

Fibroids

Information for Women

Tena koutou katoa, Kia orana,
Talofa lava, Malo e lelei,
Fakaalofa lahi atu, Taloha Ni, Ni
Sa Bula Vinaka,

Greetings and Welcome to the
Women's Health Gynaecology
Service

Women's Health, Auckland Hospital

Surgical Treatment

There are a number of surgical treatments depending on the type, size and position of fibroids.

Hysteroscopic resection

Hysteroscopic resection can remove sub mucosal fibroids. This is a procedure where a thin telescope is inserted into the uterus, and allows the surgeon to inspect the cavity and remove any fibroids.

Myomectomy

Myomectomy is a procedure whereby fibroids are removed but the uterus is saved, especially where fertility is desired. This can be done by laparoscopy (key hole surgery) or laparotomy (cut in abdomen). The type of surgery depends on the position and size of the fibroids, and will be discussed by the surgeon.

Hysterectomy

Hysterectomy is a further option for women who have completed their families and have symptomatic fibroids. This can be done either vaginally, via laparoscopy or abdominally. A pamphlet is available on these procedures.

Useful resources:

The Royal Australian and New Zealand College of Obstetrics and Gynaecology
<http://www.ranzcog.edu.au/conditions/fibroids.html>

What are Fibroids?
<http://www.everybody.co.nz/page-2b15eb0a-d487-48a6-9ca2-c5128078d645.aspx>

What are fibroids?

- Fibroids are benign tumours that grow in the muscle wall of the uterus.
- They are called leiomyoma or myomas. They are very common, and are detectable in about 30 % of woman over the age of 30.
- Fibroids range in size from tiny to large, and are often in multiples.
- Fibroids do not always cause a problem and do not always need to be removed.
- They usually decrease in size after menopause, as they are oestrogen dependent.

Symptoms

Symptoms depend on the number, size and location of the fibroids. They may cause.

- Heavy, prolonged periods that can cause anaemia.
- Pelvic pain, and pressure or heaviness in the abdomen, pain during intercourse.

- Bladder and bowel pressure which may result in the need to frequently pass urine or cause constipation.
- Infertility and problems during pregnancy.

Treatment

Options are medical, fibroid embolisation and surgical, dependent on the site and number of fibroids.

Medical Therapy

Medications can be used to control symptoms, but are usually for temporary relief as symptoms will return once therapy stops.

1. Hormonal treatments such as oral contraceptives and provera.
2. Mirena (IUCD) for small fibroids that do not distort the uterine cavity.
3. Medications that decrease bleeding such as tranexamic acid.
4. Anti-inflammatory/pain medications for symptom relief.

Fibroid embolisation

This procedure is performed in the Radiology department by an interventional radiologist.

Patients are admitted to ward 97 under the care of their gynaecologist and prepared for the procedure. This involves:

- A blood test
- An intravenous line inserted for pain relief
- Taking oral medications

It is a minimally invasive procedure performed while the patient is awake with pain relief and sedation.

1. The interventional radiologist makes a tiny nick in the skin or the wrist or the groin and inserts a catheter.
2. Using real time imaging the catheter is guided through the artery.
3. Tiny particles, the size of grains of sand, are released into the uterine arteries that supply blood to the fibroids. This blocks the blood flow to the fibroid and causes it to shrink.

There is a pamphlet available on this procedure.