Fibroids

What Are Fibroids?

Fibroids are benign (non-cancerous) tumours that develop in or around your uterus (womb). They are composed of muscle and fibrous tissue and are also known as uterine myomas, fibromyomas, or leiomyomas. Fibroids can vary significantly in size, ranging from as small as a pea to as large as a melon. These growths typically develop during your reproductive years, most often between the ages of 30 and 50, and are linked to the production of oestrogen.

Fibroids are common, with at least one in two women developing one or more fibroids at some stage in their life. They can run in families and are more common in women who are overweight or obese due to higher oestrogen levels. Women of Afro-Caribbean origin have a higher risk of developing fibroids, which tend to be larger, occur at an earlier age, and are more likely to cause symptoms. After menopause, fibroids often shrink, and symptoms may ease or disappear completely.

Types Of Fibroids

Fibroids can develop in different parts of your uterus, and the five main types include:

- **Intramural fibroids**: These grow within the muscle wall of your uterus and are the most common type.
- **Subserosal fibroids**: These develop on the outside wall of your uterus, extending into your pelvis and can become quite large.
- **Submucosal fibroids**: These form in the muscle beneath the inner lining of your uterus and can protrude into its cavity.
- **Pedunculated fibroids**: These are attached to the outside wall of your uterus by a narrow stalk.
- **Cervical fibroids**: These grow in the wall of your cervix, the neck of your uterus.

Diagnosing Fibroids

Fibroids are often discovered during routine gynaecological examinations or diagnostic tests, as they may not always present symptoms. Common diagnostic methods include:

- **Ultrasound scan**: This is the primary tool used to confirm a diagnosis of fibroids and rule out other causes of symptoms.
- **Transvaginal scan**: This involves inserting an ultrasound probe into your vagina for a closer look at your uterus.
- **Hysteroscopy**: A small telescope called a hysteroscope is used to examine the inside of your uterus, particularly if fibroids are near the inner lining.
- **Laparoscopy**: A laparoscope, a thin, flexible microscope with a light, is used to examine the outside of your uterus and assess the size and shape of any fibroids.

Symptoms Of Fibroids

In many cases, fibroids do not cause any symptoms, and no treatment is necessary. However, when symptoms do occur, they can include:

- **Heavy menstrual bleeding**: Fibroids do not disturb the menstrual cycle, but bleeding can be heavier and more prolonged, sometimes with increased pain. This can lead to low iron levels, which can be treated with iron tablets.
- **Bloating, swelling, or pain**: Larger fibroids may cause discomfort or swelling in your lower abdomen. Some women experience lower back pain due to fibroids.
- **Bladder or bowel symptoms**: Occasionally, a fibroid may press on your bladder, leading to frequent urination. Rarely, pressure on your bowel may cause constipation.
- **Pain during sexual intercourse**: Fibroids near your vagina or cervix may cause discomfort during sex.
- **Miscarriage or infertility**: Fibroids that grow into the uterine cavity can sometimes block the fallopian tubes or interfere with implantation, causing fertility issues or miscarriages.
- **Problems during pregnancy**: Most women with fibroids experience no problems during pregnancy, but there may be discomfort, and there is an increased risk of needing a caesarean section, the baby being in a breech position, or early labour..

Treatment For Fibroids

Treatment for fibroids may not be necessary if they do not cause symptoms or if symptoms are mild. However, if treatment is needed, options include:

To manage symptoms, your gynaecologist may prescribe hormonal treatments or other medications.

Medication

- **Medication to reduce heavy, painful periods**
    - **Tranexamic acid**: Taken 3-4 times daily during your period to reduce blood clot breakdown in the uterus.
    - **Anti-inflammatory medicines**: Ibuprofen and mefenamic acid help ease period pain by lowering prostaglandin levels, which contribute to heavy and painful periods.
    - **Combined oral contraceptive (COC) pill**: Helps lighten periods and reduce period pain. The progesterone-only pill (POP) may also help by making periods lighter or stopping them altogether.
    - **Levonorgestrel intrauterine system (LNG-IUS)**: A contraceptive device that releases levonorgestrel, thinning the womb lining and reducing bleeding. It may be harder to insert in women with fibroids.
    - **Progestogen tablets**: Can be taken at certain times during your cycle or as an injection to reduce or stop periods.

- **Medication to shrink fibroids**
    - **GnRH analogues**: Reduces oestrogen levels, causing fibroids to shrink. Short-term use is recommended due to menopause-like side effects and the risk of osteoporosis.

Often prescribed before surgery.

- **Relugolix (Ryeqo)**: A newer GnRH receptor antagonist (combined with oestrogen and progestogen to prevent menopause symptoms) to reduce bleeding. It avoids surgery, is taken orally, and has minimal side effects.
- **Ulipristal acetate (Esmya)**: Shrinks fibroids by blocking progesterone, suitable for moderate to severe symptoms when other treatments are not effective or desirable. Limited to occasional use due to the risk of liver damage.

Surgery

If your fibroids cause severe symptoms, and medication proves ineffective, surgery may be recommended. Surgical options include:

- **Uterine artery embolisation (UAE)**: Performed by a radiologist, UAE blocks the blood vessels feeding the fibroids, causing them to shrink. A chemical is injected through a catheter, guided by X-ray, and the procedure is done under local anaesthetic.
- **Endometrial ablation**: This procedure removes the lining of the uterus and is an alternative to hysterectomy. It is usually recommended for small fibroids near the uterus's inner surface that do not significantly change its size or shape.
- **Myomectomy**: A surgical procedure to remove fibroids from the uterine wall, often considered for women who wish to preserve fertility. The operation can be complex, with a longer recovery time than hysterectomy, and about 1% of women may require emergency hysterectomy due to bleeding.
- **Hysterectomy**: This surgery removes the uterus and is typically recommended for large fibroids or severe bleeding. It is the most definitive way to prevent fibroids from recurring

Why Choose Birmingham Gynaecology Clinic?

At Birmingham Gynaecology Clinic, our specialists offer personalised care using the latest medical advancements to manage fibroids effectively. Whether you need a diagnosis, treatment, or simply want to discuss your options, our team is here to support you every step of the way.

Contact Us

For more information or to schedule a consultation, contact Birmingham Gynaecology Clinic today. Our dedicated team is here to provide expert care tailored to your needs.