Fibroids

What are fibroids?

Fibroids are benign (non-cancerous) growths that develop in the muscle tissue of the uterus (womb). They are known as myomas and leiomyomas. Fibroids are very common and it is estimated that more than 40% of women may have them.

It is not known why fibroids develop and they can occur at any age, but they are more common in women in their 30s and 40s. Fibroids are sensitive to the hormones estrogen and progesterone. 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:

- **Intramural (also known as intramyometrial)**: these grow within the muscle of the uterus and are the most common type of fibroid
- **Submucous**: these grow towards and into the uterus cavity and may be seen during hysteroscopy
- **Subserous**: these grow towards the outer surface of the uterus into the 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 until being noted during a clinical examination or assessment. When present, symptoms vary depending on the number of fibroids, their size and location.

Menstrual problems

Fibroids may cause heavy periods and as a result they may cause anaemia. They can also result in more prolonged, heavy periods and may be associated with menstrual cramps. Submucous fibroids may cause bleeding between periods (intermenstrual bleeding).

Pressure symptoms

Large fibroids may result in abdominal swelling and can cause urinary or bowel symptoms from compression on these organs.

Copyright © 2026 British Menopause Society. All rights reserved.
Permission granted to reproduce for personal and educational use only. Commercial copying and distribution is prohibited.

Infertility
Fibroids can also occasionally present with infertility. Again, this is related to the location and size of the fibroids and it is commonly associated with submucous and intramural fibroids that are compressing the lining of the uterus.

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

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 womb, their size and location.

Magnetic resonance imaging (MRI)
MRI may occasionally be used to diagnose fibroids. It 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 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 only indicated for symptom control. Some large fibroids may need removal to avoid pressure symptoms. Small fibroids that are not causing symptoms do not usually require treatment.

How are fibroids treated?

Treatment would generally depend on symptoms and a woman's circumstances and choice.

Treatment of fibroids causing menstrual problems may include the following options:

Medical non-hormonal treatment
Tranexamic acid: 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.

Copyright © 2026 British Menopause Society. All rights reserved.
Permission granted to reproduce for personal and educational use only. Commercial copying and distribution is prohibited.

Mefenamic acid: from a group of medicines called non-steroidal anti-inflammatory drugs (NSAID), it works by reducing the levels of the chemical prostaglandin in the lining of the uterus. It can be taken for the duration of the menstrual period to reduce the amount of bleeding and pain associated with the period.

Medical hormonal treatment

Combined oral contraceptive pill: this contains the hormones estrogen and progesterone and often reduces the amount of menstrual blood loss by supressing ovulation. It is often used in an extended cycle regimen, i.e. without the regular monthly breaks. It can be considered as an option in treating heavy menstrual blood loss in women with fibroids.

Levonorgestrel releasing intrauterine device: 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 may 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 estrogen. They can reduce heavy menstrual blood loss in women with fibroids but can only be used for a limited period of time (generally up to 6 months). They may increase the risk of thinning of the bones (osteoporosis) and therefore they are limited to temporary use in clinical practice, e.g. for reduction of fibroid size before surgery.

Ulipristal acetate: a selective progesterone receptor modulator (SPRM), another medical treatment which can help by reducing the 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. Patients for ulipristal acetate are carefully selected as it has rare, but serious, side effects. It is not a first line treatment.

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.

Surgical treatment

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

Hysterectomy (removal of the womb): this may be considered only in symptomatic 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 or keyhole (laparoscopic) procedure, although the latter approach may not be suitable if the womb is significantly enlarged with multiple fibroids.

Copyright © 2026 British Menopause Society. All rights reserved.
Permission granted to reproduce for personal and educational use only. Commercial copying and distribution is prohibited.

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 recommended for women who wish to retain their fertility, although there have been successful pregnancies after the procedure. Sometimes this treatment is performed prior to surgery to reduce the blood loss during a 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 an 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 fibroids are located from inside the uterine cavity using ultrasound and then the tip of the instrument delivers radiofrequency energy to shrink the fibroid and reduce symptoms.

What effect would the menopause and hormone replacement therapy (HRT) have on fibroids?

Fibroids often shrink in size after menopause as a result of the fall in the levels of the hormone estrogen. This reduction in size is likely to be smaller in women receiving HRT as fibroids would be sensitive to the replaced hormones (estrogen 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. Having fibroids would not be a contraindication to receiving or continuing HRT.

Useful contacts

British Fibroid Trust
http://www.britishfibroidtrust.org.uk/

REVIEWED: MARCH 2026

This Women's Health Concern fact sheet provides information and guidance, to be used in consultation with your own healthcare professional. It has been developed by the medical advisory council of the British Menopause Society and it will be updated when guidance changes and/or new data becomes available.

Copyright © 2026 British Menopause Society. All rights reserved.
Permission granted to reproduce for personal and educational use only. Commercial copying and distribution is prohibited.

Reg Charity No: 1015144 Company Reg No: 02759439