

# Fibroids

## Patient Information

### What is a fibroid?

A fibroid (leiomyoma) is a benign growth of muscle in the uterus (womb). These growths may occur on the outside (subserosal fibroid), in the substance (intramural) or in the cavity (submucosal) of the uterus.

While the exact cause of fibroids is uncertain it is likely that a number of factors contribute to the formation of fibroids, including genetic or familial predisposition, environmental and immunological factors, and in particular, hormonal factors. Generally, a female hormone (oestrogen) causes fibroids to grow.

### How common are fibroids?

Fibroids affect up to two in every five women over the age of 40. Fibroids are more common in women with infertility, few or no children. Fibroids usually shrink after the menopause (change of life) and become less common.

### What do fibroids do?

Under the influence of female hormones, fibroids usually continue to grow until the menopause. In most patients, fibroids do not cause any problems and do not require any treatment.

### What are the symptoms?

Most fibroids do not produce any symptoms. However, symptoms may include:

1. Pain with periods, intercourse, when passing urine or opening bowels and chronic pelvic and lower back pain;
2. Difficulty falling pregnant (infertility);
3. Abnormal bleeding: irregular or heavy periods; bleeding between your periods;
4. Rarely, fibroids may become cancerous. This is most common in women after the menopause, and probably occurs in less than 1:1000 cases.

### How are fibroids diagnosed?

Fibroids may be diagnosed at the time of a pelvic examination, such as a Pap smear. Alternatively, the fibroid may be

imaged by ultrasound, CT or MRI. The diagnosis can be further confirmed by hysteroscopy or laparoscopy.

### What are the treatment options?

Fibroids may be treated by:

1. Observation  
Fibroids that don't cause any problems may be observed, particularly if the size of the uterus is small.
2. Medical treatment  
Medical treatment usually induces an artificial menopause, during which time the fibroids shrink. Because fibroids rapidly return to pretreatment size and treatment can only be continued for a number of months, this therapy can only be used in adjunct to other treatment, such as surgery.
3. Uterine artery embolisation  
This procedure is performed by an interventional radiologist and entails cutting off the blood supply to the fibroid so that it shrinks. This is usually performed as a day procedure or short stay admission. The blood supply to the fibroids is blocked by the insertion of tubes through the vessels in the groin and no abdominal incision is required.
4. Surgery
  - a. Myomectomy  
If there are only a small number of fibroids and their location in the uterus is favourable, only the fibroid may need to be removed, conserving the uterus. This may be performed via the abdominal, laparoscopic or hysteroscopic route. The overall risk of recurrence has been reported at 1 in 3.
  - b. Hysterectomy  
Removal of the uterus (and associated fibroids) may be performed abdominally, vaginally or laparoscopically.

