

Fibroid patient information letter 2017

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 may grow as a single tumour (growth) or in a cluster. A single fibroid can be the size of a pea or quite large as a melon. A bunch or cluster of fibroids can also vary in size.

What are the symptoms?

Many women don't have any symptoms and therefore you probably don't even know you have fibroids. However, some women who have uterine fibroids may experience the following symptoms:

What are the complications / symptoms of fibroids?

Summary of Complications / symptoms of Fibroids	
Fertility	Large fibroids affect fertility by: <ul style="list-style-type: none"> • Impairing the lining of the womb. • Compressing or obstructing the fallopian tubes. • Distorting the shape of the womb cavity. • Preventing sperm movement from reaching the womb.
Pregnancy	Multiple fibroids, particularly those in the lower part of the womb, can block the vagina during pregnancy and therefore a caesarean may be necessary for delivery. Risk of miscarriages is increased with the presence of multiple fibroids. Pain & premature labour can happen when fibroids degenerate (die) during pregnancy.
Urinary Tract Infection	Pressure exerts by the fibroids on the bladder can lead to urinary tract infection and on the urethra can result in urinary obstruction and kidney dysfunction.
Fibroid growth in other organs	Fibroid rarely breaks away from the womb and when it does, you can get: <ul style="list-style-type: none"> • BML (Benign Metastasing Leiomyoma) in the lungs. • Disseminated Peritoneal Leiomyomatosis in the abdominal wall. Neither condition is cancerous.
Cancer	Only very rare that fibroid develops into cancer but there is 0.2% risk of malignant transformation (i.e. becoming cancerous).

In most cases, fibroids do not cause any symptoms and do not interfere with pregnancy and therefore no treatment is required.

In case of mild symptoms, the gynaecologist may consider no treatment but to monitor to see if they are growing. Treatment is only warranted when the fibroids are large which interfere with pregnancy or fertility and cause symptoms.

The choice of treatment is highly individual and tailored to individual circumstances.

Treatment Options For Fibroids		
Size of fibroids	Outcome of fertility	Treatment
Less than 3 cm	Non-Contraceptive	NSAIDs (eg mefenamic acid) and Tranexamic Acid
	Contraceptive	<u>Hormonal Medical Therapy</u> (contraception is temporary until discontinuation of the treatment) <u>Endometrial Ablation</u> (for women who do not response to medical therapy and have uterus size of less than 10 weeks pregnancy).
Greater than 3 cm	Fertility Preserved	<u>Myomectomy</u> (Abdominal, Hysteroscopic, Vaginal, Laparoscopic)
	Fertility Potentially Retained	<u>Uterine Artery Embolisation</u> <u>MR Guided Focused Ultrasound Therapy</u>
	Contraceptive	<u>Myolysis or Cryomyolysis</u> (Not yet approved by NICE and highly experimental) <u>Hysterectomy</u>

Medical therapy Medical therapy can in some cases reduce the need for an operation but often it is not a long term solution. The drugs used can be divided into 2 groups: oral non-hormonal and hormonal (in various formulations). Summary of the available choices for medical therapy is shown below:

Summary: Medical Therapy				
Type of Drug	Product	Outcome on fibroid size	Outcome on abnormal uterine bleeding	Outcome on fertility
Non-Hormonal	NSAIDs & Tranexamic Acid	No effect on fibroid size	Decrease by 30%	No effect
Hormonal	Combined Oral Contraceptive	No data	Decrease 20-30%	Contraceptive
	GnRHa (3 to 6 months duration of therapy)	Decrease 30% Decrease uterine volume by 35%	Decrease > 80%	Need to use barrier method contraception
	Oral Progestins	Decrease 30%	Decrease > 60%	Contraceptive
	LARC (Long Acting Reversible Contraceptive (e.g. Depo-Provera, Implanon [etonogestrel]))	Decrease uterine volume by 35%	Breakthrough bleeding	Contraceptive
	Levonorgestrel Intrauterine Device (e.g. Mirena)	Decrease 20-30 %	Decrease 40% Systemic side effects	Contraceptive
	Ulipristal tablets 5mg (up to 4 cycles of 3months on and 1 month off)	Decrease 30-40%	Decrease > 80%	Need to use barrier method contraception

Transcervical resection of fibroids / myosure resection of fibroids within the cavity of the womb

It is a procedure of removing fibroids that occur on the inside of the womb (uterus), in the uterine lining via the vagina using an instrument called hysteroscope.

