

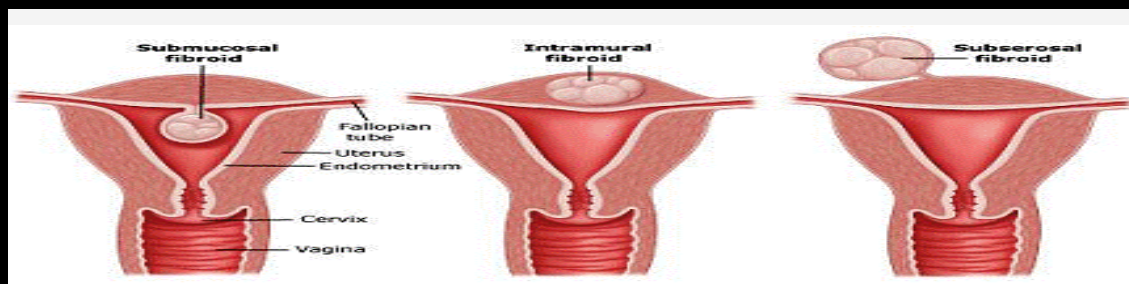
Fibroid patient information leaflet

Fibroids are benign (non-cancerous) tumours. They grow on or in the muscle layer of the uterus (womb). The medical name for fibroids is uterine leiomyomas. They are present in 1 in 2 to 1 in 4 women in the UK.

How many types are there?

Fibroids can grow in different areas of the womb. Gynaecologists classify them according to their locations into 3 different types:

Submucosal	Intramural	Subserosal
Under the lining of the womb, can grow on stalk (called pedunculated).	Within the wall of the womb, most common type, may distort the uterine cavity, or cause irregular external uterine contour.	On the outer wall of the uterus and usually causes no symptoms until it grows large enough to cause interference to adjacent organs. Sometimes, they grow on stalk.



Fibroids often grow faster in pregnancy and usually shrink in menopause. Fibroids grow because of the female hormones oestrogen and progesterone. They tend to shrink after the menopause when these hormones are naturally lower.

What symptoms can be caused by fibroids?

- heavy and painful periods
- low iron levels (anaemia) due to heavy periods
- swollen tummy
- tummy and / or back pain
- pressure on your bladder causing frequency of urination
- pressure on your bowel causing problems having a poo (constipation)
- pain or discomfort when you are having sex
- problems getting pregnant (subfertility) especially if in the cavity of the womb

Possible differential diagnoses:

Adenomyosis is a condition where spots of womb lining grow in between the muscle fibers of the wall of the womb. Sometimes we can mistake this for a fibroid or mistake fibroids for adenomyosis. They can look similar to each other on scans. When the spots are outside the womb (around the ovaries, tubes and outside of the womb) this is called endometriosis. **7 out of 10 women with fibroids also have these other conditions at the same time.**

Sarcoma is a type of cancer in the womb (rare <1/300). It can sometimes be mistaken for a fibroid. We can never be completely sure that any fibroid is not actually a sarcoma based on scans or any other tests. The risk of sarcoma is low but it is higher in some circumstances. Your gynaecologist will check for these and talk with you before looking at treatment options.

You may be more likely to have sarcoma if:

- your fibroids grow very quickly.
- there are signs of uterine sarcoma from your ultrasound or MRI scan results.
- your family members have had certain types of breast, ovarian or bowel cancer (such as families with BRCA mutations or Lynch syndrome).
- you are Black as the chances of uterine sarcoma are up to 4 times higher.
- you have ever used the drug tamoxifen (used to treat breast cancer).
- your fibroid continues to grow despite medical treatment.
- you have had radiotherapy to your pelvis.
- you are bleeding after your menopause or have irregular vaginal bleeding.
- you have gone through the menopause and the fibroid is growing. The risk continues to go up as you get older. If you are younger than 50 years old your chances are lower.

What investigations / tests maybe necessary ?

