

Fibroids

Your symptoms diary

This table will help you recognise and think about your pain and symptoms.

Try and write down as much detail as possible and use this to discuss your symptoms and concerns with your doctor.

Symptoms	Yes/No	Notes
Painful periods		
Heavy periods		
Anaemia*- dizziness, shortness of breath, feeling very tired- confirmed on a blood test		
Bleeding in between periods or with sexual intercourse		
Pain or discomfort during sex		
An extended tummy which can cause you to 'look pregnant'.		
Abdominal (tummy) pain		
Lower back pain		
A constant urge to pass urine		
Constipation and bloating		
Depression / low mood		
Difficulty with fertility		
Other symptoms / concerns		

*Anaemia may be caused by heavy loss of blood during your periods. Anaemia results from a lack of red blood cells, and symptoms include tiredness, dizziness, weakness and headaches.



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IN HEALTH



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Could you have

Fibroids?

Do you have:

- heavy, painful periods
- abdominal pain and swelling
- pelvic pressure
- frequent need to pass urine.



showing
we care

Designed by Mike LeBihan 01273 625977

What are Fibroids?

As many as **one in five women** suffer with heavy and painful periods. Every month, this can have a huge impact on our day-to-day activities, and cause social, emotional and physical distress.

Heavy and painful bleeding can be a sign of a range of conditions, and it is best to seek help early.

One of the causes of heavy and painful bleeding is fibroids. This leaflet aims to help you understand what fibroids are, and to help you discuss your symptoms with your GP.

For women who have been diagnosed with fibroids, this leaflet will also help you understand the different medical and surgical treatments available to manage fibroids.



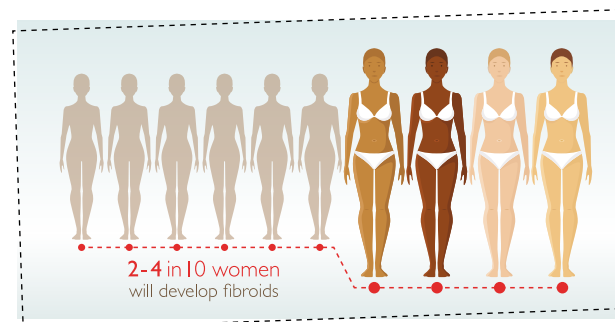
Uterine fibroids are non-cancerous growths that develop in or around your womb (uterus). The growths are made up of muscle and fibrous tissue, can vary in size and can be single or multiple.



Who might have Fibroids?

Fibroids
quick facts
and figures

Below are some facts and figures about those **who might be affected** by fibroids:



It is estimated that between **two and four in every ten women** have, or will develop fibroids at some point in their lives.

Fibroids are the most common condition affecting the female reproductive system in the UK. Mostly, fibroids do not cause any, or only minor, symptoms and no treatment is required.

However, in some cases fibroids can cause severe symptoms, which cause a

damaging impact on your quality of life. The many different symptoms relating to fibroids means they **can be hard to diagnose and many women do not seek help early enough.**

The exact cause of fibroids is still unknown. However, they have been linked to the female reproductive hormone **oestrogen**, which is produced by the ovaries.

Fibroids usually develop during a woman's **reproductive years (approximately 16 to 50 years of age)** when oestrogen levels are at their highest.

They tend to shrink when oestrogen levels are low, such as **after menopause.**

Women who are **overweight or obese may be at a higher risk** of fibroids, as being overweight increases the amount of oestrogen produced by the body.

Fibroids are also found to develop **more commonly in African-Caribbean populations**, although **reasons for this are not clearly understood** by scientists.



How would I know if I have *Fibroids?*

Often, fibroids will cause **no, or minor symptoms** and treatment may not ever be necessary. They are often only discovered during clinical or imaging investigation for other conditions. Fibroids usually shrink after menopause, and symptoms may ease or disappear completely.

