Mersey and West Lancashire Teaching Hospitals NHS Trust

# Uterine fibroids

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This leaflet is for patients who have uterine fibroids. It contains information about what fibroids are, how they can affect you and what treatments are available.

## What are fibroids?

Fibroids are benign growths that develop within the wall of the uterus. They are composed of muscle and fibrous tissue. The medical term for a fibroid is a leiomyoma or myoma. In some cases, they can cause symptoms and may require treatment, but they are not usually life threatening.

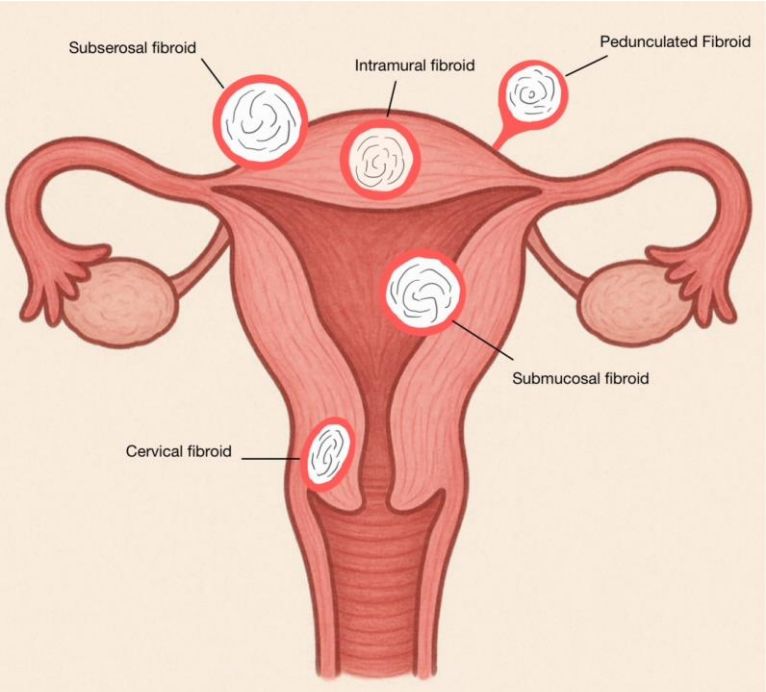
Fibroids can be found anywhere in the uterus and vary in size, ranging from the size of a small pea up to the size of a melon. Less commonly, fibroids can also grow in other areas within the abdomen and pelvis.

Symptoms are usually classified according to their location, and the treatment may be different depending on the position and size of the fibroid(s).

- Intramural fibroids are located within the muscular wall (myometrium) of the uterus. If they increase in size, they can cause the uterus to become enlarged.
- Subserosal fibroids grow outwards from the muscular wall of the uterus and can press on other organs in the pelvis. They can grow on a stalk (pedunculated).
- Submucosal fibroids grow just underneath the inner lining of the uterus and can protrude into the uterine cavity; they can also be pedunculated.
- Cervical fibroids are located in the cervix rather than the main body of the uterus.

It is common to have multiple fibroids, of different sizes in any of these areas.

The below image shows the different types of fibroids.



## How common are fibroids?

Fibroids are very common. As many as 1 in 5 women may have fibroids during their childbearing years, while half of all women have fibroids by the age of 50.

## What causes fibroids?

The cause of fibroids is not exactly known. Genetic factors are involved as they are more common in certain ethnic groups e.g. Afro-Caribbean and a family history of fibroids can increase the risk of developing them. We know that fibroids grow under the influence of the hormones oestrogen and progesterone. Fibroids tend to grow during periods of high hormone levels such as pregnancy and shrink after the menopause when hormone levels naturally decrease.

Being very overweight may increase the risk of developing fibroids, as body fat produces oestrogen independently of the ovaries; however, slim women can also develop fibroids.

## What are the symptoms?

Fibroids often cause no symptoms, particularly when they are small and many women do not realise they have them.