- **Ultrasound scan** will help to see the fibroids. We can see where in the womb wall the fibroids are and can check for cysts. Sometimes we can check for polyps and adenomyosis.
- **MRI scan** It is slightly better at looking for adenomyosis. It is better at checking for features of a sarcoma. If fibroids are very large or growing fast, MRI is better at looking at fibroids.
- **Blood tests** can used to check for anaemia
- **Removal of polyps or submucous fibroids** (hysteroscopy and endometrial biopsy): We use a small camera that is passed inside of the womb through the vagina. We check for polyps, abnormal cells and submucous fibroids. We may take a small sample from the lining of the womb to test for abnormal cells. If we find polyps or the fibroid is submucous, we can remove them at the same time. We can do this in a specialist clinic with just painkillers and local anaesthetic. Or in the operating theatre under general anaesthetic or with sedation.
- We can do an operation to look inside the tummy called **laparoscopy**. This is with a small camera going in the belly button. We recommend this if you might have endometriosis.

Treatment options for fibroids

There are different treatment options. This depends on where in the wall the fibroids are, how big they are and how many there are. It also depends on if you want to have (more) children or if you don't want surgery because of other health reasons.

Options :

- Conservative / no treatment (waiting and watching)
- medical treatment (such as tablets, injections or a hormone coil)

- a procedure to shrink the fibroids (uterine artery embolisation or Sonata ablation)
- surgery (myomectomy or hysterectomy)

You will not need any treatment if your fibroids are small or cause you no trouble. When you reach menopause fibroids will usually shrink. Many women (over half) will have small fibroids that are less than 4cm at middle age. You can still have Hormone Replacement Therapy (HRT) to help with symptoms of the menopause even if you have fibroids.

Treatments for heavy periods with fibroids:

These treatments **do not shrink fibroids** or help with pressure effects although they do help with heavy bleeding.

NSAID Painkillers (aspirin-like medicines like Naproxen or Ibuprofen):

- They can help with pain from periods.
- They can lessen the amount of bleeding by up to half.
- You take them from the start of the period or period pain until the period finishes.
- Do not take this treatment if it worsens your asthma.
- Do not take this treatment if you have had a stomach ulcer or kidney disease before.
- Do not take this treatment if you are taking blood thinning medicines.

Tranexamic acid (TXA):

- This makes the periods less heavy. It stops the breakdown of little clots in the womb lining.
- It is a good non hormonal way of controlling heavy periods.
- You take it 3 times a day during the 4 heaviest days of your period. But not more than 4 days in a row.
- Do not take this treatment if you have had a blood clot in a vein (deep vein thrombosis) or artery or lung (pulmonary embolus) or had a heart attack or stroke.

Combined oral contraceptive pills (COCP):

- Good at stopping pregnancy and can reduce heavy bleeding. You can use this if you **do not** have migraines, high blood pressure, heart disease, liver disease, or past blood clots (DVT) or stroke.
- You can take COCP that has a low dose of estrogen (20mcg) up to age of 50.
- It can help with hot flushes or menopausal symptoms too. It can sometimes increase the size of fibroids in 1/5 cases.

Progesterone only pills (POP):

- Good at stopping pregnancy and can reduce heavy bleeding or stop periods altogether.
- You can have light but irregular bleeding especially in the first few months.
- You can have side effects like breast tenderness and bloating or irregular bleeding and in 1/5 cases it can result in an increase in fibroid size.

Levonorgestrel IUD (LNG-IUD) or 'hormone coil':

- We can fit a plastic device into your womb. It lets out a low dose of progesterone hormone to reduce the amount you bleed.
- Side effects are low as the dose is low.

- It can take over 6 months to see the full benefit. It lasts for 5 to 8 years.
- It is a very good contraceptive and can be used as part of HRT.
- It is not for Type 0 or 1 fibroids unless they can be removed first.
- In 1/10 patients localised fibroid size can result.

Contraceptive implant (Nexplanon) and injection (Depo-provera, DMPA):

- It is a long acting progesterone only contraceptives.
- Reduces bleeding or stop periods altogether.
- Not licensed for use to treat heavy periods but can be helpful.
- Again can increase size of fibroids in 1/5 people.

