. This procedure is for women who wish to have further pregnancies.
- Hysterectomy: The uterus, including the fibroids, is removed. You may or may not have your ovaries removed.

It is important to note that all treatments are associated with some risk of complications. Your doctor will discuss this with you. When symptoms persist After treatment, some women may still have symptoms even when their fibroids have been removed. They may have been only part of the reason for heavy bleeding and pelvic pain. If your symptoms persist please talk to your doctor to arrange further investigations.

- Myomectomy
- Abdominal hysterectomy
- Total laparoscopic hysterectomy

Where to get more information

Please contact reception on 02 42 855016 and give your contact details to the receptionist. Pam will then contact you to discuss your issues.

Adapted from information supplied by the Royal Women's Hospital, Victoria, Australia