However, in some cases the symptoms caused by fibroids can be **severe and have a damaging impact on your quality of life**. Because some fibroids can grow over time if left untreated and may then cause complications, it is important that symptoms are recognised early to allow appropriate and timely treatment.

Symptoms can include:

- painful periods
- heavy periods
- anaemia - which may be caused by heavy loss of blood during your periods. It is caused by a lack of red blood cells, and symptoms include tiredness, dizziness, weakness and headaches.
- bleeding in between periods or with sexual intercourse
- pain or discomfort during sex
- an extended tummy which can cause you to 'look pregnant'
- abdominal (tummy) pain
- lower back pain
- a constant urge to pass urine
- constipation and bloating
- depression or low mood
- difficulty with getting pregnant
- increased risk of miscarriages

SYMPTOM DIARY

Use the table at the **back of this leaflet** to help you think about and record your pain and symptoms. Try and write down as much detail as possible and use this table to discuss your symptoms with your GP or other health professional.

There are **other conditions that may be associated with heavy periods, and these include:**

Endometriosis – a common condition (affecting 1 in every 10 women), associated with severe pain below your belly button (pelvic area) and infertility (inability to become pregnant). This is a condition where tissue, similar to the lining of the womb, grows elsewhere in the body and particularly in the pelvis. The tissue responds to the hormones involved in your monthly cycle in the same way as the lining of the womb.

Adenomyosis - a similar condition to endometriosis where the tissue grows within the wall of the womb and responds to the hormonal changes each month causing severe pain.

Menorrhagia - abnormally heavy and prolonged periods at irregular intervals.

Polypos - Endometrial polyps are small lumps found in the inner lining of the womb. Most are benign (non-cancerous).

Polycystic ovary syndrome - a condition that affects how a woman's ovaries work due to hormonal imbalances.

Dysfunctional uterine bleeding – a condition that causes bleeding in between periods, due to hormonal imbalances. Most women will experience this at some point in their lives.

Endometritis – a condition that causes inflammation (redness and swelling) of the lining of a woman's womb. It is usually not serious and can be treated with antibiotics.



HEAVY PERIODS

See our leaflet, **Heavy Periods**, for further information on these conditions. Please ask a member of staff caring for you if you do not have a copy. Further resources are also given at the end of this leaflet.

Types of *Fibroids*

Fibroids can grow anywhere inside, or on the outside walls of the womb. They can vary greatly in size, from the **size of a pea up to the size of a melon.**



There are several different types of fibroids, as described below:

■ Submucosal fibroids

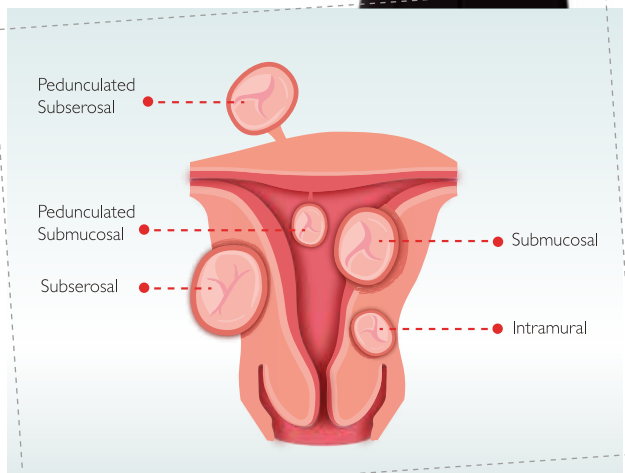
– these occur under the lining of the womb. This type can also grow on a stalk (pedunculated).

■ Intramural fibroids

– these develop within the wall of the womb. This is the most common type of fibroid that may cause the womb to be an irregular shape.

■ Subserosal fibroids

– these develop on the outer wall of the womb and usually cause no symptoms. However, if



these grow large enough, they can put pressure on surrounding organs such as the bladder and the bowel. You can also get pedunculated subserosal fibroids.

A woman can have several different types of fibroid at the same time.

If I think I have *Fibroids* what should I do?



