

Patient information from BMJ

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Fibroids

Fibroids are usually harmless and often don't cause symptoms. But they can sometimes cause problems, such as painful or heavy periods.

You can use our information to talk to your doctor and decide which treatments are right for you.

What are fibroids?

Fibroids are lumps that grow in your womb. But they don't usually cause any problems. They're not cancer and they're very common. As many as 80 in every 100 women have fibroids.

Fibroids are made of the same cells that form certain kinds of muscles. Fibroids can be tiny, about the size of a pinhead. Or they can grow to be large, sometimes as big as a balloon.

We don't know why some women get fibroids. The hormones oestrogen and progesterone seem to make them grow. When you go through the menopause, your body stops making so much of these hormones and your fibroids will probably start to shrink.

But it's not as simple as saying that the more of these hormones you have, the more your fibroids grow. For example, fibroids don't usually grow much when women are pregnant, even though levels of these hormones are higher.

What are the symptoms?

Most women with fibroids don't get any symptoms from them. So you may not even know you have fibroids unless your doctor spots them during a routine pelvic exam. But fibroids can sometimes cause problems, such as:

- heavy or painful periods
- pain or pressure in your abdomen
- bloating in your abdomen
- having to pass urine often
- constipation

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- pain during sex
- problems getting pregnant or miscarriages (these problems aren't common).

What treatments work?

If you don't get any symptoms from your fibroids, you probably won't need to do anything about them. If your symptoms are mild, you may also prefer to do nothing.

But if your fibroids cause problems that are distressing, or that are interfering with your life, you should seek treatment.

Several treatments can help with fibroids, including medicines and surgery. What treatments your doctor recommends will depend on several things, including:

- your preferences
- what problems your fibroids are causing, and
- whether you would like to become pregnant in the future.

Medicines

If your main symptom is periods that are heavy or painful, or both, your doctor may recommend treatments to help. For example:

- A drug called **tranexamic acid** is sometimes used to reduce heavy bleeding.
- Medicines called **non-steroidal anti-inflammatory drugs (NSAIDs)** can lighten your blood flow and ease your period pain. Naproxen is an NSAID that is often recommended.
- If you're not trying to get pregnant, your doctor may recommend having a **contraceptive coil** fitted that gradually releases a hormone called levonorgestrel into your womb.

You may hear the coil called an IUD (intrauterine device). This treatment reduces bleeding for most women. Taking a **contraceptive pill** might also make your periods lighter.

Although these treatments can help with your symptoms, they probably won't affect the size and growth of your fibroids.

If your fibroids are causing more serious problems, your doctor may recommend taking medicines to shrink your fibroids, which should improve your symptoms.

You can't have these treatments if you're trying to get pregnant. But once you stop treatment, you can try to get pregnant again.

- **GnRH agonists** reduce the amount of oestrogen made by your body. This should make your fibroids smaller. You may also stop having your period.
- **Antiprogestogens** reduce the effect of progesterone in your body, which can help shrink fibroids and may stop your periods.

Once you stop taking these treatments, your fibroids will regrow and your symptoms will return.

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These treatments can have side effects. You may get symptoms that you would usually get if you were going through the menopause, like hot flushes.

GnRH agonists also increase your risk of thinning bones (osteoporosis). Some antiprogestogens can cause a condition called endometrial hyperplasia, which is a thickening of the lining of the womb.

Because of these side effects, doctors usually recommend that women use these treatments for only a few months, often before they have surgery to remove their fibroids (see below).

Doctors also sometimes recommend these treatments to women who are close to the menopause and will probably need treatment for only a short time.

Other treatments, including surgery

Other treatments, including surgery, can work well to shrink or remove fibroids. There are several options, including:

- surgery to remove just your fibroids (called a **myomectomy**)
- surgery to remove your womb (a **hysterectomy**), and
- a procedure to cut off the blood supply to your fibroids to make them shrink (**uterine embolisation**).

Of these treatments, only myomectomy is recommended if you wish to become pregnant in the future.

All operations and procedures have risks, including the chance of bleeding and infection. Your doctor will explain these to you before you have one of these treatments.

Myomectomy

This surgery removes just your fibroids. You keep your womb so you can still have children if you wish. But not everyone is suitable for this operation. It depends on where the fibroids are, how many there are, and how large they are.

There are different ways to do a myomectomy. You may be able to have your fibroids removed through small cuts in your abdomen with the aid of a tiny camera (keyhole surgery), through one larger cut (open surgery), or through your vagina (hysteroscopic myomectomy).

All these operations work well, but you may have a longer recovery time after open surgery.

Having your fibroids removed should improve your symptoms. It may also improve your chances of having a baby if you've had difficulty getting pregnant or have had miscarriages possibly related to your fibroids.

But your fibroids may grow back after a myomectomy. Up to half of women have some symptoms again five years after their surgery.

Hysterectomy

A hysterectomy removes your entire womb, not just your fibroids. It is a big operation and you can't have children afterwards. But there's no chance that your fibroids will come back.

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As with a myomectomy, there are different ways to do a hysterectomy, including through a single cut in your abdomen or vagina, or through smaller cuts using keyhole surgery. Most women have the operation through their vagina.

Uterine embolisation

This treatment cuts off the blood supply to your fibroids to make them shrink.

- A small cut is made in your groin so that a thin tube can be put into a large blood vessel at the top of your leg (your femoral artery).
- The tube is threaded through the artery to the small blood vessels that supply blood to your fibroids.
- Tiny beads (about the size of grains of sand) are then injected into these vessels to block off the blood supply.

Most women who have uterine embolisation say their symptoms improve. But sometimes the fibroids grow back and women get symptoms again.

Uterine embolisation is a less invasive treatment than a myomectomy or hysterectomy, and women who have this treatment generally recover and return to their usual activities more quickly. But they may be more likely to need further treatment later on.

This treatment is not recommended for women who would like to become pregnant in the future.

What will happen to me?

If you have fibroids that aren't causing problems, you probably don't need any treatment. But your doctor may recommend that you have an annual examination to check on the size and growth of your fibroids.

If your fibroids are causing problems, treatments can help.

Fibroids often shrink and stop causing problems after the menopause. But if you continue to have symptoms - or if you get new bleeding or other problems - be sure to see your doctor.

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