When symptoms do occur, they can vary depending on the size and location of the fibroids. Symptoms may include:

- Heavy periods which may cause anaemia (low blood count)
- Painful periods
- Lower back pain
- Pelvic pain or pressure
- Pain during intercourse
- Difficulty passing urine or an urgent need to pass urine often
- Fertility problems

Uncommonly, fibroids can undergo a process known as ‘degeneration’ resulting in acute and severe pain. Fibroid degeneration refers to changes that occur within a uterine fibroid when it outgrows its blood supply. Since fibroids rely on blood vessels to receive oxygen and nutrients, if the blood flow becomes inadequate, parts of the fibroid can begin to break down or die.

## What are the investigations for uterine fibroids?

In order to diagnose and further assess your uterine fibroids, you may be offered some of the following investigations:

- Pelvic examination: this is usually the first step in evaluating fibroids. During this examination, the doctor checks the size, shape and consistency of the uterus. An enlarged or irregularly shaped uterus may raise suspicion of fibroids, prompting further investigation with imaging.

- Transvaginal ultrasound: this is the most common initial test used to diagnose fibroids. A probe is inserted into the vagina to obtain images of the uterus. It helps identify the presence, size, and location of fibroids as well as assessing the ovaries and uterine lining (endometrium).

- Abdominal ultrasound: involves placing a probe on the abdomen to visualise the uterus. It is often used in combination with transvaginal ultrasound, especially in cases of large fibroids when the fibroids are extending higher into the abdomen. It is also used when the transvaginal approach is not suitable.

- Magnetic Resonance Imaging (MRI): provides detailed images of the uterus and surrounding organs. It is particularly helpful in complex cases, such as when fibroids are numerous, very large, or when surgical planning is necessary. MRI can also distinguish fibroids from other conditions such as adenomyosis and other types of pelvic masses.

- Hysteroscopy: involves inserting a thin telescope/camera (hysteroscope) through the cervix into the uterus to view the inner lining directly. It is particularly useful for diagnosing and sometimes treating submucosal fibroids, as this type of fibroid can be seen and even removed during the procedure. In cases of abnormal uterine bleeding, an endometrial biopsy may be done at the same time as the hysteroscopy, to sample the uterine lining. This helps to rule out other disorders that cause similar symptoms to uterine fibroids.

- Laparoscopy: is a minimally invasive surgical procedure (keyhole surgery) in which a camera is inserted into the abdomen through small incisions. It allows the surgeon to view fibroids located on the outer surface of the uterus. Laparoscopy may be used for both diagnosis and treatment.

## What are the treatment options for uterine fibroids?

Treatment for uterine fibroids depends on the size, number and location of the fibroids. It will also depend on your individual circumstances such as your age, menopausal status and whether you have any plans for pregnancy in the future. For women who do not experience symptoms or have only mild discomfort, active treatment may not be necessary. In such cases, it may be appropriate to take a watchful wait approach particularly if you are close to menopause when fibroids often shrink naturally as hormone levels decrease.

Your doctor will recommend the most appropriate treatment option for you. Some of the options that you may be offered include:

## Non-hormonal medications

Non-hormonal treatment options aim to reduce symptoms rather than shrink or directly treat the fibroids.

- Tranexamic acid: is a medication that helps reduce the heaviness menstrual bleeding by encouraging the blood to clot more effectively
- Pain killers: such as paracetamol to reduce the discomfort caused by fibroids
- Nonsteroidal Anti-Inflammatory Drugs (NSAIDs): such as mefenamic acid, ibuprofen or naproxen can help relieve menstrual pain

## Hormonal treatments

Hormonal therapies can help control heavy menstrual bleeding caused by fibroids. Menstrual periods will often stop or bleeding will become reduced whilst taking hormone medications. Most hormone medications have a contraceptive effect so they may not be suitable if you are actively trying to get pregnant.

All types of hormone treatments may result in side effects such as headaches, acne, weight gain, irregular bleeding, fatigue and hot flushes. The side effects vary between the different treatment options and from one patient to the next. As a result, a certain treatment can be a good option for one woman, but the same treatment can cause unacceptable side effects in another woman.

Hormone treatments come in many different forms including pills, patches, coils, injections and implants. There is no strong medical evidence that one treatment is better than the next. They all have their pros and cons and work in different ways. Your doctor will discuss the options further and will help you to make a decision about which treatment option is the most appropriate for you. Below is an overview of the options available.