SEEING YOUR GP

Care by your GP – medical management

If you think you have fibroids you should see your GP for advice.

Your GP will start by prescribing you medication to help manage the symptoms linked to fibroids. Medication that can be prescribed by your GP includes:

■ Anti-inflammatory medicines

such as non-steroidal anti-inflammatory drugs (NSAIDs).

■ Tranexamic acid

which helps to decrease the amount of bleeding. Both tranexamic acid and NSAIDs are not contraceptives, meaning they can be used while you are trying to get pregnant.

■ **Hormonal treatments** to help regulate periods such as the contraceptive pill, the intrauterine system (also known as the hormonal coil) and progesterone tablets or injections. These are normally contraceptives meaning they you will not be able to get pregnant whilst taking these.



WHAT IF MEDICAL MANAGEMENT DOES NOT WORK?

If symptoms are not improved by medical management, your GP may order an **ultrasound scan** (to obtain an image of the structures in your body) to help confirm the presence of fibroids. They may also decide to refer you to a **gynaecologist** (specialist in women's health).

What will happen when I see a *gynaecologist?*

Once you have been referred to **see a gynaecologist**, you may have an imaging test to help get a more accurate idea of the location, size and number of your fibroids. Often, an ultrasound scan is enough, but sometimes a 'Magnetic Resonance Imaging (MRI) scan is helpful as it provides a more detailed picture.

Sometimes you may have a hysteroscopy (where a small camera is used to look inside the womb) to look at submucosal fibroids or to rule out any other causes of bleeding.

If your fibroids are large and are causing severe symptoms, your gynaecologist may recommend surgical options to remove the fibroids.

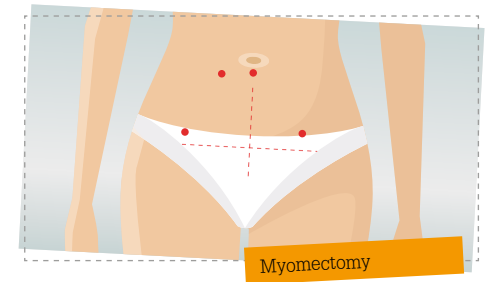


Surgical options for *Fibroids?*

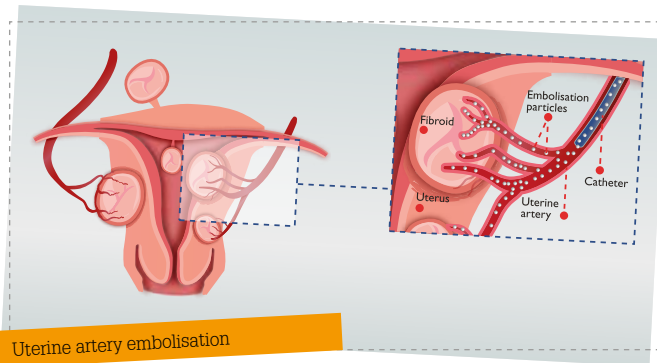
There are many factors both you and your gynaecologist will need to consider when thinking about surgical options for fibroids, to determine the **best treatment option** for you. Sometimes, some factors such as the size and number of your fibroids, or history of myomectomy (see definition below) will rule out certain procedures.

Your consultant will discuss your plans for your family and future fertility with you, taking into consideration factors such as age, previous history of myomectomy and if you are overweight. Discussing the different procedure options and what each involves will also help you to reach a decision about the most suitable treatment plan.

The main surgical treatment options are myomectomy, uterine artery embolisation, hysterectomy and transcervical resection of fibroids. These treatments are described to the right and over the page.



Myomectomy - this is a procedure to remove fibroids through a large cut made horizontally along your lower tummy, or vertically from your belly button to the bottom of your tummy. Surgery on the tummy through a large cut is known as open abdominal surgery. Sometimes small fibroids can be removed by keyhole (laparoscopic) surgery through a small cut made on your tummy.



