

Community Gynaecology Service

Uterine Fibroids

What are fibroids?

Uterine fibroids are benign (non-cancerous) tumours which develop on or within the muscular wall of the uterus. They are comprised of dense, fibrous tissue which is fed by blood vessels. Their size may vary between that of a pea and a melon. A woman may have one or more fibroids. Fibroids are frequent occurrences. Doctors estimate that 20% to 40% of woman over the age of 35 has fibroids.

What are the symptoms?

Many fibroids cause no symptoms (these are called asymptomatic fibroids) but some trigger the following problems:

- Heaving bleeding, anaemia, fatigue
- Painful menstrual periods
- Sensation of weight in the pelvis, back pain
- Urinary disorders
- Pain during sexual relations
- Disrupted fertility

How do I know if I have fibroids?

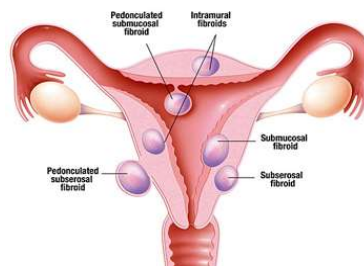
Your doctor may diagnose fibroids during a routine gynaecologic examination. In order to confirm this diagnosis, your doctor may request that you undergo an ultrasound or MRI (magnetic resonance imaging) examination.

What are the treatments?

There are several treatments for fibroids. Your doctor will suggest that most appropriate treatment for you based on the following elements:

- Severity of symptoms
- Whether or not you wish to become pregnant
- The size, type, and number of fibroids
- Your age

There are different types of fibroids and their name depends on their location.



Treatment options:

Medical Treatments

Pain-management treatment may block certain symptoms. Some hormonal treatments such as GnRH analogues (GnRHa) may also be used, but these do not make the fibroids go away. Most often they have a temporary effect on symptoms.

Surgery

There are two types of surgical treatment:

Hysterectomy

This means removing the uterus under general anaesthesia. This operation takes place via an abdominal incision and requires several days of hospitalization and convalescence lasting 6 to 8 weeks. It may also be performed with key hold surgery, with a shorter hospitalization and convalescence. A hysterectomy makes it impossible to become pregnant in the future.

Myomectomy

This may be proposed only if there are few fibroids to be removed (less than 3) and if they are surgically accessible. Just the fibroids are removed through an abdominal incision or via a less invasive surgery (laparoscopy or hysteroscopy). This results in hospitalization lasting several days and several weeks of convalescence. It may affect the patient's fertility in rare cases.

Embolisation – a treatment that preserves the uterus

Embolisation makes it possible to preserve the uterus and consists of the use of small particles injected to block the blood vessels to the fibroid. As the blood supply to the fibroid is then blocked, it dries up and the symptoms should disappear. This treatment has a quick effect on bleeding and, after a few months, results in the decreased size of the fibroids and the uterus.