

## The facts about: Fibroids

These are thickenings in the muscle of the uterus (womb). They are benign tumours, but they are not a cancer. They are a frequent finding in 40% of women who by the age of 40 will have evidence of fibroids.

Fibroids may present with heavy periods, occasionally pressure or a feeling of fullness in your abdomen. Sometimes they can interfere with bowel movements leading to constipation. Sometimes they can make you pass urine frequently. They occasionally cause pain and can cause difficulties with achieving a pregnancy.

Treating fibroids depends on whether they are causing you symptoms or not. Fibroids can be diagnosed on physical examination. Your doctor may feel that the uterus (womb) is enlarged. An ultrasound may be performed to confirm that the lump is indeed a fibroid.

## Treatments

There are a number of treatments and the treatment that is best for you depends on your age and the problems that the fibroids are producing. Some hormone treatments include the oral contraceptive or progesterone hormone medications. The Mirena intra-uterine device is a good way of controlling heavy bleeding. Some people find Implanon or Depo-Provera, both injectable forms of progesterone, to be helpful. On occasions Tranexamic acid is helpful to reduce the heavy bleeding and non-steroid anti-inflammatories such as Ibuprofen or Mefenamic acid may reduce cramps and lighten the periods. There is a group of drugs called GNRH analogues (Gonadotropin releasing hormone agonists). These can be used to shrink the size of fibroids and control heavy bleeding. They are reversible and work by shutting down the ovaries by controlling the pituitary and hypothalamus. We would use these for 3--6 months in an effort to make them smaller before surgery. One problem that they can produce is osteoporosis if used for more than 6 months. Sometimes oestrogen therapy can be given with GNRH analogues to stop osteoporosis.

- Myomectomy

This refers to removing the fibroid. In this way the fibroids can be removed, but you can still retain your fertility. Up to 25% of patients who have a myomectomy may need a second procedure for fibroids, as fibroids

have a habit of coming back. Fibroids can be removed laparoscopically (through a small telescope) under a general anaesthetic in hospital. This means you can go home from surgery the next day. If there are fibroids inside the womb they need to be removed through a hysteroscope. This is a small instrument which is inserted through the vagina and cervix and into the uterus, a magnetic resonance focus ultrasound. This is a non-invasive treatment in which an MRI machine guides ultrasound waves, which are focussed, leading to thermal shrinkage of the fibroid.

- Uterine Artery Embolisation

This is done by a radiologist. A small tube is inserted into a large vessel in your thigh. Under x-ray control this tube is directed towards the arteries supplying blood to the fibroids is occluded. Pregnancy is usually not recommended after a uterine artery embolisation so other contraception is advised.

- Hysterectomy

This is a way of removing the fibroids and the uterus at the same time. If the whole womb is removed there is no chance of fibroids coming back. I can normally perform this operation through a telescope so you could go home the next day. Please refer to the area on laparoscopic hysterectomy on this website.