Uterine artery embolisation

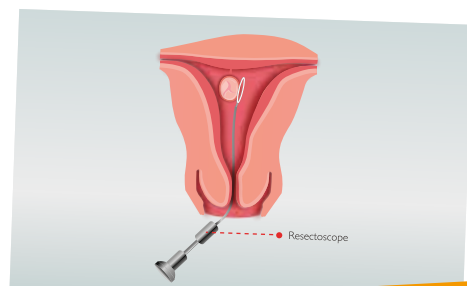
Uterine artery embolisation – this technique blocks the blood vessels supplying blood to the fibroids. A specially trained doctor, called an interventional radiologist, will insert a catheter (thin flexible tube) into your groin. Then using an X-ray camera they will guide the catheter to the blood vessels of your womb. Once the fibroid blood supply has been identified, a fluid containing tiny grain-like particles is injected into the catheter and delivered to the blood vessels blocking the blood supply. Fibroids deprived of blood will shrink, and may even be expelled from the body through the vagina.

Hysterectomy – this is a procedure to remove your womb (uterus). Depending on the size and location of your fibroids, you may have one of the following:

- open abdominal surgery where your womb is removed through a large cut made along the lower tummy, or from your belly button to your lower tummy
- keyhole surgery where several small cuts are made to your tummy rather than one large one.

resectoscope (an instrument used for internal examinations of the womb) is passed into your womb, through your vagina and cervix (neck of the womb). An electric current is passed through a fine wire loop at the end of the resectoscope. This is then used to cut your fibroids away from your womb.

Some of these procedures will require you to have a general anaesthetic (a drug that will put you to sleep during the procedure), whereas others will require you to have a local anaesthetic (where only a part of your body will be temporarily numbed during the procedure). For more information please see our leaflet *Having an Anaesthetic*. Please ask a member of staff caring for you if you require a copy of this leaflet.



Transcervical resection of fibroids

Transcervical resection of fibroids – This procedure is only suitable for submucosal fibroids that are under the lining of the womb and pushing into the womb on a stalk. A

Hormone therapy to shrink *Fibroids* before surgery

Before having your fibroids removed, you may be asked to have an injection of Goserelin (Zoladex) or Leuporelin (Prostap), which reduces the level of oestrogen (the female sex hormone) in your body. You are normally given two injections in the two months before an operation. Alternatively you may be given Ulipristal (Esmya), an oral medication taken as tablets, in the months leading up to your surgery.

These medications will cause your fibroids to shrink. They also stop your menstrual bleeding and your pain. Shrinking the fibroids before they are removed makes the operation easier, quicker, safer and reduces blood loss.

One of the possible side effects of the Goserelin and Leuporelin injections is menopause-like symptoms, such as hot flushes, dry vagina and night sweats. These symptoms stop soon after the last injection. However, if these side effects cause severe problems, you should contact either your consultant or your GP, who can give you hormone replacement tablets (Tibolone) to counteract them.

Ulipristal tends to have fewer side effects, and one additional course of the drug can be prescribed if needed.



Deciding which surgical option is best for me

The following tables provide an overview comparison of the four different procedures. For full information, please speak to your consultant, and read our leaflets for each of the individual treatment options (See further resources on pages 18-19).

About the surgery	Uterine artery embolisation
Type of procedure	X-ray guided procedure through a pin hole sized cut in the groin.
General or local anaesthetic?	Local
Length of operation	1 hour
What will the procedure require	<ul style="list-style-type: none"> oxygen mask to help you breathe. a cannula in your hand to provide medicines. a pain-relief pump for after the procedure.
Can I still have children?*	Yes
Will I still have periods?	Yes – symptoms associated with your periods will be improved in approximately 4 out of 5 women.
Can my fibroids grow back?*	Yes – there is a small risk.
What factors may prevent me from having this procedure?	Fibroids that do not have a blood supply. Other factors include infection or cancer.
How long will I need to stay in hospital?	Usually overnight. You will need to lie flat for a few hours after surgery to reduce the risk of bleeding from the small cut in the groin.