Progestones:

- You can take these regularly if you do not need contraception to make your periods come regularly and not last so long.
- It can give you a more predictable bleeding pattern.
- You take Medroxyprogesterone acetate 2 times a day. This is from the 5th day of your period to the 26th day of your cycle (21 days).
- 1 or 2 days after stopping the tablets your period will start (day 1 again).
- You can use NSAIDs and / or Tranexamic acid between day 1 and 4 to slow the bleeding more.
- Again 1/5 will experience an increase in fibroid size.

What treatments can shrink fibroids?

Hormone Medicines that work on Gonadotrophin releasing hormone receptors:

- There are 2 similar medicines that work in the brain to lower hormones being made by the ovaries. The ovaries stop making eggs and make less oestrogen. They stop periods and helps the fibroid to stop growing bigger and can help shrink fibroids.
- They cause temporary menopause so we usually give some HRT with it to help with side effects and protect your bones from thinning as a side effect.

GnRH Agonists (eg Decapeptyl / Prostag / Zoladex) are given as an injection once a month or every 3 months to shrink fibroids. This is often used before an operation.

- It is only licensed to be used for 6 months for endometriosis and 3 months for fibroids, although it can be used for longer outside of licence.
- It shrinks fibroids by 40%. The fibroids will regrow when you stop the treatment. We often give it to reduce the size to make surgery easier.
- The HRT is often given separately as a daily tablet or a patch changed 2 times a week.

GnRH Antagonists (Ysely / Ryego) block the GnRH receptors. We give it as a tablet once day.

- You can take them all the way into menopause.
- There are 2 brands available at the moment:

1. **Yselyt**: There is no HRT in the tablet. You will need to take HRT separately to protect your bone strength. It has the advantage of reducing the dose to 100mg after initial 200mg start thus allowing no need for HRT at the 100mg dose.
 2. **Ryeqo**: HRT is already combined in the 1 tablet. It stops pregnancy when it has been taken for a month.
- They shrink them by up to 50%. They do both contain lactose and are not best suited for those who are lactose intolerant.

Ulipristal acetate:

You take 1 tablet every day for 3 months at a time. This can be used to shrink fibroids. It should only be prescribed if:

- you have moderate to bad symptoms.
- you are an adult and you have not reached menopause.
- other treatments are not suitable for you
- other treatments have not worked or you did not want to have them.

There is a rare but serious risk of liver failure when taking this tablet. We will closely check your liver function with blood tests before, during and after treatment.

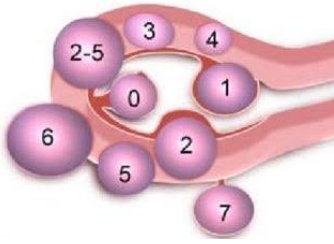
Fibroid embolisation:

- This procedure is performed using local anaesthetic injections. A doctor who specialises in imaging (radiologist) will do this.
- We insert a small thin tube into an artery in your groin / upper leg. We inject small particles through the tube into the arteries. This blocks the blood supply to the fibroid making them shrink.
- This can make them shrink by 40% and reduce blood flow in periods.
- It can take over 12 months to notice the shrinkage. This treatment is best when heavy bleeding is the main problem and you want to avoid hormone side effects.
- We do not know how this procedure might affect pregnancy after the treatment.

Sonata Ultrasound Procedure (transcervical ultrasound guided radiofrequency ablation):

- This is a procedure that uses heat to shrink fibroids it reduces size by 60% on average although is only suitable for fibroids of 1-5cm ideally (bigger ones are possible although not licensed)_ types 1-6, it is not suitable for types 0,7,8.
- We pass a long, thin ultrasound probe into your womb through your vagina and cervix. Heat is then applied through the needles to the fibroid to shrink it.
- It has not yet been licensed to treat adenomyosis.
- This is a newer treatment and so there is not a lot of evidence about pregnancy safety after Sonata and long term effectiveness. Only about 125 women have had pregnancies after Sonata so far but none have had any problem pregnancies so far.

