

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 Afro-Caribbean women who are also more likely to have multiple fibroids compared with Caucasian women.

Fibroids vary in size. Some are as small as a pea and others can be as large as a melon. They can occur anywhere in the womb and are named according to their location.

Intramymetrial – These grow within the muscle of the uterus and are the most common type
Submucous – These grow towards and into the uterus cavity and can be seen during hysteroscopy
Subserous – These grow towards the outer surface of the uterus into pelvic cavity
Pedunculated – These grow mainly in the pelvic cavity and are attached to the uterus by a narrow stalk.

What symptoms do fibroids cause?

Fibroids may not cause any symptoms and may remain undetected. When present, symptoms vary depending on number of fibroids, their size and location. The following symptoms may be caused by fibroids:

Menstrual problems

Fibroids may cause heavy periods and hence 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 affecting the lining of the uterus (endometrial cavity).

Pressure symptoms

Large fibroids may result in abdominal swelling and can cause urinary or bowel problems from compression on these 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 submucosal and intramymetrial fibroids that are compressing the lining of the uterus.

Problems during pregnancy

Very large fibroids especially submucosal fibroids are known to be associated with a higher rate of miscarriage, and preterm delivery. Some large fibroid may cause problems during delivery.

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 womb.

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 uterus. This would allow assessment of the location of the fibroids in relation to the uterine cavity. It is also commonly used to surgically remove submucosal fibroids that are causing symptoms.

Do fibroids always need to be treated?

Treatment is generally indicated for symptom control. Some large fibroids may need removal to avoid pressure symptoms. Small fibroids that are not causing symptoms usually do not require treatment.

How are fibroids treated?

Treatment would generally depend on the symptoms, your circumstances and your choice.

Treatment of fibroids causing menstrual problems

Treatment may include the following options:

1. Medical non-hormonal treatment

Tranexamic acid: It 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: It is from a group of medicines called non-steroidal anti-inflammatory drugs (NSAID). It 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 estrogen 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, Levosert): This device releases levonorgestrel (progestogen hormone) into the cavity of the womb 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 temporary use such as for reduction of fibroid size before surgery.

Ulipristal acetate: is another medical treatment which can help by reducing size of fibroids. It works by blocking the effect of the hormone progesterone, which is thought to play a role in fibroid development. The treatment involves taking one tablet a day. The treatment is initially given for 3 months and sometimes prior to surgical removal of fibroid. Ulipristal acetate may affect liver functions and hence these require monitoring during this treatment.

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.

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.

3. Surgical treatment

Myomectomy: This entails surgical removal of the fibroids and can be carried out through a cut in the abdomen, 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 uterine cavity.

Hysterectomy (removal of the uterus): This may be considered in women who have completed their family when other treatment options have been unsuccessful. The procedure can be carried out through a cut in the abdomen 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 womb 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. Sometimes this treatment is performed prior to the surgery to reduce the blood loss during myomectomy.

MRI-guided focused ultrasound: This treatment sends pulses of high power ultrasound through the skin of lower abdomen. It is targeted at fibroids using MRI scanner. It is known to be effective but evidence of benefit for women trying to conceive is not yet available.

Transvaginal ultrasound guided radiofrequency treatment: In this treatment, the doctor locates the fibroid from inside the uterine cavity using ultrasound and then tip of the instrument delivers radiofrequency energy to shrink the fibroid and reduce symptoms.

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

Fibroid Relief

www.fibroidrelief.org

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