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Patient Information

Uterine fibroids (leiomyomas)

Introduction

This leaflet gives you information about uterine fibroids which your specialist will have discussed with you. Fibroids are common, benign (non-cancerous) growths of womb (uterine) muscle. They occur in around 25 in every 100 white women and 50 in every 100 black women. Fibroids do not always cause symptoms, but those that do account for about one third of all hysterectomy operations.

Different types of fibroids

Fibroids are named depending on where in the womb they lie:

- **Intramural** - are fibroids within the muscle layer of the womb, which give the uterus a 'globular' feeling when examined (like early pregnancy)
- **Subserosal** - are fibroids that stick out from the outer surface of the uterus. They can grow quite large, but do not affect the size of the womb cavity. Subserosal fibroids are more likely to produce feelings of pressure rather than heavy periods or infertility
- **Submucous** - are the least common fibroids and are likely to cause fertility problems. Sometimes they grow into the uterus, filling it and even growing out of the cervix.

What symptoms can fibroids cause?

The most common complaints of women with fibroids are feelings of pressure and heavy periods.

- An enlarged womb will put pressure on the bladder, giving you the urge to empty your bladder more often. It can also cause back ache, lower abdominal discomfort and pain when having sexual intercourse
- Fibroids can cause very heavy periods, leading to a drop in iron levels known as iron-deficiency anaemia
- About 25 in every 100 women with fibroids have fertility problems, but compared with other causes of infertility, they are a fairly uncommon cause.

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How are fibroids investigated?

Fibroids are found during a pelvic examination, when the uterus feels larger than expected with hard round lumps on its surface. An ultrasound scan can tell where the fibroids are located and give an idea of their size. Sometimes they are seen during laparoscopy (looking into the abdomen with a small telescope) or hysteroscopy (looking into the uterus with a telescope). Hysteroscopy is used for assessing submucous fibroids.

What are the treatment options?

Fibroids which are smaller than the size of a 14-week pregnancy may not need surgery and can be monitored by ultrasound. It is important to repeat a scan or examination in 6 months to rule out rapid growth (something which would prompt removal).

Women who are near the menopause will often not need surgery as the fibroids will shrink once there is a drop in the level of the hormone oestrogen.

Myomectomy (fibroid removal): If a hysterectomy really is not wanted, a myomectomy can be performed. This is still major surgery; the fibroids are carefully removed and the uterus is repaired. The benefit of having myomectomy is that it preserves fertility. It is most useful when there are 1 or 2 large fibroids. Haemorrhage (serious blood loss) from the operation can sometimes happen and in some cases a hysterectomy must be performed to control the bleeding.

Hysterectomy (Womb removal): This is the most effective treatment for fibroids that are giving symptoms. Most abdominal operations will be carried out through a low ‘bikini-line’ incision (cut), but if the uterus is large, an ‘up-and-down’ vertical incision may be needed.

Hysteroscopic resection: Submucous fibroids which project into the uterine cavity may be treated by passing a telescope into the womb and chipping away at the surface with a hot wire loop (hysteroscopic resection). This is a day-case procedure avoiding major surgery, but may need to be repeated.

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Uterine Artery Embolisation: Another option which is being developed is uterine artery embolisation. This involves a radiologist passing a very thin catheter (plastic tube) into a blood vessel in the groin and guiding it toward one of the arteries leading to the fibroid.

The small artery is then blocked off causing the fibroid to shrink. Long term results of success of this treatment are not yet available and very few women have become pregnant afterwards. At present it is not widely available, but further information can be found on www.nice.org.uk.

Medical treatment

Hormone treatment using drugs called 'Gonadotrophin-releasing hormone analogs' can shrink fibroids, but they have the side effect of making a woman menopausal, by switching off the ovary's production of hormones. If this is continued for more than 6 months, there are risks of bone-thinning osteoporosis and heart disease, as well as the other uncomfortable symptoms of menopause such as hot flushes, vaginal dryness and psychological symptoms. This treatment is most useful before having surgery, as discussed above. Hormone treatment may be preferred by women near to the menopause who are keen to avoid an operation.

Cancerous change in fibroids

This is something that can happen, but is extremely rare. It is thought to happen in about 1 in 1,000 women with fibroids. Many cases of fibroids do not cause any problems so are not diagnosed, meaning that this figure must be an overestimation. Rapid growth of a fibroid in a post-menopausal woman would cause concern and would be surgically removed.

Further information

Women's Health
Website: www.womens-health.co.uk

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