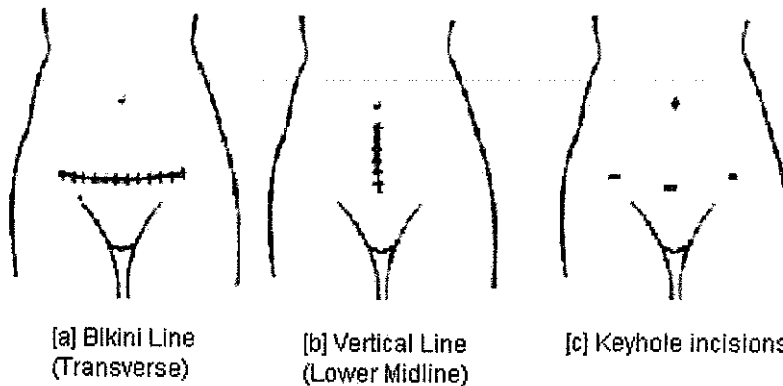
Key features:

- suitable for fibroids that are within or bulging into the uterine cavity (submucosal)
- It aims to remove the fibroids that cause menstrual problems or that may be interfering with the ability to conceive.
- Hospital stay: one night's stay or as a day-case.
- Small risk of bleeding / infection and trauma to internal organs of 1 in 100.
- Anaesthetics: general anaesthetic as an inpatient or local anaesthetic as an outpatient.
- Duration of procedure: varied around 10 minutes to 1 hour, depending on the size of the fibroid.
- Recovery period: 1 - 2 weeks.

Myomectomy

What is myomectomy?

Myomectomy is a surgical procedure to remove the fibroids, generally via the abdomen, without removing the womb (uterus). A laparotomy (bigger cut on the abdomen) can be either transverse or vertical (fig a + b) -- approximately 10-12cm length. Keyhole (laparoscopy involves around three 5mm and one 10mm incisions).



How many types of myomectomy are there?

There are 2 different types of abdominal myomectomy: (a) laparoscopy (keyhole) and (b) laparotomy (open abdominal). Key features of the two techniques are summarised as below:

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

What types of fibroids are suitable for a keyhole procedure?

Not all fibroids are suitable for laparoscopic myomectomy. Only women with one or two fibroids no larger than 7 cm in size are suitable for laparoscopic myomectomy. The location of the fibroids is also an important consideration, although it is feasible to remove a pedunculated subserous fibroid larger than 7 cm in size laparoscopically.

What are the risks or complications of myomectomy?

Like all operations, myomectomy carries risks and complications. The Table below summarises the general risks/complications applicable to both open abdominal and keyhole myomectomy.

Possible Risks/Complications of open abdominal and keyhole myomectomy
<ul style="list-style-type: none"> • Excessive bleeding during the operation requiring blood transfusions. • Anaemia due to blood loss during the operation and post-operation. • Damage to internal organs (e.g. bowel / bladder) during surgery • Blood clot in legs (deep vein thrombosis) or sometimes, part of this clot can break off and travel to the lungs (known as PE). This can cause shortness of breath or even occasionally be fatal. • Wound infection. • Pelvic adhesion that can cause pain and/or bowel blockage. • Eventual re-growth of fibroids. Re-treatment rates for over 5-10 years are 10% for single myomectomy and 25% for multiple myomectomy • Special precautions in pregnancy: consideration for the need for caesarean section delivery. • Mortality risk approximately 1 in 5,000

What are the specific risks for keyhole myomectomy?

In addition to the above risks and complications, keyhole procedure carries its own specific risks (Table 4.).

Table 4. Specific Risks/Complications of keyhole myomectomy
<ul style="list-style-type: none"> • Damage to my bowel, bladder and blood vessels may occur due to the laparoscopic technique itself. If this happens, you will need open abdominal surgery to correct the damage. Very rarely, if this damage is not recognised at the time of surgery, later surgery will be necessary. • A keyhole (laparoscopic) myomectomy may be converted into an open abdominal procedure for effectiveness and safety reasons. • Afterwards you may feel nauseated, feel some shoulder-tip pain and/or abdominal bloating or pain. • There is a small risk of 1 in 350-1,000 that a fibroid maybe malignant and it could be spread by performing the operation

Care At Home Guide

- The pinkish/brown vaginal discharge continues for 10-14 days post-op. This is normal as part of the healing process.
- Carry on with pelvic floor exercise per instructions from the physiotherapist.
- Most importantly, keep the wound (incision site) clean and dry.
- A **DO** and **DON'T** list (below) is compiled for you as a guide, as always, use your common sense as well.

A DO and DON'T List for Self-care at Home		
Time post-op	DO	DON'T
Week 1 to 2	(a) Use sanitary towels instead of tampons. (b) When you have a bath or shower, use only unscented bath/shower gel or soap around the wound area. Pat dry your wound afterwards. (c) Avoid vaginal lubricant, gel or cream. (d) Start gentle walking around the house in week 1.	(a) DON'T lift anything heavier than a full kettle. (b) DON'T drive. (c) DON'T have sexual intercourse.
Week 3 to 5	(a) Gently increase your physical activities. (b) Allow rest time throughout the day. (c) Start short walk in week 2.	(a) DON'T put anything inside your vagina. (b) DON'T drive. (c) DON'T have sexual intercourse.
Week 6 Onwards	(a) Resume light work. (b) If you have no pain and you are confident to handle the car, you can start driving. If in doubt, see your GP. (c) You can start sexual intercourse if you have no pain or vaginal bleeding. If you experience pain or bleeding after sex, contact your GP for advice. (d) Return to heavier work and all activities without restrictions in week 10.	

