
Fibroids

Summary

- Fibroids, or myomas, are growths or benign tumours that form inside the wall of the uterus.
 - Up to 70 to 80 per cent of women over the age of 50 years have fibroids.
 - Symptoms can include heavy and painful periods, infertility and miscarriage in pregnancy.
 - Treatment options include the use of medication to shrink the fibroids, MRI-directed ultrasound, embolisation or surgical removal.
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Fibroids, or myomas, are growths or benign tumours that form inside the wall of the uterus (womb). Seventy to 80 per cent of women over the age of 50 will have fibroids. Only 20 to 30 per cent will have symptoms from fibroids.

It is not exactly known why fibroids develop, but the sex hormones, oestrogen and progesterone, play key roles. Fibroids rarely grow in girls before puberty and women after menopause. Pre-existing fibroids stop growing and can even shrink in women after menopause.

Mostly, fibroids do not cause any problems, but they are occasionally associated with infertility, miscarriage and premature labour. Other problems can include heavy, long and painful periods.

Treatment depends on the size, number and location of the fibroids, but can include medication, procedures done under local anaesthetic, ultrasound procedures and surgery. Fibroids rarely are cancerous.

What are the symptoms of fibroids?

Most women with fibroids do not have symptoms. When symptoms are present, they can include:

- heavy, long and painful periods
- spotting between periods
- pain during sex
- feeling of heaviness or pressure in the back, bowel and bladder
- urinating often
- a lump or swelling in the lower abdomen.

What types of fibroids are there?

Fibroids are categorised by their location, which includes:

- **intramural** – the most common type, growing in the wall of the uterus
- **submucosal** – growing in the lining of the uterus (endometrium), sometimes causing heavy, long and painful periods
- **subserosal** – growing on the outside of the wall of the uterus, sometimes appearing like long stalks.

What are the complications of fibroids?

Fibroids can cause a range of complications, including:

- anaemia (or iron deficiency or low iron stores) – excessive menstrual blood loss can cause anaemia, where the body is not able to carry enough oxygen in the blood. Symptoms of anaemia include breathlessness, fatigue, paleness and reduced exercise intolerance
 - problems urinating – large fibroids can make the uterus bulge, pressing against the bladder. This can cause a feeling of fullness or discomfort and the need to urinate often
 - infertility – fibroids can interfere with implantation of the fertilised egg in a number of ways. For example, the
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egg may try to implant onto a fibroid, or fibroids may change the shape of the uterus and make it difficult for an egg to implant

- miscarriage and premature delivery – fibroids can reduce blood flow to the placenta or compete for space with the developing baby.

How are fibroids diagnosed?

Fibroids can be detected using:

- **ultrasound** – where sound waves are used to create a two-dimensional picture of the uterus
- **hysteroscopy** – the inside of the uterus can be seen with a hysteroscope, which is a thin telescope that is passed through the cervix (entrance to the womb). It has a camera and a light and the images it produces are viewed on a TV monitor to see the inside of the uterus.

What is the treatment for fibroids?

Treatment depends on the size, number and location of the fibroids, but can include:

- **monitoring** – if the fibroids are not causing any symptoms and are not large, the condition can be watched over time for any changes
- **medication** – a combination of hormones or other medication can be used to shrink the fibroids before surgery
- **MRI-directed ultrasound** – the MRI machine locates and monitors the fibroids, and ultrasound is used to heat up and destroy the fibroid tissue. The procedure is performed without anaesthetic, but medication is given to help with relaxation
- **arterial embolisation** – under local anaesthetic, a fine tube is passed through an artery in the arm or leg into the main artery that is supplying the fibroid with blood. The process is monitored by x-ray. Fine, sand-like particles are then injected into the artery to block the blood supply to the fibroid. The fibroid slowly dies and symptoms generally subside over a few months
- **hysteroscopy** – the fibroids are removed through the cervix using a hysteroscope (a thin telescope) with a cutting loop
- **laparoscopy** – or 'keyhole surgery'. A thin telescope is inserted through the abdomen, and other instruments are used to remove the fibroid from the abdomen in small pieces
- **open surgery** – larger fibroids need to be removed through a cut in the abdomen. This procedure weakens the wall of the uterus and makes caesarean sections for future pregnancies more likely
- **hysterectomy** – the surgical removal of some, or all, of the uterus. Pregnancy is not possible after a hysterectomy.

Where to get help

- Your **doctor (GP)**
- Gynaecologist

This page has been produced in consultation with and approved by:

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