* Please see following section on risks

MORE INFORMATION

If you would like **more information** about our consent process, please speak to a member of staff caring for you.

Giving my consent (permission)

We want to involve you in decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This states that you agree to have the treatment and you understand what it involves.

Myomectomy	Hysterectomy	Transcervical resection
Open abdominal surgery/ keyhole surgery.	Open abdominal surgery/ keyhole surgery.	Performed through the vagina.
General	General	Both are possible depending on size of fibroids.
1-2 hours	1-2 hours	1 hour
<ul style="list-style-type: none"> oxygen mask to help you breathe. a drip in the arm to give blood and fluids. a temporary bladder catheter. a drain from the wound. a pain-relief pump for when you wake up. 	<ul style="list-style-type: none"> oxygen mask to help you breathe. a drip in the arm to give blood and fluids. a temporary bladder catheter. a drain from the wound. a pain-relief pump for when you wake up. 	<ul style="list-style-type: none"> oxygen mask to help you breathe. a cannula in your hand to provide medicines.
Yes	No - you will no longer be able to get pregnant after a hysterectomy.	Yes
Yes – symptoms associated with your periods will be improved in approximately 4 out of 5 women.	You will no longer have periods.	Yes – symptoms associated with your periods will be improved in approximately 4 out of 5 women.
Yes there is a small risk.	No.	Yes there is a small risk.
Previous history of myomectomy.	This is not suitable for women wishing to have a baby.	Only suitable for certain types of fibroids.
2-3 days for open abdominal surgery. Day case procedure or overnight stay for keyhole surgery.	3 -5 days for open abdominal surgery. 1-3 days for keyhole surgery.	Day case procedure – so you will not need to stay in hospital.

Recovering from Surgery

This advice is only a guide, as your recovery is specific to you as an individual. It also depends on your condition. Please speak with your nurse or doctor about any concerns you may have, they will be happy to answer your questions.

If your surgery requires a stay in hospital, your nurse, doctors and physiotherapists (a health care professional who helps restore movement and function through exercise, manual therapy, education and advice) will help guide you through different activities and routines to enhance your recovery. They will also make sure you are confident in managing your recovery.

When you leave hospital, you will need someone to be with you at home. They will need to help with household activities, such as cleaning and cooking, as you may not be able to do these things in the first few weeks after your surgery.

