How can I help to reduce healthcare associated infections?
Infection control is important to the well-being of our patients and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the entrance to every ward before coming into and after leaving the ward. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser. Staff will let you know if this is the case.

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What are uterine fibroids?
Uterine fibroids or myomas are benign swellings of the uterus (womb) made up of smooth muscle and are usually harmless. They are very common in women between 25-45 years of age occurring in about 20-30% of women in this age group. Fibroids are more common in women of Afro-Caribbean origin (2-3 times higher) and tend to be larger and more numerous.

Fibroids may occur on the inside of the uterus (submucous fibroids), in the muscle wall (intramyometrial fibroids) or grow to the outside of the womb (subserous fibroids). Some of these last group of subserous fibroids may only be attached to the uterus by a long stalk and these are called pedunculated fibroids. Fibroids vary in size from very being small (pea sized) to growing to be quite large.

What causes uterine fibroids?
Fibroids grow under stimulation from hormones produced by the ovaries. These hormones are called oestrogen and progesterone. Oestrogen is produced predominantly in the first half of the menstrual cycle and both oestrogen and progesterone in the second half. Research has shown that both of these hormones may stimulate the growth of uterine fibroids. Conversely after the menopause (The Change) when these hormones are no longer produced, fibroids tend to shrink, but they may not disappear.

What symptoms can fibroids cause?
Up to 75 in 100 women with fibroids may not have symptoms, therefore many women don’t know they have fibroids. Whether or not you have symptoms depends on the size and location of the fibroids in your uterus.

Fibroids can cause heavy menstrual flow by increasing the overall size of the womb and may involve flooding, passing

Useful Contact Numbers

Stoke Mandeville Hospital
Consultant Gynaecologists 01296 316239/6548
Ward 16B 01296 418111

Wycombe Hospital
Consultant Gynaecologists 01494 425009/425724

We are always trying to improve the quality of information given to patients. If you have any comments or suggestions regarding this information booklet, please contact:

Division of Women, Children & Sexual Health Services
Buckinghamshire Healthcare NHS Trust
Stoke Mandeville Hospital
Mandeville Road
Aylesbury
Buckinghamshire
HP21 8AL
**Myomectomy**
A myomectomy is also an operation to cut out fibroids from the womb and this operation is most suited to women who have not completed their families.

However a myomectomy usually involves major surgery under a general anaesthetic and an incision on the abdomen (tummy). You will need to stay in hospital for 2-3 nights and be off work for about 4-6 weeks. One or two women in every 100 undergoing a myomectomy operation will require a hysterectomy due to heavy bleeding during the operation.

Myomectomies on smaller fibroids can sometimes be performed by laparoscopic (key-hole) surgery. Nevertheless about 15-30 in 100 women who have a myomectomy will have their fibroids grow back.

**Hysterectomy**
Women who have completed their family can have their fibroids treated by removal of the womb entirely - a hysterectomy. A hysterectomy is major surgery and involves the same stay in hospital and recovery as a myomectomy. Complications may include damage to your bladder or bowel, infection or bleeding during or after the operation, though the surgery is often more straightforward than a myomectomy.

Which ever treatment option is best for you will be discussed fully with you and you will have an opportunity to have any questions you have answered.

**Please Note:**
This leaflet explains some of the most common side-effects that some people may experience. However, it is not comprehensive. If you experience other side-effects and want to ask anything else related to your treatment please speak to staff on Ward 16B on 01296 418111.

large clots or bleeding for an increased number of days. As a result some women may develop anaemia (low blood iron), making you feel weak and tired. Fibroids can also cause painful crampy periods and lower abdominal (pelvic) pain. They may also cause symptoms related to a large pelvic mass and this may include lower back pain or pelvic discomfort as well as passing urine frequently and/or constipation and occasionally uncomfortable intercourse.

