Treatment options for fibroids

Department of Gynaecology

Information for Patients

Produced: April 2025
Review: April 2028
Leaflet number: 1609 Version: 1

What is a fibroid?

A fibroid (also called myoma or leiomyoma) is a ball shaped, non-cancerous growth in or around the womb muscle. They can be different in size, shape, number and position. It can be from the size of a pea to the size of a melon. There can be many in the womb or just 1 or 2.

We don't know why some women grow fibroids. They are more common in:

- women between 30 to 55 years old
- Black women
- overweight women
- women without children
- if other women in your family have them

How likely am I to have fibroids?

- 7 in 10 women will have fibroids at some point in their lives.
- 4 in 10 White and Asian women under 35 years will have fibroids.
- 7 in 10 White and Asian women under 50 years will have fibroids.
- 6 in 10 Black African women under 35 years will have fibroids.
- 8 in 10 Black African women under 50 years will have fibroids.

Fibroids often grow faster in pregnancy and usually shrink in menopause. Fibroids grow because of the female hormones oestrogen and progesterone. They tend to shrink after the menopause when these hormones are naturally lower.

Why do I need to have treatment for fibroids?

Fibroids cause no problems for most women and treatment is not always needed. Only 1 in 4 women will have fibroids that cause them problems. This is normally when women are between 30 to 50 years old.

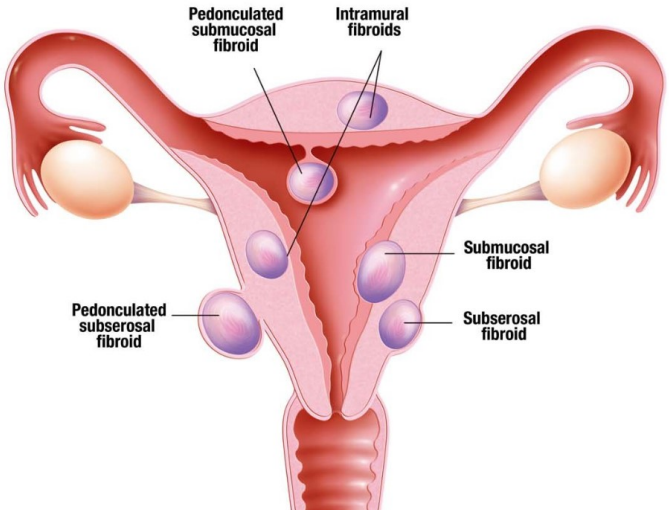
What problems can be caused by fibroids?

- heavy and painful periods
- low iron levels (anaemia) due to heavy periods
- swollen tummy
- tummy and / or back pain
- pressure on you bladder causing leaking pee, dribbling and peeing often
- pressure on your bowel causing problems having a poo (constipation)
- pain or discomfort when you are having sex
- problems getting pregnant (subfertility)
- late miscarriage (after the first trimester) or early (premature) labour
- bouts of pain if the fibroids grow very fast in pregnancy (fibroid degeneration)
- baby born bottom or feet first (breech position)
- heavy bleeding during labour or after the birth of the baby

What are the different types of fibroid?

Fibroids can grow in any part of the womb wall or cervix. The main types of fibroids are:

- **Types 0 to 2 (submucous fibroids):** they grow into the cavity of the womb causing a bump in the womb lining.
- **Types 3 to 5 (intramural fibroids):** they are the most common type. They are in the middle layer of the muscle wall of the womb.
- **Types 6 (subserous):** they grow on the outer surface of the womb. This makes a bump on the outside.
- **Type 7 (pedunculated fibroids):** these are attached to the womb wall with a stalk. They can sometimes twist around on their stalk, mostly if the stalk is thin.



Submucous fibroids can also be confused with fleshy growths from the womb lining (polyps).

Scans are not very good at telling the difference between Type 2 and Type 3 fibroids. We might need to put a camera inside your womb (hysteroscopy) to tell the difference.

What else might the growths seen on scan be?

Adenomyosis is a condition where spots of womb lining grow in between the muscle fibers of the wall of the womb. Sometimes we can mistake this for a fibroid or mistake fibroids for adenomyosis. They can look similar to each other on scans. When the spots are outside the womb (around the ovaries, tubes and outside of the womb) this is called endometriosis. 7 out of 10 women with fibroids also have these other conditions at the same time.