Recovering from the procedure	Uterine artery embolisation	Myomectomy	Hysterectomy	Transcervical resection
How long before I can go back to work?	1-2 weeks*	4-8 weeks*	4-8 weeks*	1 week*
	*These figures are a guidance only. Recovery may vary on an individual basis due to a number of factors. Please discuss your individual case with your clinician.			
Possible after- effects of the procedure	<ul style="list-style-type: none">■ feeling tired or weak.■ feeling 'low' and emotional.■ bruising or discomfort around wound site.■ mild oozing from the wound site.■ uterine pain and cramping.■ There is a small chance (1 in 10 women) of vaginal bleeding or heavy discharge for up to 2 weeks.	<ul style="list-style-type: none">■ feeling tired or weak.■ feeling 'low' and emotional.■ vaginal discharge or bleeding for up to 10-14 days.■ changes in bowel patterns up to several weeks.■ swollen tummy.■ uterine pain and cramping.■ constipation.	<ul style="list-style-type: none">■ feeling tired or weak.■ feeling 'low' and emotional.■ vaginal discharge or bleeding for up to 10-14 days.■ changes in bowel patterns up to several weeks.■ swollen tummy.■ uterine pain and cramping.■ constipation.	<ul style="list-style-type: none">■ feeling tired or weak.■ vaginal bleeding for up to 10-14 days.■ vaginal discharge for up to 4 weeks.■ uterine pain and cramping.
Medication	You will be prescribed strong painkillers to help manage any pain. You should use sanitary towels (not tampons) for at least 4 weeks in order to reduce the risk of infection.	You will be prescribed strong painkillers to help manage any pain. You should use sanitary towels (not tampons) in order to reduce the risk of infection. Keep the wound site clean and dry using a dry antiseptic spray.		You will be advised to take painkillers to help manage any pain. You should use sanitary towels (not tampons) for at least 4 weeks in order to reduce the risk of infection.
Exercising and lifting	Before leaving hospital, you will be given information on exercises you can do at home. You should not go swimming until any wounds are healed and any vaginal discharge has stopped. You should only lift light objects for the first few weeks after these procedures.			You will be able to resume exercising a couple of days after this procedure.
Driving	You can drive once you are no longer taking strong painkillers (usually 1-2 weeks).	It is not advisable to drive until you feel comfortable, usually no sooner than four weeks after your surgery. You should be able to put on your seatbelt yourself and feel confident you could perform an emergency stop if needed. Check if you are covered by your insurance policy.		You can drive once you are no longer taking strong painkillers (usually 24 hours).
Sex	As a guide, you should wait until you have no vaginal discharge and feel comfortable and relaxed before having sex, usually up to four-six weeks after surgery. However, it is your choice how long you would like to wait and you can discuss this with your nurse before leaving hospital.			You may resume normal sexual activity as soon as you feel comfortable after having this procedure.
Contraception	You will still need to use contraception if you do not wish to get pregnant. We recommend that you avoid becoming pregnant for three months following surgery.	You will still need to use contraception if you do not wish to get pregnant. We recommend that you avoid becoming pregnant for three months following surgery.	You will no longer be able to get pregnant after a hysterectomy.	You will still need to use contraception if you do not wish to get pregnant. We recommend that you avoid becoming pregnant for three months following surgery.
Periods	Your periods should gradually return to a more normal frequency. Due to risk of infection, we recommend you do not use tampons until you have no vaginal discharge after your surgery.		You will no longer have periods.	Your periods should gradually return to a more normal frequency.

Risks associated with surgery

All types of surgery carry risks. Please see below the risks associated with the different surgical procedures to treat fibroids.

Risks associated with the procedure	Uterine artery embolisation	Myomectomy	Hysterectomy	Transcervical resection
General anaesthetic	Does not require general anaesthetic.	There is always a small risk associated with having a general anaesthetic, whatever the procedure. Please see our leaflet, <i>Having an Anaesthetic</i> for more information.		Can be performed under local or general anaesthetic. Please see our leaflet, <i>Having an Anaesthetic</i> for more information.
Bleeding (haemorrhage)	Not applicable	As with all operations, there is a risk of bleeding (haemorrhage) which may require you to have a blood transfusion. This risk varies, depending on the number and the size of the fibroids removed. A transfusion of your own blood is possible and this will be discussed with you in greater detail before the operation.		
Hysterectomy	There is a small risk (1 in 100 women) that a hysterectomy (removal of the womb) may be required. This will only be performed due to complications such as infection of the womb. Having a hysterectomy would mean that you are no longer able to have children.	There is a small risk (1 in 100 women) that a hysterectomy (removal of the womb) may be required. This will only be performed if there is very heavy bleeding that cannot be stopped any other way. Having a hysterectomy would mean that you are no longer able to have children.	Not applicable.	No risk of needing a hysterectomy.
Fertility (ability to reproduce and have babies)	There is a small chance (1 to 3 in every 100 women) that early menopause might be induced. The risk of developing premature menopause is higher in women aged over 45 years. Also see risk of hysterectomy above.	See risk of hysterectomy above.	You are no longer able to have children after a hysterectomy.	No risks to fertility.
Risk of new fibroids growing	The possibility of new fibroids growing after a procedure cannot be ruled out, particularly where the procedure is performed in patients under 40 years of age.	Sometimes small seedling fibroids are too small to remove during an operation, and there is a risk that these may grow following a surgery. The possibility of new fibroids growing after a procedure cannot be ruled out.	No new fibroids can grow, as your womb is removed in a hysterectomy procedure.	The possibility of new fibroids growing following a procedure cannot be ruled out, particularly where the procedure is performed in younger patients under 40 years of age.
Damage to bladder	Not applicable.	There is a very small risk (less than 1 in 100 women) of damage to the bladder if the womb is accidentally punctured during surgery. If this happens the bladder will be repaired immediately. You would need to have a temporary catheter (a small plastic tube) to drain the urine from your bladder to allow it to heal.		
Damage to the bowel	Not applicable.	There is a very small risk (less than 1 in 100 women) of damage to the bowel if the womb is punctured during surgery. If this happens, the bowel will need to be repaired and you may have a temporary colostomy, an opening that drains into a bag on your tummy. This allows your faeces to pass into it while the damaged bowel is healing). If your bowel is damaged, you may wake from the general anaesthetic to find a fine tube going down your nose and into your stomach. The tube will be attached to a drainage bag to drain fluid from the stomach. This will stay in place for a few days. You will not be able to eat and drink after your operation for a longer period of time than usual.		
Infection	Following any operation, there is a risk of developing an infection. This can be a urine infection, a chest infection or an infection of the wound. If this happens, it can be treated with antibiotics. It is therefore important that you tell your nurse or doctor if you are allergic to any antibiotics. You should avoid lying in bed for long periods of time and ensure you drink plenty of fluids, as this will reduce the risk of chest and urine infection.			
Deep vein thrombosis (DVT) and pulmonary emboli (PE)	The risk of either DVT or PE occurring is increased when you do not move for long periods of time. A long hospital stay is not required, so this risk does not apply for this procedure.	DVT is a blood clot that forms inside the vein in your leg and interferes with your normal circulation. A pulmonary embolus (PE) is a clot that forms in your lungs and can affect your breathing. The risk of either DVT or PE occurring is increased when you do not move for long periods of time. To help prevent this, we will give you special stockings to wear, and a daily injection of a medicine that helps to prevent your blood from clotting.		The risk of either DVT or PE occurring is increased when you do not move for long periods of time. This is a day case procedure, so this risk does not apply for this procedure.

