

Patient Information

Fibroids

What are Fibroids?

A fibroid is the most common growth found inside a woman's pelvis. They occur in 20% to 30% of women over the age of 30. The fibroid is an overgrowth of the smooth muscle tissue which grows in the wall of the womb. Fibroids are also known as 'myomas' - from myo (muscle) and oma (new growth). A fibroid can be as small as a pea or grows larger than a grapefruit. Fibroids can occur as one single growth or multiple growths inside the womb, within the walls, or on its surfaces.

Submucosal Fibroids

Grow from the wall into the cavity of the womb sometimes distorting it which may cause pain, abnormal bleeding and infertility.

Subserosal Fibroids

Grow from the wall to the outside of the womb, and may push on the bladder, bowel or intestine causing bloating and abnormal pressure, cramping and occasionally pain.

Intramural Fibroids

Remain confined within the wall of the womb and may cause symptoms similar to those of submucosal and subserosal fibroids.

Does a Fibroid mean cancer?

In over 99% of cases fibroid is benign (non cancerous). In very rare cases, less than 1%, a fibroid may become malignant or cancerous.

What causes Fibroids?

The exact cause of fibroids is unknown, but there is evidence suggesting that many fibroids require oestrogen to grow. Typically when a woman reaches the menopause (average age of 51) oestrogen levels decline and existing fibroids will tend to shrink.

Do all Fibroids cause symptoms?

Many women have a fibroid and do not even know it. Medical studies have shown that 50% to 80% of fibroids cause no symptoms and if they do not cause abnormal bleeding or discomfort there may be no reason to treat them.

What are the main symptoms of Fibroids?

Some fibroids, due to size, number and/or location, may cause symptoms such as:

- Changes in your period – heavy bleeding, longer periods or more frequent periods.
- Pain or pressure in your abdomen or lower back.
- Pain during sex.
- Difficulty urinating, frequent urination or constipation.
- Difficulty conceiving.
- Anaemia due to chronic excess bleeding.

Patient Information

Can Fibroids cause infertility?

It is controversial whether fibroids interfere with fertility. Some women with many fibroids conceive early without any help. To some degree, the positions, sizes and types of fibroid may have slight bearing on a woman's fertility. For instance, if fibroids are located close to the fallopian tube, they may inadvertently cause blockage of tubes. Submucous fibroids may interfere with the implantation of the early embryo. This issue should be discussed with your consultant.

Sources of information

Your GP or Practice Nurse

NHS Direct

www.nhsdirect.nhs.uk
Telephone: 0845 4647

Patient UK Website

Comprehensive, free, up-to-date health information as provided by GPs to patients during consultations
www.patient.co.uk

Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments please contact our Patient Advice and Liaison Service (PALS) – details below.

Hand hygiene

The trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

This information is available in alternative formats such as large print or electronically on request. Interpreters can also be booked. Please contact the Patient Advice and Liaison Service (PALS) offices, found in the main reception areas:

Conquest Hospital

Email: palsh@esht.nhs.uk - Telephone: **01424 758090**

Eastbourne District General Hospital

Email: palse@esht.nhs.uk - Telephone: **01323 435886**

Patient Information

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

The following clinicians have been consulted and agreed this patient information:

Consultants in Obstetrics and Gynaecology

Paula Smith, Clinical Matron

Date agreed: February 2011

Review date: February 2013

Responsible clinician: Paula Smith, Clinical Matron