Sarcoma is a type of cancer in the womb. It can sometimes be mistaken for a fibroid. We can never be completely sure that any fibroid is not actually a sarcoma based on scans or any other tests. The risk of sarcoma is low but it is higher in some circumstances. Your gynaecologist will check for these and talk with you before looking at treatment options.

You may be more likely to have sarcoma if:

- your fibroids grow very quickly.
- there are signs of uterine sarcoma from your ultrasound or MRI scan results.
- your family members have had certain types of breast, ovarian or bowel cancer (such as families with BRCA mutations or Lynch syndrome).
- you are Black as the chances of uterine sarcoma are up to 4 times higher.
- you have ever used the drug tamoxifen (used to treat breast cancer).
- your fibroid continues to grow despite medical treatment.
- you have had radiotherapy to your pelvis.
- you are bleeding after your menopause or have irregular vaginal bleeding.
- you have gone through the menopause and the fibroid is growing. The risk continues to go up as you get older. If you are younger than 50 years old your chances are lower.

Your gynaecologist may talk about your case with a team of specialists if a growth looks suspicious. They will help decide what treatment is best for you.

What tests will I be offered?

We will look at you with a speculum and you will have a vaginal examination. We may suggest other tests for you to check why you are bleeding abnormally. This is because even though you have fibroids, they may not be the reason for your symptoms.

- **Ultrasound scan** will help to see the fibroids. We can see where in the womb wall the fibroids are and can check for cysts. Sometimes we can check for polyps and adenomyosis.
- **MRI scan** is not better than ultrasound when looking at fibroids. It is slightly better at looking for adenomyosis. It is better at checking for features of a sarcoma. If fibroids are very large or growing fast, MRI is better at looking at fibroids.
- **Blood tests** can used to check for anaemia, thyroid problems and clotting disorders. This is if you have symptoms related to these issues.
- **Removal of polyps or submucous fibroids** (hysteroscopy and endometrial biopsy): We use a small camera that is passed inside of the womb through the vagina. We check for polyps, abnormal cells and submucous fibroids. We may take a small sample from the lining of the womb to test for abnormal cells. If we find polyps or the fibroid is submucous, we can

remove them at the same time. We can do this in a specialist clinic with just painkillers and local anaesthetic. Or in the operating theatre under general anaesthetic or with sedation.

- We can do an operation to look inside the tummy called **laparoscopy.** This is with a small camera going in the belly button. We recommend this if you might have endometriosis.

Treatment options for fibroids

There are different treatment options. Your gynaecologist will talk about different treatment options that might suit you best. This depends on where in the wall the fibroids are, how big they are and how many there are. It also depends on if you want to have (more) children or if you don't want surgery because of other health reasons.

You could have:

- no treatment (waiting and watching)
- medical treatment (such as tablets, injections or a hormone coil)
- a procedure to shrink the fibroids
- surgery (myomectomy or hysterectomy)

You will not need any treatment if your fibroids are small or cause you no trouble. When you reach menopause fibroids will usually shrink. Many women (over half) will have small fibroids that are less than 4cm at middle age. You can still have Hormone Replacement Therapy (HRT) to help with symptoms of the menopause even if you have fibroids.

Treatments for heavy periods with fibroids:

These treatments **do not shrink fibroids** or help with pressure effects.

NSAID Painkillers (aspirin-like medicines like Naproxen or Ibuprofen):

- They can help with pain from periods.
- They can lessen the amount of bleeding by up to half.
- You take them from the start of the period or period pain until the period finishes.
- Do not take this treatment if it worsens your asthma.
- Do not take this treatment if you have had a stomach ulcer or kidney disease before.
- Do not take this treatment if you are taking blood thinning medicines.

Tranexamic acid (TXA):

- This makes the periods less heavy. It stops the breakdown of little clots in the womb lining.
- It is a good non hormonal way of controlling heavy periods.
- You take it 3 times a day during the 4 heaviest days of your period. But not more than 4 days in a row.
- Do not take this treatment if you have had a blood clot in a vein (deep vein thrombosis) or artery or lung (pulmonary embolus) or had a heart attack or stroke.

