



Modern Management of Fibroids

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Fibroids

Very common

20-40% of all women

Up to 80% of black women by 50y

Most fibroids are asymptomatic

50% will have significant symptoms

Symptoms depend on location, size, changes & pregnancy status

Abnormal Uterine Bleeding

Submucous fibroids more likely to cause bleeding

Menorrhagia + IMB

Pain

Vascular occlusion ➡ necrosis, infection

Red degeneration ➡ acute pain

Heaviness, fullness in the pelvic area

Mass and pressure symptoms

Dyspareunia

Pressure Effects

Pressure on ureters, bladder or rectum

Urinary symptoms and retention
Hydroureter and hydronephrosis
Constipation
Leg edema



Infertility

Fibroids can lead to sub-fertility

Submucous fibroids often interfere with implantation

Cornual fibroids can obstruct fallopian tubes

Multiple fibroids and an enlarged uterine cavity also be a factor

There is good evidence that myomectomy will improve fertility

Laparoscopic Myomectomy and Hysteroscopic surgery are associated with best outcome

Pregnancy and Fibroids

Fibroids can affect chances of getting pregnant

Submucous fibroids can cause early pregnancy loss and premature labour

Fibroids tend to increase in size during pregnancy leading to:

- Increased discomfort
- Red degeneration of pregnancy
- Malposition or malpresentation
- Increased need for Caesarean Section (which can be difficult and complex)
- Post-partum Haemorrhage

Fibroids: When to refer

Diagnosis based on examination + scan

Symptomatic Fibroids

- Large fibroids
- Heavy periods causing anaemia
- Intermenstrual bleeding
- Pressure symptoms

Pre-pregnancy counseling

Difficulty in conceiving

Sudden increase in size

Fibroids: Investigations

Examination + USS scan

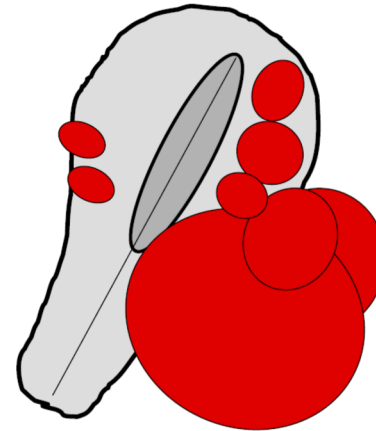
FBC Ferritin

Hysteroscopy

MRI may be needed prior to Lap Myomectomy

Fibroid mapping (Pre-op) with USS

Mrs [REDACTED], DOB 23/9/1975
Date 23/1/2016, No 47448



Fibroids ●

Front

Treatment

Supportive Treatment

Hysteroscopic Surgery

Myomectomy

- Laparoscopic Myomectomy
- Open Myomectomy

Hysterectomy

Uterine Artery Embolisation

MRI Guided Focused Ultrasound

Medical Treatment (GnRHa / Ullipristal Acetate)

Supportive Treatment

Regulate menses

- OCPs

Stabilize endometrium

- Cyclical Progesterone

Stop menses

- GnRH analogues / Ullipristal Acetate

Tranexamic Acid

Correction of anaemia

Mirena if cavity normal

Transcervical Resection of Submucous Fibroid

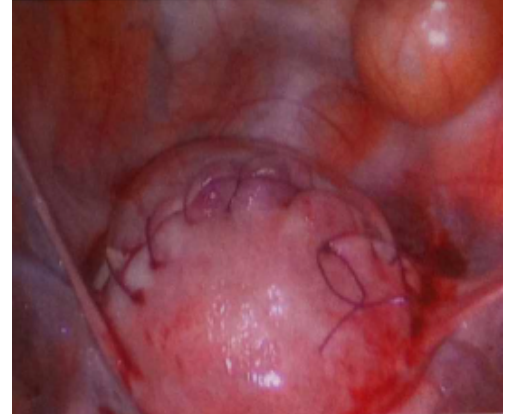
Advantages

- Most effective treatment
- Day surgery procedure
- Quick recovery
- Reduced bleeding
- Improved fertility
- Improved pregnancy outcome

Disadvantages

- Not all fibroids suitable
- Some fibroids can only be partially resected needing second stage procedure