**Can fibroids influence my fertility?**
Fibroids may be present in about 5-10 in 100 of women who have infertility (difficulty in getting pregnant) and may be the sole factor in 1-2 in 100 of infertile women. Evidence suggests that fibroids affect the uterine lining making it more difficult for pregnancies to implant. They may also block the opening of the uterine fallopian tubes on the inside of the uterus. More often fibroids do not need treating for women with infertility.

**How are fibroids detected?**
Uterine fibroids can be detected in a number of different ways. As the uterus is generally larger than normal, a pelvic or internal examination may determine that the womb is enlarged. This may be the first investigation that suggests you have fibroids.

A pelvic ultrasound performed vaginally (internal) or abdominally (tummy) may show fibroids in the womb. Occasionally a more detailed scan called an MRI (magnetic resonance imaging) scan may need to be performed to study a fibroid uterus more clearly.

Fibroids which occur on the inside of the womb can be diagnosed by a hysteroscopy procedure. This involves passing a small telescope (hysteroscope) through the cervix (the neck of the womb) and into the uterus. Hysteroscopy can
be carried out in an outpatient clinic or with a general anaesthetic in theatre.

A laparoscopy may help to identify fibroids on the outside of the womb. This involves inserting a thin telescope (laparoscope) via a tiny cut into the umbilicus (the belly button), when you have been given a general anaesthetic. Your abdomen (tummy) will need to be filled with gas to allow a good view of all the pelvic organs including the uterus, and at the end of the procedure the gas is released. The operation is carried out as a ‘day case’ procedure, takes about 30 minutes and you will be able to go home the same day.

**What are the treatment options for fibroids?**

If fibroids are not causing any symptoms they need not be treated. The decision whether your fibroids need treatment will be made after a discussion between you and your gynaecologist.

(a) **Drug treatments:**

A group of drugs called GnRH analogues temporarily reduce oestrogen levels in your body and, as a result, cause fibroids to shrink. They may also reduce or stop menstrual flow and reduce the pain of fibroids. They are usually administered by a monthly injection for about 6-9 months, and may cause side effects like hot flushes and sweats. If you are prescribed this drug by your doctor and you experience side effects such as these, you may be prescribed another type of hormone to relieve these symptoms. However GnRH analogues only shrink fibroids for a short period of time. Once you stop taking the drugs your fibroids will grow again, though slowly.

GnRH analogues are mostly used to reduce fibroid size before surgery. This makes any surgery carried out to remove fibroids easier to perform.

In some instances you may alternatively be prescribed a tablet (Esyma) to be taken daily for up to 3 months before any surgery for fibroids. These tablets also shrink fibroids but without any menopausal-like symptoms.

(b) **Non surgical treatments:**

**Uterine / fibroid artery embolisation**

Uterine or fibroid embolisation is a way of treating fibroids by blocking the uterine arteries or the blood vessels supplying the fibroid(s) and making the fibroids shrink. The procedure takes place in the X-Ray Department and will require you to stay overnight on the ward. The procedure is usually performed by a doctor called a Radiologist. Under a local anaesthetic, a catheter (a thin flexible tube) is passed into an artery in the groin and guided using x-ray pictures into the arteries in the womb or fibroid. A chemical foam or fluid containing particles is injected into the catheter and this blocks off the fibroid blood vessels causing shrinkage. Complications are rare but may include fever, pain and infection in about 1 in 100 procedures.

(c) **Surgical treatments:**

**Hysteroscopic fibroid resection**

This involves removal of small fibroids on the inside of the womb. A small telescope (hysteroscope) is passed through the vagina and cervix into the womb. A wire loop through which an electrical current is passed, is fed into the hysteroscope and used to cut away the fibroid. You will have a general anaesthetic and be able to go home the same or the next day. There is a small risk of perforation (making a small hole in the womb), and should that occur, a very small risk of bowel injury. A similar small risk is possible absorption of too much fluid used for the procedure. If this occurs it will be treated appropriately by your gynaecologist.