Uterine fibroids information

Overview
A fibroid is an abnormal growth of muscular tissue within the uterus. It is not a cancer and usually does not require treatment. In some women, due to the size of the fibroid or location, it may cause problems requiring treatment.
Fibroids can be found in up to 40% of women. Most of these women will not experience any symptoms. Fibroids grow at a very slow rate and will often have been present for many years before they are diagnosed. They will continue to grow slowly until the menopause after which they usually shrink in size.

Symptoms
Some symptoms women with fibroids may experience include:
- Heavy or painful periods
- Infertility
- Recurrent miscarriage
- Bladder, bowel or pressure symptoms
- Pelvic pain

Diagnosis
When a clinical history or examination suggests fibroids, an ultrasound will be organised to confirm the diagnosis.
Other investigations, such as hysteroscopy (video imagining of the uterine cavity which is done in hospital), CT scan or MRI (performed at radiology departments) may be required.

General information
- Hormone therapy is safe and will not usually increase the size of fibroids. However fibroids have been reported to grow in women using hormone patches, so these should be avoided.
- The role of fibroids in causing infertility is controversial. It is generally accepted that fibroids in the cavity of the uterus can cause infertility and recurrent miscarriage. There is some evidence to suggest that large fibroids located in other parts of the uterus may also impair fertility and increase the risk of miscarriage, preterm labour and the need for a caesarean delivery. Removal of fibroids inside the cavity of the uterus may therefore be considered prior to pregnancy and in the management of some cases of infertility. The benefits will always need to be weighed up against the risks of surgery and you should discuss all options with your doctor.
- Very occasionally cancer can occur in a fibroid (sarcoma). Although rare it should be suspected in women who are postmenopausal and/or have a rapidly growing uterus.
Treatment of Fibroids

- Treatment of fibroids depends on the age of the patient and the symptoms they experience.
- Most women will require no treatment at all.
- If the presenting problem is menstrual irregularities then it is usual to investigate for other causes of heavy periods. When these have been ruled out, a trial of medication may be used as first line management.
- Women who have a very large fibroid or multiple fibroids that are causing symptoms, and who have completed their family, will usually be offered a hysterectomy.
- Women with large fibroids who are symptomatic and who still want children may be offered a myomectomy.

Surgical procedures

Myomectomy

This is an operation that removes a fibroid from the uterus. It involves the wall of the uterus being cut open to expose the fibroid. The fibroid is then “shelled” out from the surrounding normal uterine muscle. Following the removal of one or more fibroids the defect in the uterus is repaired. The operation usually requires a laparotomy (abdominal operation) but can be performed using keyhole techniques if the fibroid is small enough.

The risks of the operation include:

- Bleeding which may be severe and require a blood transfusion or result in an emergency hysterectomy
- Infection
- Deep Vein Thrombosis
- Scar tissue and adhesions which may impair fertility
- In a subsequent pregnancy, a caesarean section may be recommended to avoid uterine rupture during labour.

Due to these and other possible pregnancy complications it may be recommended to avoid surgery until after your family is completed.

However, the benefits may be thought to outweigh the risks if you have large fibroids that may be impairing your fertility or causing significant symptoms.

After a myomectomy, fibroids may recur in 25% of women.

Hysteroscopic resection

If the fibroid projects into the cavity of the uterus then it may be removed using equipment from within the uterine cavity.

Uterine artery embolization

This is a newer treatment for uterine fibroids. It works by starving the fibroid of its blood supply. It has been shown to decrease the size of fibroids by up to 50% and may save some women from hysterectomy.

It is not without its own complications and may be very painful. Its use in women who still want to have children is controversial as long term effects on fertility and pregnancy are unknown.

No one treatment is best for all women. Please discuss the alternatives with your doctor.
What to expect after your myomectomy (removal of fibroids)

Length of Hospital Stay
You will usually go home within 3–5 days, earlier if procedure performed laparoscopically

Post operative pain
Patients usually require injections (i.e pethidine, morphine) as pain relief for the first 1–2 days following surgery.
You will be discharged from hospital on oral pain relief.

Mobility
Showering and walking short distances within 24–36 hours

Return to work
Patients can return to non-strenuous employment within 4–6 weeks of surgery.
Light duties can be started within 3–4 weeks

What to expect from your Hospital Stay
- A urinary catheter (a soft latex tube in the bladder) may be inserted in theatre and left in situ for 24 hours for patient comfort (to avoid getting up to the toilet).
- An intravenous drip will also be inserted in theatre and be removed within 24–48 hours.
- An abdominal drainage tube may also be required (to drain any blood collection) for 24–48 hours
- Anticlotting stockings (thick half length stockings) will be fitted

Some advice once you are home
Vaginal Bleeding and Discharge
A small amount of vaginal bleeding is common after this surgery and it may persist for 6 weeks.
Have some ultrathin sanitary pads on hand – do not use tampons.
Please report any discharge that is offensive or becomes heavier than a period to the doctor’s rooms.

Return to normal activity
- Activities should be limited for 4–6 weeks after surgery (including most housework).
- It is important that you do not do any heavy work or lifting for 4–6 weeks after surgery.
- As a general rule, if it hurts do not do it!
- Intercourse should not be resumed until four to six weeks after surgery and one week after the bleeding stops.
- It is advisable not to drive a car until completely comfortable and feeling well. This may be anywhere between 2–6 weeks. Do not plan a long trip even as a passenger for at least a couple of weeks after your discharge from hospital.
- Frequent short walks increasing over time is beneficial (i.e. 5–10 minutes building to 20–30 minutes)
- Gentle swimming is fine once all vaginal discharge has settled
- Avoid constipation – if this is a problem increase your fibre and fluid intake (have at least 1–1½ litres of water per day). Coloxyl tablets (1–2 tablets once or twice a day) may also be useful.