

# Fibroids

## What are fibroids?

Fibroids are benign (non-cancerous) growths that develop in the muscle tissue of the uterus (womb). They are also called myomas and leiomyomas. Fibroids are very common and it is estimated that more 40% of women can have them. It is unknown why fibroids develop and they can occur at any age but are more common in women in their 30s and 40s. Fibroids are sensitive to the hormones oestrogen and progesterone and they are more common in Black women who are also more likely to have multiple fibroids compared with Caucasian women.

Fibroids can vary in size as well as location and both these are directly related to the symptoms fibroids can cause and present with. Fibroids can grow from inside the uterus (submucous), within the muscle of the uterus (intramural) – this group being the most common, or they can grow from the outer surface of the uterus (subserous).

## What symptoms do fibroids cause?

Fibroids may present with the following symptoms:

### Menstrual problems:

Fibroids may cause heavy periods and can cause anaemia. They can also result in more prolonged, irregular periods and may be associated with menstrual cramps. Menstrual problems are generally related to the location and size of the fibroids and are commonly associated with submucous and intramural fibroids that are compressing the lining of the uterus (endometrial cavity).

### Pressure symptoms:

Fibroids may result in abdominal swelling and can cause urinary or bowel problems from compression on surrounding organs.

### Infertility:

Fibroids can also present with infertility. This again is related to the location and size of the fibroids and is commonly associated with submucous and intramural fibroids that are compressing the lining of the uterus.

Women with fibroids can present with a combination of these symptoms or may experience no symptoms and only have their fibroids noted during a clinical examination or assessment.

## How do you diagnose fibroids?

Fibroids may be suspected during a pelvic examination by identifying a pelvic swelling and enlargement of the uterus.

**Ultrasound scan:** Diagnosis of fibroids is usually confirmed by an ultrasound scan examination of the pelvis. This would also allow assessment of the number of fibroids present in the uterus, their size and location.

**Magnetic resonance imaging (MRI):** MRI may occasionally be used to diagnose fibroids. This is not commonly used in this context but may be helpful in cases where the diagnosis is unclear or if there is a suspicion about the diagnosis or appearance of the fibroids.

**Hysteroscopy:** This is a surgical procedure where a telescope is inserted into the cavity of the womb. This would allow assessment of the location of the fibroids in relation to the uterine cavity. It is also commonly used to surgically remove submucous fibroids that are causing symptoms.

### Do fibroids always need to be treated?

Treatment is generally indicated for symptom control while fibroids that are not causing symptoms do not require treatment.

### How are fibroids treated?

Treatment would generally depend on the symptoms and circumstances of the woman.

### Treatment of fibroids causing menstrual problems:

Treatment may include the following options:

#### 1. Medical non-hormonal treatment

**Tranexamic acid:** Is a medication that can be taken for the duration of the menstrual period to reduce the amount of bleeding and works by reducing the breakdown of blood clots in the uterus.

**Mefenamic acid:** Is from a group of medicines called non-steroidal anti-inflammatory drugs (NSAID) that again can be taken for the duration of the menstrual period to reduce the amount of bleeding and pain associated with the periods. It works by reducing the levels of the chemical prostaglandin in the lining of the uterus and as a result reduces the amount of blood loss and pain associated with the periods.

#### 2. Medical hormonal treatment

**The combined oral contraceptive pill:** This contains the hormones oestrogen and progesterone and often reduces the amount of menstrual blood loss by suppressing ovulation. It can be considered as an option in treating heavy menstrual blood loss in women with fibroids.

**The levonorgestrel releasing intrauterine system (Mirena):** This device releases levonorgestrel (progesterone hormone) into the cavity of the uterus and reduces menstrual blood loss by thinning the lining of the uterus. It can be considered as an option in treating heavy menstrual blood loss in women with fibroids but would not be suitable for women with large fibroids that are distorting the shape of the uterine cavity.

**Gonadotrophin releasing hormone (GNRH) agonists:** These are given in the form of injections and can help shrink fibroid size by switching off ovulation and lowering the levels of the hormone oestrogen. They can reduce the heavy menstrual blood loss in women with fibroids but can only be used for a limited period of time (generally up to 6 months) as it may increase the risk of thinning of the bones (osteoporosis) and therefore its use in clinical practice is limited to use for reduction of fibroid size before surgery.

Medical treatment of fibroids is generally more effective in women with small fibroids and is less likely to be successful in women with multiple or large fibroids.

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This fact sheet has been prepared by Women's Health Concern and reviewed by the medical advisory council of the British Menopause Society. It is for your information and advice and should be used in consultation with your own medical practitioner.

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### 3. Surgical treatment

**Myomectomy:** This entails surgical removal of the fibroids and can be carried out through a cut in the tummy, open procedure or keyhole (laparoscopic) to remove the fibroids. Alternatively, this can be carried out through the vagina using a telescope (hysteroscopy) if the fibroids are located in the cavity of the uterus.

**Hysterectomy (removal of the uterus):** This may be considered in women who had completed her family when other treatment options have been unsuccessful. The procedure can be carried out through a cut in the tummy as an open procedure or keyhole (laparoscopic) although the latter approach would not be suitable if the uterus is significantly enlarged with multiple fibroids.

**Uterine artery embolization (UAE):** In this procedure small particles are injected into the blood vessels that supply the uterus with blood. This results in blockage of the blood supply to the fibroids and shrinkage in the size of the fibroids. This would not be an ideal option for women who wish to retain their fertility.

#### What effect would the menopause and HRT have on fibroids?

Fibroids often shrink in size after the menopause as a result of the fall in the levels of oestrogen hormone after the menopause. This reduction in size is likely to be smaller in women receiving HRT as fibroids would be sensitive to the replaced hormones (oestrogen and progesterone). However, this effect is unlikely to be significant as the level of hormones supplied through HRT is less than that in natural cycles and having fibroids would not be a contraindication to receiving or continuing with HRT.

#### Useful contacts

**British Fibroid Trust**  
[www.britishfibroidtrust.org.uk](http://www.britishfibroidtrust.org.uk)

**Fibroid Relief**  
[www.fibroidrelief.org](http://www.fibroidrelief.org)



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