Fibroids

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What are fibroids?

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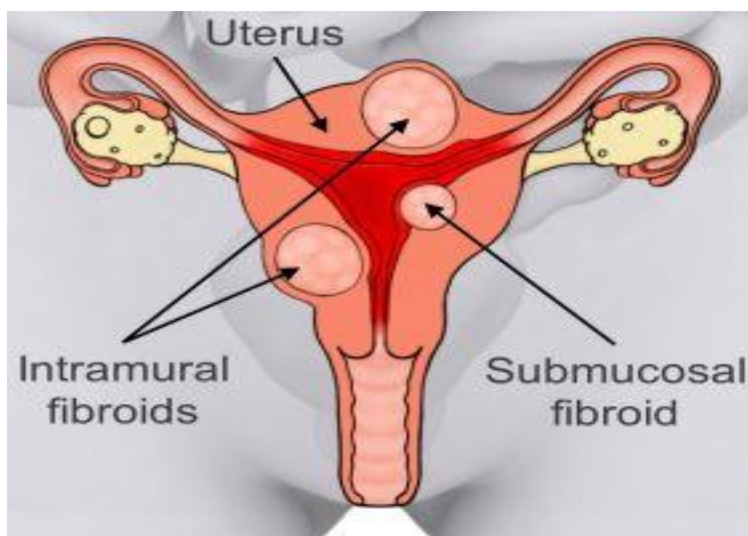
Fibroids (also known as uterine fibromyomas, leiomyomas or myomas) may grow in different layers of the uterus.

Fibroids can be located within the muscle (intramural); other types grow in the outer muscle layer (subserosal) or are inside the cavity of the uterus (submucosal).

Fibroids can vary in size, ranging from the size of a pea to the size of a rock melon or larger.



Signs and symptoms of fibroids

Most women have fibroids that don't cause any symptoms. However, if fibroids cause problems, symptoms will depend on the size, number and location of the fibroids.

These may include the following:

- heavy or prolonged periods
- period pain
- anaemia or iron deficiency (due to heavy periods), and you may feel:
  - tired
  - dizzy
- frequent passing of urine
- a pressure sensation on the bladder, bowel or back and/or feeling of incomplete emptying of bladder or bowel
- lower back pain

- swelling in the abdomen
- **painful sex (dyspareunia)**

Bleeding in between periods is not common but can sometimes happen. In rare instances, a fibroid may become cancerous and this is called a sarcoma.

What causes fibroids?

It is not known exactly why fibroids occur. However, we do know the female hormones, oestrogen and progesterone play a significant role in stimulating fibroids to grow.

Fibroids grow in women of reproductive age, until menopause. After menopause, they usually shrink and may disappear.

Some factors increase your risk of getting fibroids, while others lower your risk including:

Higher risk

- Early first period (menarche)
- Obesity (BMI 30.0 or higher)
- A family history of fibroids
- Never having given birth
- Age (risk increases in your late reproductive years)
- Having **polycystic ovary syndrome (PCOS)**
- High blood pressure (hypertension)

Lower risk

- Having more than two children
- Having had a multiple birth
- Use of Depo-Provera (a contraceptive)
- Use of the oral contraceptive pill

How are fibroids diagnosed?

A diagnosis of fibroids may be made during a vaginal examination, ultrasound or during surgery for other conditions.

The first test recommended is a transvaginal ultrasound, where the ultrasound probe is gently placed in the vagina. This is more accurate than a pelvic ultrasound where the probe is moved over the tummy (abdomen). Other tests may include MRI (magnetic resonance imaging).

Fibroids may be confirmed during a hysteroscopy, which is a procedure performed under local or general anaesthesia. A hysteroscope (a thin telescope) is carefully inserted along the vagina into a woman's uterus to examine the inside cavity.

Fibroids can also be confirmed during laparoscopy (keyhole surgery). This is an examination using a thin telescope, performed under general anaesthesia. Through small cuts in the abdomen, the

doctor is able to look at or operate on the pelvic organs, such as the uterus, ovaries and fallopian tubes.