Further reading & *Resources*

We recognise that living with fibroids, and being asked to make a decision around surgical options for fibroids can be emotional and difficult for both you and your loved ones.

You may find it helpful to watch our accompanying video: Finding Out About Fibroids, which helps explain fibroids and shares experiences from women who have been treated at Guy's and St Thomas'. You can find this video online at www.toheti.org/uterine-fibroids.

We also run support groups for women diagnosed with fibroids. These provide a safe, informal setting for you to meet other women and share your questions and concerns, both before and after surgery.

Whilst there is a lot of information on the internet, we recommend you are cautious when reading about alternative treatments. Many unproven therapies on sale are unlikely to have an effect on fibroids and some can be harmful. Please discuss any intentions you have of using alternative treatments with a healthcare professional first.



MORE INFORMATION

For more information leaflets on conditions, procedures, treatments and services offered at Guy's and St Thomas' hospitals, please visit www.guysandstthomas.nhs.uk/leaflets

Other useful resources:

NHS Choices - Fibroids

Provides information on fibroids and treatment options to help you make choices about your health.
www.nhs.uk/Conditions/Fibroids/Pages/Introduction.aspx

British Fibroids Trust

A charitable organization that provides information on fibroids and treatment options. It is also a platform for women to exchange their experiences.
www.britishfibroidtrust.org.uk

FibroidsConnect

A patient hub about uterine fibroids
www.fibroidsconnect.co.uk

The Lake Foundation

A UK charity that aims to improve the health of the African and African-Caribbean community through health promotion, early detection, research and support
www.thelakefoundation.com/fibroids

Sense About Science: I've got nothing to lose by trying it

Provides information on how to evaluate claims about treatments in the news and on the internet.
www.senseaboutscience.org/resources.php/11/ive-got-nothing-to-lose-by-trying-it

If you have any comments or concerns about this leaflet, contact our Patient Advice and Liaison Service (PALS):
t: 020 7188 8801 (PALS)
e: pals@gstt.nhs.uk