

A guide to Uterine Fibroids (Myoma, Leiomyoma)

What are fibroids?

Fibroids are benign (not cancerous) growths that start within the muscle layer of the uterine wall and can grow inwards into the uterine cavity or outwards inside the abdomen. Fibroids are probably the most common gynaecological condition; almost 50% of women will develop fibroids at some stage.

What causes fibroids?

The cause of fibroids is not known. They are more common in women who do not have children and also in Afro-Caribbean women. Fibroids are known to be dependent on Oestrogen hormone. That is why they grow during pregnancy and shrink after menopause.

What are the types of fibroids?

Fibroids can be single or multiple and are classified by size: small (less than 4 cm), medium (4-8 cm) or large (greater than 8 cm) and by location.

- **Submucous:** Fibroids that grow inwards in the uterine cavity – they are more likely to cause bleeding problems and also more amenable to hysteroscopic surgery.
- **Intramural:** Fibroids growing within the uterine wall.
- **Subserous:** Fibroids that grow outwards – they are more likely to cause pressure symptoms. Intramural and subserous fibroids can be treated by laparoscopic or open surgery.

What are the common symptoms caused by fibroids?

Fibroids are very common and most do not cause any symptoms. In fact, most women may not even know of their presence even if they are quite large.

Some fibroids, (approximately 40%) will cause some symptoms. These symptoms depend on the location and size of the fibroids, changes within the fibroids and pregnancy status.

Abnormal uterine bleeding: Fibroids (often submucous) can cause bleeding problems such as heavy periods or bleeding in between periods. Sometimes the bleeding is associated with heavy clots and spasmodic pain. Blood loss can also lead to iron deficiency and anaemia.

Pressure symptoms: Fibroids can press on the surrounding organs such as the bladder and bowel. This can lead to urinary frequency and constipation. Occasionally, pressure on the bladder neck can lead to urinary retention. Large fibroids can cause pressure on pelvic blood vessels which can lead to swelling of legs, deep vein thrombosis and back pressure on kidneys.

Pain: Fibroids can cause heaviness and fullness in the pelvic area. Large fibroids can cause mass and pressure effects. Sometimes the fibroids can outgrow their own blood supply and can undergo central degeneration and become extremely painful. Some of the fibroids can cause dyspareunia (pain during sex) because of their position.

Infertility: Fibroids usually do not lead to fertility issues and most women with fibroids will achieve pregnancy without any difficulty. In fact, many of the fibroids are diagnosed on ultrasound scans performed during pregnancy. Submucous fibroids can obstruct the uterine cavity and prevent implantation. Some fibroids can obstruct the fallopian tubes and cause difficulty in conceiving. Removal of fibroids larger than 6cm and submucous fibroids may be indicated if there are fertility issues.

Pregnancy and Fibroids: It is important to remember that most women with fibroids will have a straight-forward pregnancy. Fibroids can grow in size in pregnancy due to high levels of oestrogen and occasionally will outgrow their own blood supply and become painful due to a condition called 'red degeneration.' Submucous fibroids can occasionally cause early pregnancy complications such as bleeding and pregnancy loss due to implantation on a fibroid and not enough blood supply. Later on in pregnancy, low fibroids can interfere with normal delivery. Caesarean section sometimes can be complicated if the fibroids are in the way. Fibroids can also interfere with uterine contractions and lead to excessive bleeding after delivery.

What tests are required for fibroids?

Ultrasound: Ultrasound scan often is the best investigation. It can make the diagnosis and also confirm the number, size and location and help with planning treatment. For small fibroids, a transvaginal scan is more useful. Large fibroids may need a transabdominal scan also.

MRI Scan: sometimes needed for a more accurate description of size and location, planning of surgery, or if there is suspicion of leiomyosarcoma.

Blood tests: Haemoglobin levels and iron profile may be required to assess the degree of anaemia.

Hysteroscopy: Hysteroscopy (camera inspection of the uterine cavity) may be required if there are bleeding symptoms and the presence of submucous fibroids. This can also be used for the diagnosis and treatment of submucous fibroids.

What treatment options are available for fibroids?