## First line hormone treatment options

These treatments are offered as the first options and can be started by your GP or gynaecologist.

- Combined hormonal contraception – These contain both oestrogen and progestogen hormones and come in the form of a pill, a patch or vaginal ring. They can be used continuously or with a 1 week break each month. They make your periods lighter and less painful.
- Progestogen only contraceptives – These contain progestogen only. They may stop your periods completely, but it is possible to experience irregular bleeding

with these options. By suppressing periods, they also reduce pain. They come in different forms, including:

  - The Progestogen Only Pill (POP) – A tablet taken every day, without a break.

  - The contraceptive injection (Depo-provera) – Administered every 3 months.

  - The contraceptive implant (Nexplanon) – A small plastic rod which is fitted into the upper arm. Needs replacement every 3 years.

  - The hormone coil (Mirena) – A small plastic "T" shaped device fitted into the uterus. Progestogen hormone is continuously released, to the thin down uterine lining, often resulting in periods stopping or becoming significantly lighter. It is an effective treatment for heavy periods. Depending on the location of fibroids, it may not be possible to fit the hormone coil, particularly in cases of submucosal fibroids that are growing into the uterine cavity. The hormone coil needs replacement after 5 – 6 years.

- Progestogen tablets e.g. Norethisterone or Medroxyprogesterone acetate/Provera – They can be given continuously and are very effective at stopping periods. They contain a higher level of progestogen hormone and can often have more side effects such as acne, bloating, mood changes and weight gain. For this reason, they are not preferred as a long-term treatment option but can be very effective when used in short courses (2 – 3 months) to get bleeding symptoms under control.

## Second line hormone treatment options

These treatments are used to shrink uterine fibroids. They need to be started by a gynaecologist.

- GnRH antagonist tablets (Ryeqo) – A daily tablet containing a unique combination of medications including a hormone blocker alongside a small amount of progestogen and oestrogen Hormone Replacement Therapy (HRT). Ryeqo is licensed specifically for the treatment of uterine fibroids but can also be relied upon for contraception after the first month of use.

  It works by shrinking the fibroids through blocking the production of oestrogen, whilst providing a small amount of HRT to prevent menopause side effects. It has been shown to be effective in stopping menstrual periods and reducing the size of fibroids.

- Gonadotrophin releasing hormone agonist (GnRHa) injections e.g. Zoladex or Prostap – These are injections of hormone blocker medication given once a month or once every 3 months. They stop your ovaries from producing hormones and induce a temporary menopause state. On stopping the injections, the effect

will wear off and your ovaries will begin to function normally, unless you have gone through the natural menopause.

The injections are very effective at stopping periods and will cause fibroids to shrink. They are often used before surgery, to shrink fibroids to help facilitate the operation. A low dose of HRT is usually given at the same time to prevent symptoms of the menopause, but this does not reduce the effectiveness of the treatment. Due to the side effects, GnRHa injections are not used as a long-term treatment option. They are usually given in courses of up to 6 – 12 months, but many women experience the benefit from them for many months/years after stopping treatment.

## Surgical treatment options for uterine fibroids

### Hysteroscopic removal of fibroids

This involves inserting a hysteroscope (telescope/camera) into the uterus to visualise submucosal fibroids which can be removed using a cutting wire or a morcellating cutting blade. The procedure may be performed in the outpatient clinic (whilst awake) or under a general anaesthetic (asleep). It may take more than one procedure to remove the fibroid completely, particularly for larger submucosal fibroids. This approach is not suitable for intramural or subserosal fibroids.

### Myomectomy

Myomectomy is an operation performed under general anaesthetic to remove fibroids while preserving the uterus. It can be performed through different routes depending on the size and location of the fibroids: laparoscopically (keyhole surgery), robotically (keyhole surgery with assistance of robot device) or via an open abdominal procedure (large cut on the tummy). Myomectomy is often preferred for women who wish to maintain their fertility and/or do not want a hysterectomy. It is a major operation with serious risks including haemorrhage and in some cases, a hysterectomy may need to be performed as an emergency to control the bleeding.