Management & treatment of fibroids

Most fibroids will not require treatment unless they are causing problems such as:

- impaired fertility
- period pain
- heavy bleeding
- pressure symptoms

Treatment depends on:

- The symptoms caused by the fibroid/s
- Whether the symptoms interfere with daily living
- The position of the fibroid(s)
- The size of the fibroid(s)

The treatment options can be categorised as medical or surgical. These may be combined depending on your needs, such as:

- Whether you are planning a future pregnancy
- Whether you have had previous pregnancies

What are the medical options?

Treatment	How it works
Anti-inflammatory painkillers, such as mefenamic acid (Ponstan®) or ibuprofen (Nurofen®)	Reduces period pain. May also be prescribed to reduce heaviness of bleeding.

Antifibrinolytic (tranexamic acid - Cyclokapron®)	Reduces heaviness of bleeding by slowing blood clot breakdown in the womb (uterus) lining.
Mirena® IUD	This T-shaped, contraceptive device is inserted into the uterus, and slowly releases a hormone called a progesterone. It reduces heaviness of bleeding. Can be removed if you are planning pregnancy. You can find more information about the Mirena® IUD **here**.
Combined contraceptive pill (also known as 'The Pill') Progesterone-only pill (also known as 'The mini pill')	May reduce bleeding. Can be stopped if you are planning pregnancy. You can find more information **here**.
GnRH agonist	An artificial hormone used to prevent natural ovulation. May be used to shrink fibroid before a planned operation. Not recommended for longer term use because of side effects such as osteoporosis (bone thinning), and fibroid regrowth when the treatment is stopped.
Iron replacement	May be required if iron deficiency or anaemia is present (due to heavy bleeding). Available as oral supplements or iron infusion (injection into the vein).

What are the surgical options?

Treatment	How it works
Uterine artery embolisation	Small, sterile particles are injected into the uterine artery to reduce the blood supply to the fibroid. This can make the fibroid shrink by a third or half its size. The procedure is performed: • by a specialist radiologist using X-ray control • under sedation or general anaesthesia in hospital with an overnight admission for observation • a catheter (thin tube) is inserted into the groin and guided into the uterine artery
Hysteroscopic myomectomy (resection of fibroid)	A hysteroscope is used under general anaesthesia to cut out a fibroid that is partially or completely inside the cavity of the uterus. These are called 'submucosal' fibroids and they often cause

	heavy periods. This procedure can also be done under local anaesthetic if the fibroid is under 3cm.
Abdominal myomectomy	Complete removal of a fibroid under general anaesthesia using: • Laparoscopy (keyhole surgery – an examination using a thin telescope performed under general anaesthesia. Through one or two small cuts in the abdomen) • Laparotomy (an incision through the lower abdomen)
MRI-directed ultrasound technique	Guided by MRI, high intensity focused ultrasound waves overheat the cells in a fibroid, causing it to shrink by one-third to one-half. Only about one-third of fibroids are suitable for this procedure. This prolonged procedure is performed by a specialist radiologist and is not covered by Medicare.
Hysterectomy	This can be done to remove some or all of the uterus particularly for multiple fibroids causing major symptoms. A hysterectomy is the only procedure that will permanently prevent fibroids from growing or recurring. A woman should make the decision to have a hysterectomy only after a discussion with her doctor about the reasons for the operation, how it will be performed, the benefits and possible risks. It is a treatment for women who have no desire for future fertility. You can read more about hysterectomy **here**.

Impact on fertility & pregnancy

The effect of fibroids on fertility and pregnancy depends on the size and position of the fibroids (not the number of fibroids). In some cases, Caesarean section may be recommended for future births.

Only certain types of fibroids will have an impact on getting pregnant and/or delivery.

Who to see for help

If you are experiencing any of the symptoms of fibroids, see your doctor. Your doctor may refer you to a gynaecologist.

Listen to a podcast

Jean Hailes gynaecologist Dr Elizabeth Farrell featured on ABC Radio's Health Report in a special report on fibroids.

You can hear the full interview **here**.

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