Belfast Health and Social Care Trust
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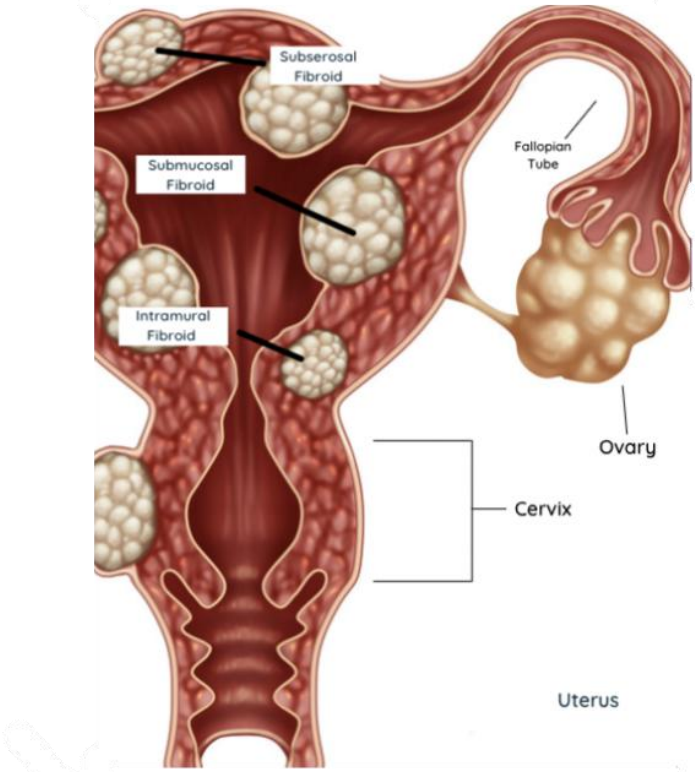
Patient Information Leaflet: Uterine Fibroids

What are Uterine Fibroids?

Uterine fibroids, also known as leiomyomas, are non-cancerous growths in the uterus that can develop during a woman's reproductive years. They are made of muscle and fibrous tissue and can vary in size from very pea size to large melon size masses. The exact cause of fibroids is unknown, however they are linked to the hormone oestrogen. They tend to develop during a women's reproductive years and can shrink after menopause, when oestrogen levels are low.

Fibroids are very common with 2 out of 3 women developing at least one fibroid in their lifetime. The location and size are important factors when considering treatment.



Symptoms

Most women with fibroids have no symptoms. Symptoms are often related to the size and location of the fibroids. Submucosal fibroids are more likely to cause heavy and erratic bleeding. Large fibroids can cause pressure and pain symptoms. Small intramural or subserosal fibroids are unlikely to cause any symptoms. Some patients may experience:

- Heavy menstrual bleeding
- Prolonged periods
- Pelvic pain or pressure
- Frequent urination
- Difficulty emptying the bladder
- Pain during intercourse
- Backache or leg pain

Fibroids and fertility

Fibroids can sometimes also affect fertility. It is unclear how. The location of the fibroid within the womb is important.

1. **Submucosal Fibroids**: Located just beneath the uterine lining, these fibroids may interfere with implantation and increase the risk of miscarriage.
2. **Intramural Fibroids**: Found within the uterine muscle, they may distort the shape of the uterine cavity and have an unknown but likely lesser affect fertility.
3. **Subserosal Fibroids**: Positioned on the outer wall of the uterus, these generally have minimal impact on fertility.

Surgically removing submucosal fibroids may improve fertility chances if a women is having difficulty conceiving.

Fibroids that distort the uterine cavity can also contribute to early pregnancy loss. During pregnancy, large fibroids can outgrow their blood supply and cause pain, as well as making the baby lie in an unusual way (malpresentation).

Removing fibroids prior to establishing fertility/pregnancy issues is not usually recommended.

Fibroids and Cancer

Fibroids are very rarely <0.1% associated with cancer of the womb muscle and these cancers are thought not to arise from the fibroid itself. An increase in size after the menopause or rapidly growing fibroids raises suspicion.

Diagnosis

To diagnose uterine fibroids, your healthcare provider may use:

- Blood Tests: To check for anaemia if you have heavy bleeding
- Pelvic Exam: A physical examination to check for abnormalities.
- Ultrasound: An imaging test that uses sound waves to create images of the uterus.
- MRI: Provides detailed images and helps assess the number and size of fibroids.
- Hysteroscopy: A procedure that allows visualization of the inside of the uterus via a small camera inserted through the vagina.

Management

The treatment for uterine fibroids depends on the severity of symptoms, the size, the location of the fibroids and your fertility wishes. Options include:

1. Watchful Waiting:

Most women will have minimal or no symptoms, in this situation no immediate intervention is necessary. If you become symptomatic, your doctor would the reassess and potentially recommend further treatment.

