

the fibroids are large, or through the vagina if the fibroids are small. You will be in hospital for 4-5 days. If you have a

hysterectomy you will not be able to have children and fibroids will not grow back.

Myomectomy – this is the removal of fibroids, leaving the womb behind. It is usually done for women who wish to have a baby or want to conserve their womb. It can be done through a cut in the tummy (abdominal myomectomy) or by a keyhole surgery (laparoscopic myomectomy).

Hysteroscopic resection – fibroids within the womb can sometimes be removed with a small hysteroscope (telescope) inserted into the womb through the vagina and cervix. A hot wire loop (diathermy) is used to remove the fibroids. You will be given a general anaesthetic and will probably be able to go home the same day. There is a chance of fibroids growing back.

- **Non- surgical procedures**

Uterine artery embolisation- this is a new technique in which the blood supply to the fibroids is blocked, causing the fibroids to shrink. This is done under local anaesthetic by a radiologist. A fine tube is passed through the thigh and dye is injected to locate the arteries feeding the fibroids. A special substance is then injected to block (embolise) the blood supply. It is minimally invasive, no cuts or scars, you still have your womb and may be able to have children (NICE

Guidelines). There is little information about fibroid regrowth after embolisation.

Fibroids and pregnancy

Most fibroids do not cause any problems during pregnancy. Some fibroids in certain areas can lead to difficulty in getting pregnant or lead to miscarriage. Submucous fibroids that grow inside the womb are thought to cause recurrent miscarriage. Fibroids sometimes cause severe abdominal pain during pregnancy if their blood supply is cut off, causing them to turn red and die (red degeneration). The treatment of this is rest and painkillers.

A fibroid can also interfere with labour and birth if it blocks the birth canal and if this is the case; your doctor may recommend caesarean section. Fibroids may increase your risk of bleeding heavily after birth.

Fibroids and cancer

Cancer arising in a fibroid is very rare.

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Written March 2010

Ref. 197 09/2011

Review: 09/2013

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Fibroids

Patient Information

What are fibroids?

Fibroids are lumps that grow in the womb (uterus). They are benign, which means they are not cancerous, and are made up of muscle fibers. Fibroids can vary in number, size and position in the womb.

How common are fibroids?

It is estimated that fibroids develop in the womb in 20-30% of all women. Usually they do not produce any symptoms and are not significant in size. African-Caribbean women are more likely to develop fibroids and at an earlier age.

What causes fibroids?

It is not clear why fibroids develop in some women and not in others.

Symptoms of fibroids

You may experience any of the following:

- No symptoms at all.
- Changes to your normal period.
- Heavy and prolonged periods.
- Anaemia (iron deficiency). It can make you feel weak, dizzy and tired.
- Pelvic pain usually associated with your period (menstruation). Sudden pain can occur if you have fibroids that are starting to degenerate (break down) or are lying outside the womb and have become twisted.
- Large fibroids can press onto the bladder causing frequency of passing urine, urgency or incontinence, or prevent you from emptying your bladder properly.

- Fibroids can also press onto the back passage causing constipation, pain or difficulty in opening your bowels.
- Fibroids may cause you to have difficulties getting pregnant.

Types of fibroids

Fibroids are categorized by where they grow in the womb.

- **Intramural**- these grow in the wall of the womb and are the most common type of fibroids.
- **Subserous**- these fibroids grow from the outside wall of the womb and sometimes grow on stalks (pedunculated fibroids).
- **Submucous**- these grow from the inner wall of the womb.
- **Cervical**- these grow in the wall of the cervix (neck of the womb).

How to find out if you have fibroids?

- **Pelvic examination**- a doctor may suspect fibroids if he or she feels an enlarged womb during an internal examination.
- **Ultrasound scan**- is a useful way of confirming the presence of fibroids. You may be given an abdominal ultrasound or vaginal ultrasound or both.
- **MRI scan**- uses radiowaves to know the exact number, type and location of the fibroids.
- **Hysteroscopy**- examines the inside of your womb by using a small telescope (hysteroscope), which is passed into your womb through your vagina.

- **Laparoscopy**- a camera is passed into the tummy through a keyhole incision through the belly button.

Treatment of fibroids

If you have fibroids that are not causing you any problems, you don't need any treatment. If your doctor does suggest treatment, it will depend on several factors, including how bad your symptoms are, the size and position of your fibroids, your age and whether you want to have children in the future. The treatment options are:

• Drug treatment

There are no long term drug treatment that can "cure" fibroids. However, drugs are available that can help relieve your symptoms.

A group of drugs called GnRH analogues, cause fibroids to shrink. They also stop menstrual bleeding and pelvic pain. These drugs should not be

taken for more than six months, without further discussion with your Consultant, as they cause menopause like symptoms such as hot flushes, vaginal dryness and thinning of bones (osteoporosis). They are most commonly used to reduce the size of fibroids before surgery or as a temporary treatment for women who are nearing the menopause, when fibroids should begin to shrink naturally.

• Surgical treatments

Hysterectomy – this is a major operation to remove the womb. The womb is removed through a cut in the abdomen if