Laparoscopic myomectomy

Laparoscopic Myomectomy



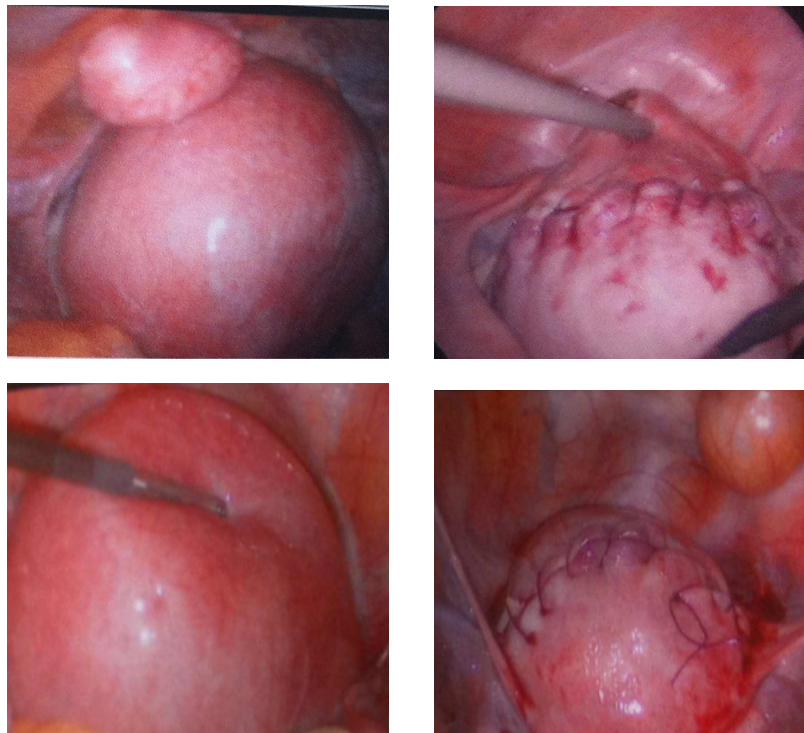
Advantages

- Minimal Access
- Enhanced recovery
- Cosmetic scars
- Minimal postoperative adhesions
- Excellent pregnancy rates

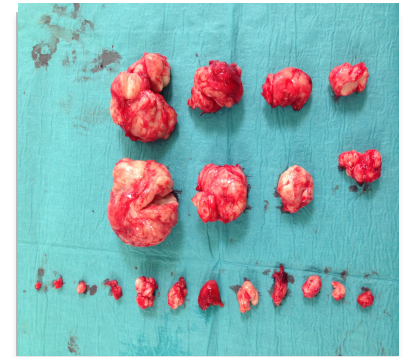
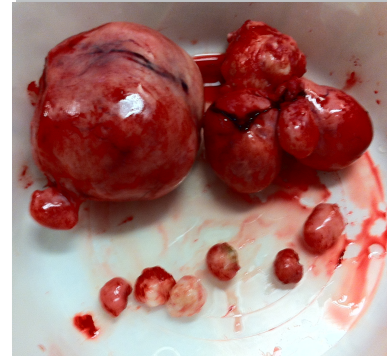
Disadvantages

- Not all fibroids removed
- Risk of morcellation
- Need for caesarean section

Excellent results



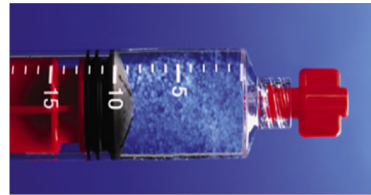
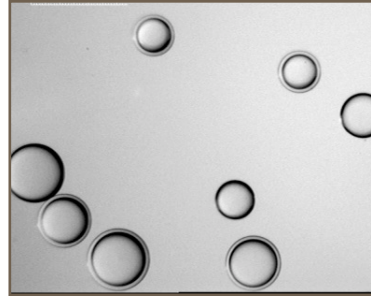
Open Myomectomy