Types of fibroid in relation to position to the womb (type 8 is outside the womb / broad ligament) :



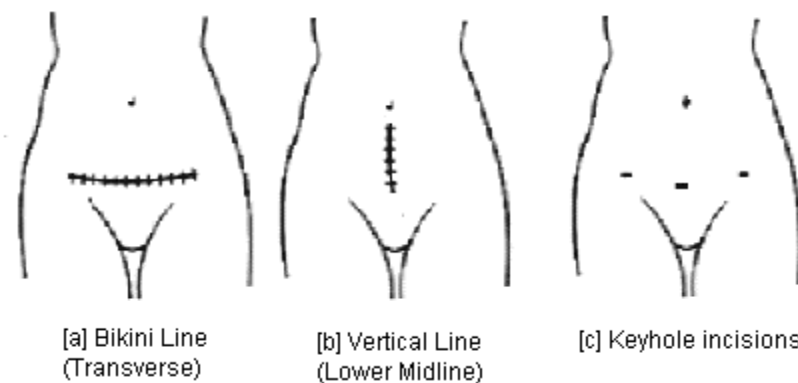
Surgery to remove fibroids:

Hysteroscopic removal of fibroids (and polyps) in the womb cavity

- We can remove fibroids that are found inside the womb cavity through the vagina. This can be done either under local or general anaesthetic.
- We insert a device through a hysteroscope camera to cut away the fibroid. It can remove the tissue for analysis as well.
- We can completely remove the fibroids if they are 100% in the womb cavity (type 0). We can remove parts of the fibroid if they are partly in the womb wall (type 1 and 2). It is less likely to remove the fibroids completely in type 1 and 2 fibroids so it can grow back.
- We might need to do a second procedure if the fibroid is larger than 3cm or more calcified.
- Often a Progesterone coil can be fitted after the fibroid has been removed to improve symptoms.

Myomectomy

- This is an operation to remove the fibroids from the wall of your womb without having a hysterectomy. This is an option if you want to be able to have children afterwards.
- In this operation we can either make a cut in the lower tummy (open myomectomy) or do keyhole surgery to remove fibroids (laparoscopic myomectomy +/- robotic assisted. This does mean we will need to make a number of cuts in your womb wall.
- This will cause bleeding and there is a risk of blood transfusion. We may need to remove your womb (hysterectomy) if uncontrollable bleeding is putting your life at risk (risk of 1 in 50 operations).
- Myomectomies are an effective treatment for fibroids. There is a chance that new fibroids will grow and more surgery will be needed. If you have children after myomectomy you may be recommended to deliver by caesarean section as it can increase the risk of uterine rupture in labour.
- A myomectomy is not suitable for all types of fibroid and depends on the size, number and position of your fibroids.
- Myomectomy is not suitable if there is a concern about sarcoma on the scans you have had or if you are close to the menopause or after it. If the growth was found to be sarcoma after a myomectomy, this surgery will have been likely to have spread the cancer and would affect your survival from the cancer.



Types of abdominal myomectomy				
Type of operation	What is?	Type of anaesthesia	Hospital Stay	Recovery time
Laparoscopy (keyhole)	Through a keyhole cut, uses a surgical instrument to remove the fibroids.	General by injection and inhalation and local.	1 day or overnight stay.	1 to 2 weeks
Laparotomy (Open)	A cut is made in the abdomen to remove the fibroids.	General: injection and inhalation.	3 to 5 days (in some cases, 7 days)	4 to 6 weeks

Hysterectomy

- If other treatments have failed or are not possible or if you prefer this option and it is suitable for you, a major operation can be performed to remove the whole womb along with the fibroids.
- You will no longer have periods and new fibroids will not grow.
- You will not be able to have a baby.
- This may be carried out through a keyhole approach or through a cut in the lower tummy, depending on the size of your womb, if you have endometriosis and any previous surgery you may have had.
- This is the preferred option if you are at higher risk of sarcoma and you do not wish to have (more) children.

Support organisations can give helpful counselling, support and advice:

- Patient UK, Women's Health: www.patient.info/womens-health
- British Fibroid Trust: www.britishfibroidtrust.org.uk/myomectomy.php
- Fertility Network UK (call: 0800 008 7464): www.fertilitynetworkuk.org
- Royal College Gynaecologist patient information on morcellation of fibroids at myomectomy : https://www.rcog.org.uk/media/rvef0aux/pi-morcellation-for-myomectomy-or-hysterectomy_2024.pdf