### Hysterectomy

Hysterectomy is the complete removal of the uterus together with the fibroids. It can offer a definitive cure for uterine fibroids. This treatment is only suitable for women who have completed their family and/or have no desire for future fertility. It may be performed through different routes including vaginally, laparoscopically, robotically or through an open abdominal incision. This will depend on the size of the uterus and other individual factors. Your doctor will be able to advise which approach is most appropriate for you. A hysterectomy is a major operation with significant risks including bleeding, infection, venous thromboembolism (clots in the legs or lungs) and damage to pelvic organs (including bowel, bladder, ureters, blood vessels and nerves). It is often reserved as a last resort option when other treatment options have failed or are not suitable.

## Other procedures for the treatment of uterine fibroids

### Uterine Artery Embolization (UAE)

UAE is a minimally invasive, non-surgical procedure performed by an interventional radiologist to treat uterine fibroids. It involves inserting a thin tube (catheter) into the blood vessel in your groin. The catheter is then guided to the arteries supplying blood to the uterus. Tiny particles are injected through the catheter to block these arteries, cutting off the blood supply to the fibroids. As a result, the fibroids shrink and symptoms like heavy bleeding or pain improve over time. The procedure is usually done under local anaesthetic with sedation and requires a short hospital stay. Recovery is quicker than surgical options, but UAE may not be suitable for women who wish to become pregnant in the future.

### Sonata treatment

This is a minimally invasive, incision-free procedure used to treat uterine fibroids. It uses a technique called transcervical radiofrequency ablation. During the procedure, a thin device is inserted through the vagina and cervix into the uterus, where it uses ultrasound guidance to locate fibroids. Once identified, focussed radiofrequency energy is delivered directly to the fibroid, causing it to shrink over time. Because the treatment does not require any cuts or stitches, recovery is typically quick and most patients return to normal activities within a few days. Sonata is generally suitable for women with fibroid-related symptoms who wish to avoid traditional surgery and preserve their uterus. Sonata treatment is not currently recommended for women who wish to become pregnant.

### Endometrial ablation

Endometrial ablation is a minimally invasive procedure which involves destroying the lining of the uterus using heat to reduce or stop menstrual bleeding. It does not shrink or treat the uterine fibroids directly, but rather it treats the bleeding by preventing the uterine lining from regenerating each month. It is usually done as a day case under general anaesthesia (asleep) but can also be offered as an outpatient procedure, with you awake in the clinic. It has a relatively quick recovery time, and most women will return to their normal activities within a few days. It is most appropriate for women with smaller fibroids and is not suitable for those who have large fibroids or submucosal fibroids significantly distorting the shape of the uterine cavity. You must be certain that your family is complete and/or you have no desire for future fertility, pregnancy after endometrial ablation can be very risky.

## Cancerous change in fibroids

Uterine fibroids are almost always benign, cancerous transformation is very rare. In very uncommon cases, a fibroid may turn into a type of cancer called leiomyosarcoma, which is a tumour of the smooth muscle of the uterus. This occurs in fewer than 1 in 1,000 fibroids. Signs that may raise suspicion include rapid growth of fibroids after menopause or unusual features on scan images. If there is concern, your doctor may recommend surgery to remove the fibroid and confirm the diagnosis through examination under the microscope.

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## Contact information

### Whiston and St Helens hospitals

**Gynaecology Secretaries**
Womens Offices, Whiston Hospital
Tel no. 0151 676 5289
Gynae.secs@merseywestlancs.nhs.uk

**Gynaecology Ward (3E)**
Level 3, Whiston Hospital
Tel no: 0151 430 1522

### Southport and Ormskirk hospitals

**Gynaecology Secretaries**
Tel no. 01695 656658

**Gynae Assessment Bay (E ward)**
Tel no. 01695 656901

## Further information

Womens Health Concern https://www.womens-health-concern.org/

NHS – Uterine Fibroids https://www.nhs.uk/conditions/fibroids

Royal College of Obstetricians and Gynaecologists www.rcog.org.uk

British Fibroid Trust https://britishfibroidtrust.org.uk

Feminine Health and Fibroid Network
https://www.femininehealthandfibroidnetwork.org/