2. Medications:

Simple analgesia

Paracetamol is an excellent painkiller and often underestimated in its effectiveness.

NSAIDS including ibuprofen or mefenamic acid can be taken 3 times a day from the first day of your period until the bleeding stops or reduces to manageable levels. NSAIDs work by reducing your body's production of a hormone-like substance called prostaglandin, which is linked to heavy periods. They are also painkillers. Indigestion and diarrhoea are common side effects of NSAIDs, and are not recommended long term.

Tranexamic acid is a tablet that helps reduce bleeding. It is a non-hormonal treatment. It can be taken 3 times a day whilst bleeding for up to 4 days. Treatment should be stopped if your symptoms have not improved by 3 months. It is well tolerated but may cause indigestion or diarrhoea.

Hormonal Treatments including contraceptive Pills, Implants, Injections and Coils

These can help regulate menstrual cycles and reduce heavy bleeding. They are less invasive and have fewer risks than surgery. They are less likely to help if fibroids are large. They will not shrink the fibroid size. These medications are on the whole well tolerated, the possible side effects include weight gain, mood changes, and decreased bone density with long-term use. Small risk of infection and misplacement of devices.

GnRH Analogues

Can significantly shrink fibroids and alleviate symptoms; often used as a short-term solution before surgery. This is an injectable hormone which temporarily 'switches off' the ovaries by stopping them from making oestrogen. This causes a temporary menopause but your periods and fertility will return to normal after you stop these injections.

Side effects may include hot flushes, vaginal dryness, and bone loss, this can be minimised by having add back hormones in the form of HRT. There is an average of 50% reduction in size following treatment. This medication is only licensed for 6 months and the fibroids may grow back to original size months after stopping treatment.

3. Surgery

If medical and conservative managements are unsuccessful or your symptoms are severe you may be offered surgery. The type of surgery depends on the location and size of the fibroids and your fertility aspirations.

Hysteroscopic Resection of Fibroid: A hysteroscope (small camera) and small surgical instruments are passed through the vagina and cervix to remove small fibroids from the inside of the cavity of uterus. This can be performed for submucosal fibroids (see diagram above) in women who wish to become pregnant. The procedure is often carried out under general anaesthetic, although local anaesthetic can be used. You can usually go home on the same day as the procedure. For more information click here.

Myomectomy: If the size and position of the fibroid is suitable, this is an operation to surgically remove the fibroids through an open (laparotomy) operation. Myomectomy may not be suitable in cases where there are multiple or small fibroids. This is an

alternative to hysterectomy if you would still like to become pregnant. These operations are performed under general anaesthetic and you many need to stay in hospital for a few days. Occasionally fibroids can sometimes grow back after myomectomy. For more information click here.

Hysterectomy: A hysterectomy is a surgical procedure to remove the womb. The cervix and/or ovaries and tubes can also be removed. It is the most effective way of preventing fibroids coming back. A hysterectomy may be recommended if you have large fibroids or severe bleeding and do not wish to have any more children. This operation can be carried out through keyhole (laparoscopy) or open (laparotomy) routes depending on the size and number of the fibroids. This operation is performed under general anaesthetic and you many need to stay in hospital for a few days. If the ovaries were removed, then this would cause you to have the menopause. For more information click here.

Uterine Artery Embolisation

Uterine artery embolisation (UAE) is a minimally invasive procedure used to treat symptomatic fibroids by reducing their blood supply, leading to their shrinkage and alleviation of symptoms such as heavy bleeding and pelvic pain.

UAE is indicated for patients with symptomatic fibroids who want to avoid the risk of surgery. UAE is suitable for patients who have completed their families and do not wish to preserve fertility.

Clinical studies suggest that UAE is effective in reducing fibroid size and alleviating symptoms in approximately 85-90% of patients. Many report significant improvement in quality of life. Once fibroids have been treated like this, they do not generally grow back. Most women find it takes about 6-9 months to resume a regular menstrual cycle. Although it is possible to have a successful pregnancy after having UAE, the overall effects of the procedure on fertility and pregnancy are uncertain.

More information

The below links provide further information

https://www.nhs.uk/conditions/fibroids/ - provides useful information from a reputable source

https://www.bsir.org/patients-1/patient-information-leaflets/#col_right – patient information leaflet on uterine artery embolization is available at the bottom of the page.

http://www.britishfibroidtrust.org.uk/index.php - is a patient society website which provides lots of useful information.

https://www.rcog.org.uk/for-the-public/browse-our-patient-information/outpatient-hysteroscopy/ - provides information on hysteroscopy