Personalised treatment is important for successful management of fibroids. This will depend on your circumstances, wishes, size, number, location and nature of fibroids. Options available include:

Supportive treatment: medical treatment to reduce pain, bleeding and anaemia. GnRH analogues injections: these injections can temporarily lead to shrinkage of fibroids but may be associated with side effects of hot flushes and night sweats.

Hysteroscopic Surgery: this day case procedure is carried out under a short general anaesthesia and is suitable for intracavity fibroids.

Laparoscopic Myomectomy: keyhole procedure to remove subserous/intramural fibroids usually up to 12cm in size.

Open Myomectomy: open abdominal surgery to remove fibroids.

Hysterectomy (Laparoscopic or Open): this option may be suitable when the family is complete.

Uterine Artery Embolisation: the blood supply to the fibroids is blocked in this procedure and leads to shrinkage of fibroids.

MRI guided focused Ultrasound therapy: this is suitable for medium-sized fibroids (usually 1-2 fibroids) and can lead to shrinkage.

Practising at the following locations:

— **THE PORTLAND HOSPITAL**
212 Great Portland Street
London W1W 5QN

— **CITY OF LONDON**
15 Austin Friars
London EC2N 2HE

To book an appointment please contact:

020 7101 1700 (24hrs)

contact@london-gynaecology.com

For further information about our other services please visit:

www.london-gynaecology.com

www.london-colposcopy.com

www.london-fibroids.com

www.london-earlypregnancy.com

www.london-fertility.com

www.london-menopause.com

www.london-womenscancer.com

London Gynaecology is a first class private gynaecology practice, led by a team of leading consultant gynaecologists. London Gynaecology offers daily services across London.

A guide to Uterine Fibroids (Myoma, Leiomyoma)

Can fibroids be cancerous?

Fibroids are rarely malignant and the risk is approximately 1 in 500. The risk is higher if the fibroids are rapidly growing or extremely large or start growing after menopause. Cancerous fibroids are known as leiomyosarcoma.

What monitoring is required?

Fibroids would usually be monitored based on symptoms. Annual ultrasound and consultation may be useful as it gives an opportunity to reassess the situation and appraise available options.

Can nutrition help fibroids?

Studies have shown these to be fibroid risk factors; hypertension, obesity, high sugar diets increase fibroid risk as do diets high in processed meat, beef and low in vegetables.

Fibroid sufferers should:

DECREASE

Processed red meat: Sausages, burgers, packet meat are shown to be fibroid risk factors and excessive consumption can increase inflammation (increasing pain). Eat unprocessed white meat and limit beef to fortnightly, organic and grass-fed.

Sugar & refined carbohydrates: These can cause insulin spikes and weight gain. High amounts of sugar increase inflammation and can affect hormone balance. Replace sugary snacks with unprocessed nuts and seeds and refined carbohydrates with whole-grains.

Fizzy drinks: especially 'diet'; which can cause blood pressure to raise and affect blood sugar control.

INCREASE

Fresh green leafy vegetables: Helps hormone balance and immunity. Eat 3-4 different green vegetables a day; fresh herbs also count.

Flaxseeds: Have a balancing effect on hormones and are anti-inflammatory. Ground flaxseeds are most easily utilized by the body, add 2-3 teaspoons daily to porridge, soups or salad.

Legumes: Chickpeas, lentils, beans are good blood sugar balancers and contain iron which is needed if there is heavy menstruation. Replace beef mince for lentils in a bolognese sauce, or roasted chickpeas as a snack.



Practising at the following locations:

— THE PORTLAND HOSPITAL
212 Great Portland Street
London W1W 5QN

— CITY OF LONDON
15 Austin Friars
London EC2N 2HE

To book an appointment please contact:

020 7101 1700 (24hrs)

contact@london-gynaecology.com

For further information about our other services please visit:

www.london-gynaecology.com

www.london-colposcopy.com

www.london-fibroids.com

www.london-earlypregnancy.com

www.london-fertility.com

www.london-menopause.com

www.london-womenscancer.com

London Gynaecology is a first class private gynaecology practice, led by a team of leading consultant gynaecologists. London Gynaecology offers daily services across London.