

Fibroids



fernandez

Built for Birthing

What are fibroids?

Fibroids are muscular tumours that grow in the wall of the uterus (womb). Fibroids are almost always benign. Very rarely cancerous change can occur (< 0.5%). They can be single or multiple. They can be as small as a pea to as big as a watermelon.

What causes fibroids?

The exact cause is not known but hormonal and genetic factors could play a role.

Who gets fibroids?

- **Age:** Fibroids are commonly seen in women of reproductive age group, especially during their 30s and 40s. After menopause, fibroids usually shrink
- **Parity:** Those who have children seem to be protected from fibroids
- **Family history:** Having a family member with fibroids increases the risk

Types of fibroids

Most fibroids grow only within the muscle wall (intramural), but some grow inwards appearing inside the uterine cavity (submucous). Others may grow outwards from the uterus and protrude into the pelvic cavity (subserous).

What are the symptoms?

Many women do not have any symptoms but some can have:

- Heavy menstrual bleeding which is the most common symptom, especially with submucous fibroids
- Pain: severe cramps and painful menses
- Discomfort, bloating and heaviness (with bigger fibroids)

- Urinary frequency or retention or constipation due to the fibroid pressing on the bladder or bowel
- Decreased fertility – if they are blocking the tubes or in the uterine cavity



How are fibroids diagnosed?

- Often fibroids are diagnosed incidentally during a routine gynaecologic examination or ultrasound done for other reasons. They may also be detected during investigations for subfertility, such as laparoscopy
- Ultrasound helps the doctor assess the number of fibroids, the exact size and location



What happens if pregnancy occurs?

Most women with fibroids have normal pregnancies. With some women there can be:

- Abdominal pain – This pain may come on and off and could be severe enough to warrant pain-killers
- Increased risk of spontaneous miscarriage / premature delivery
- Increased risk of Caesarean section
- Excessive bleeding after delivery



What helps to decide the method of treatment?

The best way to treat fibroids would be based on the following:

- Presence of symptoms
- Desire for pregnancy
- Size of the fibroids
- Location of the fibroids
- Age (how close to menopause) at the time of diagnosis

Asymptomatic women do not need treatment but need periodic surveillance by ultrasound.



What are the different treatments available?

MEDICAL OPTIONS

- For heavy menstrual flow: Non-hormonal medication to reduce the bleeding such as Tranexamic acid or hormonal options like oral progestins and LNG IUS (Mirena coil)
- For painful periods: Simple analgesics like Paracetamol or Mefenamic acid
- For anaemia: Iron supplements
- For shrinking the fibroids: Tablets (Ulipristal) or Injections (GnRH analogues usually given preoperatively)

SURGICAL OPTIONS

Surgical options are tailored according to the clinical situation. They are:

- Myomectomy (removal of fibroids) via vaginal / laparoscopic/abdominal routes
- Hysterectomy (removal of uterus) along with fibroid

OTHER TREATMENTS

In addition, newer modalities are available in select places:

- Fibroid embolization – done by radiologist to block the blood flow to the fibroid
- Magnetic Resonance High-intensity Focused Ultrasound (MR HIFU)
- Laser surgery

