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Fibroids

Fibroids are the most common growths in a woman's reproductive system. Many women with fibroids have no symptoms at all, while others have symptoms ranging from heavy bleeding and pain to incontinence or infertility. These information pages explain what fibroids are, how they can affect your health and what your options are for treatment.

What are fibroids?

Fibroids are tumours that grow in the uterus (womb). They are benign, which means they are not cancerous, and are made up of muscle fibre. Fibroids can be as small as a pea and can grow as large as a melon. It is estimated that 20-50% of women have, or will have, fibroids at some time in their lives. They are rare in women under the age of 20, most common in women in their 30s and 40s, and tend to shrink after the menopause.

Although the exact cause of fibroids is unknown, they seem to be influenced by oestrogen. This would explain why they appear during a woman's middle years (when oestrogen levels are high) and stop growing after the menopause (when oestrogen levels drop).

According to US studies, fibroids occur up to nine times more often in black women than in white women, and tend to appear earlier*. The reason for this is unclear. Also women who weigh over 70kg may be more likely to have fibroids. This is thought to be due to higher levels of oestrogen in heavier women.

In the past, the contraceptive pill was thought to increase the risk of fibroids, but that was when the pill contained higher levels of oestrogen than it does today. Some studies suggest that the newer combined pill (oestrogen and progestogen) and the mini pill (progestogen only) may actually help prevent or slow the growth of fibroids.

Types of fibroids

Fibroids are categorised by where they grow in the uterus (see illustration -->):

Intramural — these grow in the wall of the womb and are the most common type of fibroid.

Subserous— these fibroids grow from the outer layer of the womb wall and sometimes grow on stalks (called pedunculated fibroids). Subserous fibroids can grow to be very large.

Submucous — submucous fibroids develop in the muscle underneath the inner lining of the womb. They grow into the womb and can also grow on stalks which, if long enough, can hang through the cervix.

Cervical — cervical fibroids grow in the wall of the cervix (neck of the womb) and are difficult to remove without damaging the surrounding area.

If you have fibroids, you may have one or many. You may also have one type of fibroid or a number of different types.

Fibroids — prevention

As the cause of fibroids is still unknown, there are no clear guidelines for preventing them. However, there are some things you could do that may help reduce your risk:

- Keep your weight in check. This will minimise oestrogen levels in your body.
- Eat green vegetables and fruit, and avoid red meat. An Italian study found that women who eat little meat but a lot of green vegetables and fruit seem to be less likely to develop fibroids than women who eat a lot of red meat and few vegetables.
- Some studies suggest the combined pill may protect against fibroids by keeping hormone levels from peaking and falling. The pill comes with its own set of side effects, however, so talk to your doctor about whether it's right for you.
- This information is based on studies involving black and African American women. The papers do not identify more specific ethnic backgrounds. We found no similar UK studies.

Fibroids – Symptoms

It is estimated that 75% of women with fibroids do not have symptoms, therefore many women don't know they have fibroids. Whether or not you have symptoms depends on the size of the fibroids and where they are in your womb. This also affects the types of symptoms you are likely to have. For example, a small fibroid in the wall of your womb probably won't cause any problems, whereas a large fibroid growing outward from your womb might press against your bladder, causing bladder problems.

The most common symptom of fibroids is heavy menstrual bleeding. Other symptoms include abdominal pain or pressure, changes in bladder and bowel patterns and, in some cases, infertility.

How to find out if you have fibroids

Because there are often no symptoms, you may only find out you have fibroids when you go for an internal examination. If you have symptoms and think you might have fibroids, see your doctor. You may be referred to a gynaecologist who should be able to diagnose whether you have fibroids or another condition. The doctor will give you a vaginal examination to feel your uterus for lumps or bulges.

If your doctor says you do have fibroids, ask if there is more than one, where they are and how large they are. This will help you better understand your symptoms and decide what action to take, if any. Your doctor may want to confirm a fibroid diagnosis with additional tests:

- **Ultrasound scan**

An ultrasound uses sound waves to get an image of your internal organs. This can help determine if the lumps are fibroids or another type of tumour. It can also provide more detailed information about the size and location of fibroids.

You may be given an abdominal ultrasound, a vaginal ultrasound or both. An abdominal ultrasound is best at finding large fibroids. Before your appointment you will be asked to drink up to a litre of liquid so that you have a full bladder for the test. The scan itself is not painful (the doctor simply moves the probe over your belly), but waiting for your appointment with a full bladder may be uncomfortable.

A vaginal ultrasound is used to find small fibroids. The scanner (probe) will be put into your vagina and may be a little uncomfortable. You do not need to have a full bladder for this scan and it should not be painful.

If the ultrasound results are unclear, your doctor may suggest a hysteroscopy or laparoscopy.

- **Hysteroscopy**

A hysteroscopy examines the inside of your womb by using a small telescope (hysteroscope) which is inserted into your womb through your vagina. Hysteroscopy can also be used to take a biopsy (tissue sample) of the lining of the womb. You may be given a local anaesthetic, general anaesthetic or in some cases, neither. If you do not have an anaesthetic, the procedure may be slightly painful. Hysteroscopy is done in hospital and you can usually go home the same day.

Laparoscopy

where a hysteroscopy (see above) looks at the inside of the womb, a laparoscopy looks at the size and shape of the outside of the womb. It can also be used to take tissue samples. The procedure involves making a small cut (about 1cm wide) in the lower abdomen, just below the belly button, and inserting a thin telescope (the laparoscope). You may also have a probe inserted into your vagina to help move your womb so the laparoscope can see it from different angles.

The operation usually takes about 30 minutes and is done in hospital. You will be given a general anaesthetic before the procedure and will have a few stitches afterwards. Sometimes air is pumped into the abdomen as part of the procedure and this may leave you feeling bloated.