Combined oral contraceptive pills (COCP):

- Good at stopping pregnancy and can reduce heavy bleeding. You can use this if you do not have migraines, high blood pressure, heart disease, liver disease, or past blood clots (DVT) or stroke.
- You can take COCP that has a low dose of estrogen (20mcg) up to age of 50.
- It can help with hot flushes or menopausal symptoms too. It doesn't make fibroids grow much.

Progesterone only pills (POP):

- Good at stopping pregnancy and can reduce heavy bleeding or stop periods altogether.
- You can have light but irregular bleeding especially in the first few months.
- You can have side effects like breast tenderness and bloating or irregular bleeding.

Levonorgestrel IUD (LNG-IUD) or 'hormone coil':

- We can fit a plastic device into your womb. It lets out a low dose of progesterone hormone to reduce the amount you bleed.
- Side effects are low as the dose is low.
- It can take over 6 months to see the full benefit. It lasts for 5 to 8 years.
- It is a very good contraceptive and can be used as part of HRT.
- It is not for Type 0 or 1 fibroids unless they can be removed first.

Search for: 'Having a Levonorgestrel intrauterine device (LNG-IUD) fitted' or leaflet number 1125 more information.

Contraceptive implant (Nexplanon) and injection (Depo-provera, DMPA):

- It is a long acting progesterone only contraceptives.
- Reduces bleeding or stop periods altogether.
- Not licensed for use to treat heavy periods but can be helpful.

Progesterones:

- You can take these regularly if you do not need contraception to make your periods come regularly and not last so long.
- It can give you a more predictable bleeding pattern.
- You take Medroxyprogesterone acetate 2 times a day. This is from the 5th day of your period to the 26th day of your cycle (21 days).
- 1 or 2 days after stopping the tablets your period will start (day 1 again).
- You can use NSAIDs and / or Tranexamic acid between day 1 and 4 to slow the bleeding more.

What treatments can shrink fibroids?

Hormone Medicines that work on Gonadotrophin releasing hormone receptors:

- There are 2 similar medicines that work in the brain to lower hormones being made by the ovaries. The ovaries stop making eggs and make less oestrogen. They stop periods and helps the fibroid to stop growing bigger and can help shrink fibroids.
- They cause temporary menopause so we usually give some HRT with it to help with side effects and protect your bones from thinning as a side effect.

GnRH Agonists are given as an injection once a month or every 3 months to shrink fibroids. This is often used before an operation.

- It is only licensed to be used for 6 months. It can be use for longer. We talk about this with you.
- It shrinks fibroids by 30% to 50%. The fibroids will regrow when you stop the treatment.
- The HRT is often given separately as a daily tablet or a patch changed 2 times a week.

GnRH Antagonists block the GnRH receptors. We give it as a tablet once a day.

- You can take them all the way into menopause.
- There are 2 brands available at the moment:
    1. **Yselty:** There is no HRT in the tablet. You will need to take HRT separately to protect your bone strength.
    2. **Ryeqo**: HRT is already combined in the 1 tablet. It stops pregnancy when it has been taken for a month.
- They are not quite so good at shrinking fibroids. They shrink them by up to 18%. These are very well tolerated with few side effects and don't thin the bones so much

Search for: 'GnRH agonist injections for gynaecological conditions' or leaflet number 1343 for more information.

Ulipristal acetate:

You take 1 tablet every day for 3 months at a time. This can be used to shrink fibroids. It should only be prescribed if:

- you have moderate to bad symptoms.
- you are an adult and you have not reached menopause.
- other treatments are not suitable for you
- other treatments are have not worked or you did not want to have them.

There is a rare but serious risk of liver failure when taking this tablet. We will closely check your liver function with blood tests before, during and after treatment.

Fibroid embolisation:

- We will use local anaesthetic injections. A doctor who specialises in imaging (radiologist) will do this.
- We insert a small thin tube into an artery. We inject small particles through the tube into the arteries. This blocks the blood supply to the fibroid making them shrink.
- This can make them shrink by 30% to 50% and reduce blood flow in periods.
- It can take over 12 months to notice the shrinkage. This treatment is best when heavy bleeding is the main problem.
- We do not know how this procedure might affect pregnancy after the treatment.

