Treatment of Uterine Fibroids

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, in the muscle wall or grow to the outside of the womb Some of these last group of subserous fibroids may only be attached to the uterus by a long stalk. 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 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. However 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.

A new version of the GnRH drug (Ryeqo) has now been approved by NICE (National Institute for Health and Care Excellence) for use. This drug is administered by mouth, can be taken for long periods and contains an 'add back' hormone which reduces hot flush side effects

The use of ESMYA in treatment of uterine fibroids has been re-approved by the MHRA and NICE (2021). The approval is limited to intermittent use in treatment of severe symptoms of uterine fibroids or for patients who have failed surgical treatments (including Fibroid Embolisation see below). However due to the risk of liver failure with ESMYA use, strict monitoring will need to be followed. The use of ESMYA will only be prescribed under your gynaecologists' guidance.

(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 at present 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:

1. 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 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.

2. Myosure Hysteroscopic Fibroid Resection

The Myosure is another device that can be used to remove fibroids on the inside of the womb. The Myosure device is passed through a small telescope (hysteroscope) which has been passed through the vagina and then through the neck of the womb (cervix) and into the uterus. Under direct vision the fibroid is gently cut into pieces and removed. The procedure can be performed either under local pain relief or under a general anaesthetic. As in all operations inside the womb, there is a small chance of a perforation of the womb and a very small risk of bowel injury. However, it is a very safe procedure.

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 1-3 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 can also be performed by laparoscopic (keyhole) surgery. Your doctor will discuss with you whether the fibroids you have are suitable for keyhole 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 straight forward than a myomectomy.

Whichever 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 12C on 01494 426108/418111.

Useful Contact Numbers

Stoke Mandeville Hospital

Gynaecology Department 01296 315000

Wycombe Hospital

Ward 12C 01494 426018/426019

How can I help reduce healthcare associated infections?

Infection prevention and control is important to the well-being of our patients and for that reason we have infection prevention and control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. Please follow our infection prevention and control guidelines when visiting our healthcare sites. Further information is available on our website.

Patient Advice Sheet

If you would like a copy of this information on audiotape, in large print or translated, please call the Patient Advice Liaison Service on 01296 831120 or email bht.pals@nhs.net

Division of Women, Children & Sexual Health Services

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