

Fibroids

What are fibroids?

Fibroids (also known as myomas), are non-cancerous growths or lumps within the muscle wall of the uterus (womb). They can vary in size, ranging from small to very large.

Fibroids occur in women of reproductive age, growing at varying rates until the onset of menopause, when they tend to decrease in size and may shrink or disappear.

Types of fibroids

Fibroids are classified according to where they are located within the uterus:

- **intramural** fibroids can be found within the myometrium (uterine muscle wall), these are the most common type of fibroid
- **submucosal** fibroids can be found bulging into or inside the uterine cavity
- **subserosal** fibroids can be found bulging on to the outer surface of the uterus
- **pedunculated** fibroids can be found attached to the uterine wall by a stalk

What causes fibroids?

Fibroids occur in up to 70 per cent of women by the age of 50. Currently, it is not known exactly why fibroids occur, however, the female hormones oestrogen and progesterone play a role in stimulating their growth.

The following factors increase the risk of developing fibroids:

- an early onset of periods
- obesity
- family history of fibroids
- having not given birth
- diabetes
- age (risk increases in late reproductive years)
- polycystic ovary syndrome (PCOS)
- hypertension (high blood pressure)
- being of Afro-Caribbean descent

Symptoms of fibroids

Fibroids do not commonly cause symptoms and many women may go through life without knowing they have fibroids. They are often discovered incidentally during a gynaecological procedure.

Whilst the majority of women experience no symptoms, some women do. These are dependent on the size, number and location of the fibroids. For these women, symptoms may include:

- heavy or prolonged periods
- iron deficiency (anaemia)
- frequent urination
- pressure sensation on the bladder, bowel or back
- a lump or swelling in the abdomen
- period pain
- painful sex
- lower back pain

Fibroids and pregnancy

The effect of fibroids on fertility is not clear. The number and position of the fibroids will determine if there is a problem with maintaining a pregnancy, or if they interfere with labour and delivery. While most women with fibroids have no problems with fertility or pregnancy, some women do. For these women, problems may include:

- difficulty in becoming pregnant
- increased risk of miscarriage
- premature labour and therefore premature delivery
- malpresentations, i.e. the baby may not be positioned with its head down with the crown presenting
- fibroids positioned in the lower part of the uterus may obstruct the baby moving down into the birth canal, increasing the risk of caesarean section

- fibroids may put pressure on the placenta and lead to reduced placental flow
- increased risk of postpartum haemorrhage
- pregnancy following the surgical removal of fibroids may increase the risk of the uterine scar rupturing during the pregnancy

How are fibroids diagnosed?

Fibroids are usually found during a gynaecological examination, pelvic ultrasound or during surgical procedures for other conditions.

How are fibroids treated?

When fibroids don't cause any symptoms, treatment is not required. If symptoms are present, treatment for fibroids depends on the size, location and degree of impact on quality of life. Treatments may include:

- certain medications may be prescribed to reduce heavy periods
- a medication may be given to shrink the fibroids prior to pregnancy, if fibroids are possibly interfering with conception
- an intrauterine device (a contraceptive device that is placed in the uterus) such as Mirena may be prescribed to reduce heavy periods
- an uterine artery embolisation, which is a procedure where a fine substance or coils are injected into the uterine artery to reduce the blood supply to the fibroid
- an endometrial resection to remove a submucosal fibroid
- a myomectomy, which is a procedure that involves the complete removal of a fibroid by laparoscopy (key hole surgery) or laparotomy (open surgery)
- a hysterectomy (removal of some, or all, of a woman's uterus) when a woman's uterus has multiple fibroids causing major symptoms, and when she no longer wishes to retain her fertility
- MRI-directed ultrasound therapy, which is a new technique where ultrasound is used to destroy the fibroid

Who do I see for help?

If you are experiencing any of the symptoms of fibroids, see your general practitioner. Your general practitioner may refer you to a gynaecologist.

Things to remember

- fibroids are non-cancerous growths that form within the walls of the uterus
- fibroids occur in up to 70 per cent of women by the age of 50
- common symptoms include heavy periods, lower back pain and pressure symptoms
- treatment options include medications, embolisation or various types of surgery

Where can I get more information?

www.jeanhailes.org.au

www.healthforwomen.org.au

www.betterhealth.vic.gov.au – Better Health Channel

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This fact sheet is designed to be informative and educational. It is not intended to provide specific medical advice or replace advice from your health practitioner.

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