Uterine Artery Embolisation

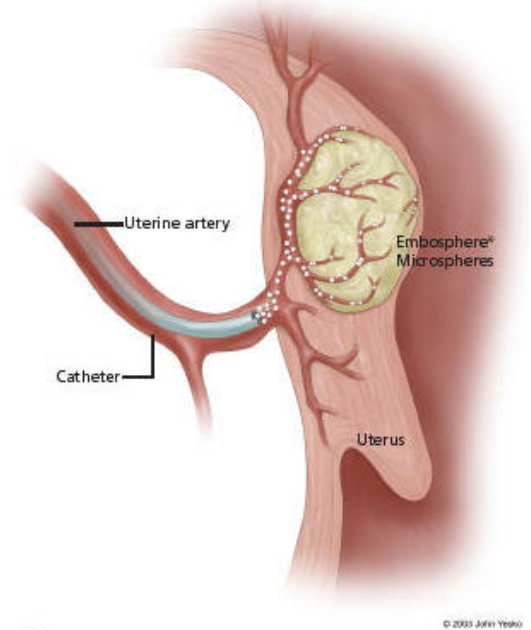
Advantages

- Non-invasive procedure
- 90% get some relief of pressure and bleeding symptoms
- Volume reduction by 40-60%
- Excellent choice for women in 40s typically after completion of family



Disadvantages

- Not suitable for large fibroids (>24w)
- Painful procedure
- Discomfort / watery discharge\Infection
- Premature menopause
- Recurrence



MRI guided focused Ultrasound

St Mary's Hospital

Not supported by NICE yet for general use

For a single fibroid up to 10cm

20% reduction in volume

Limited role

GNRH Agonists (Prostap / Zoladex)

Reduction in volume up to 50% over 3 months

- To stop bleeding to improve preop fitness
- For preop reduction in size to make surgery easier
- Nowadays replaced by Ullipristal Acetate

Ulipristal Acetate (Esmya) – Tablets for Fibroids?

Selective Progesterone Receptor Modulator

Acts locally on fibroids through inhibition of cell proliferation and apoptosis

Direct effect on endometrium with reduced bleeding

Also acts on pituitary/hypothalamus to inhibit ovulation (but oestrogen levels maintained)



Ulipristal Acetate (Esmya) – Tablets for Fibroids?

Advantages

- Oral administration (5mg OD x 3m)
- Reduced volume of fibroids (67%)
- Stops bleeding quickly (amenorrhoea in 75%)
- Effective preoperatively
- Licensed for repeat courses (2 periods between consecutive courses of 3m)
- Effect comparable with GnRHa with less side effects
- Improved quality of life, reduced pain
- Established safety record

Disadvantages

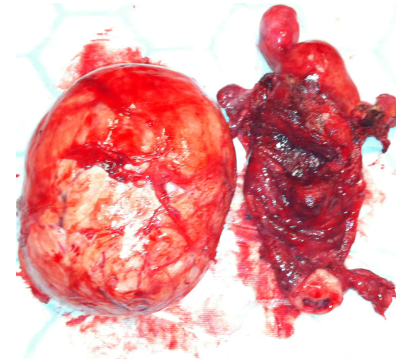
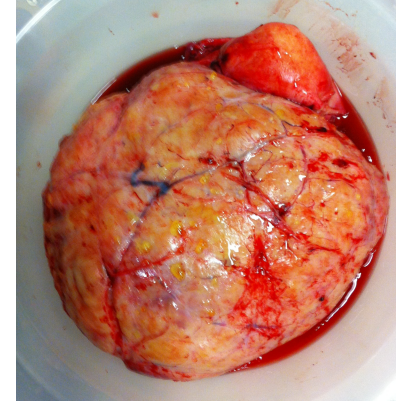
- Cost
- Temporary effect (but lasts up to six months)
- Minor side effects (Nausea / headache / Fatigue / Acne / Hot flushes in 15%)



Place for Hysterectomy

Laparoscopic Hysterectomy often possible
Sometimes open incision needed
Can be total or subtotal

Permanent solution
Women over the age of 40 with completed family



Summary

- Very common
- Often asymptomatic
- Often can be managed by supportive treatment
- Surgical intervention required in 20% of women
- If surgery required; hysteroscopic or laparoscopic surgery preferred
- Ullipristal has changed the management of fibroids over the last few years

Thank You

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