Search for: 'Treating fibroids by blocking the blood supply (embolisation of uterine fibroids)' or leaflet number 46 for more information.

Sonata Ultrasound Procedure (transcervical ultrasound guided radiofrequency ablation):

- This is a procedure that uses heat to shrink fibroids.
- We pass a long, thin ultrasound probe into your womb through your vagina and cervix. Heat is then applied through the needles to the fibroid to shrink it.
- We can also use this to treat adenomyosis.
- This is a newer treatment and so there is not a lot of evidence about pregnancy safety after Sonata and long term effectiveness. Only about 125 women have had pregnancies after Sonata so far but none have had any problem pregnancies so far.

Search for: 'Treating fibroids with SONATA' or leaflet number 372 for more information.

Surgery to remove fibroids:

Hysteroscopic removal of fibroids (and polyps) in the womb cavity

- We can remove fibroids that are found inside the womb cavity through the vagina. This can be done either under local or general anaesthetic.
- We insert a device through a hysteroscope camera to cut away the fibroid. It can remove the tissue for analysis as well.
- We can completely remove the fibroids if they are 100% in the womb cavity (type 0). We can remove parts of the fibroid if they are partly in the womb wall (type 1 and 2). It is less likely to remove the fibroids completely in type 1 and 2 fibroids so it can grow back.
- We might need to do a second procedure if the fibroid is larger than 3cm or more calcified.
- Often a LNG-IUD can be fitted after the fibroid has been removed to improve symptoms.

Search for: 'Having polyps, fibroids or samples removed from your womb with hysteroscopy' or leaflet number 464 for more information.

Myomectomy

- This is an operation to remove the fibroids from the wall of your womb without having a hysterectomy. This is an option if you want to be able to have children afterwards.
- In this operation we can either make a cut in the lower tummy (open myomectomy) or do keyhole surgery to remove fibroids (laparoscopic myomectomy). This does mean we will need to make a number of cuts in your womb wall.
- This will cause bleeding and there is a risk of blood transfusion. We may need to remove your womb (hysterectomy) if uncontrollable bleeding is putting your life at risk (risk of 1 in 50 operations).
- Myomectomies are an effective treatment for fibroids. There is a chance that new fibroids will grow and more surgery will be needed. If you have children after myomectomy you may be recommended to deliver by caesarean section.
- A myomectomy is not suitable for all types of fibroid and depends on the size, number and position of your fibroids.
- Myomectomy is not suitable if there is a concern about sarcoma on the scans you have had or if you are close to the menopause or after it. If the growth was found to be sarcoma after a myomectomy, this surgery will have been likely to have spread the cancer and would affect your survival from the cancer.

Search for: ’Having surgery to remove fibroids from your womb (abdominal myomectomy)’ or leaflet number 1568 for more information.

Search for: ‘Having keyhole surgery through your tummy to remove fibroids from the wall of your womb’ or leaflet number 1128 for more information.

Hysterectomy

- If other treatments have failed or are not possible or if you prefer this option and it is suitable for you, a major operation can be performed to remove the whole womb along with the fibroids.
- You will no longer have periods and new fibroids will not grow.
- You will not be able to have a baby.
- This may be carried out through a keyhole approach or through a cut in the lower tummy, depending on the size of your womb, if you have endometriosis and any previous surgery you may have had.
- This is the preferred option if you are at higher risk of sarcoma and you do not wish to have (more) children.

Search for: ‘Having an abdominal hysterectomy’ or leaflet number 921 for more information.

Where can I find more information and support?

Support organisations can give helpful counselling, support and advice:

- Patient UK, Women's Health: www.patient.info/womens-health
- British Fibroid Trust: www.britishfibroidtrust.org.uk/myomectomy.php
- Fertility Network UK (call: 0800 008 7464): www.fertilitynetworkuk.org

Contact details

For any questions before your operation:

Gynaecology pre-assessment: 0116 258 4839 (Monday to Friday: 8am to 4pm)

For any questions after your operation or if you are unwell:

Gynaecology Assessment Unit, Leicester Royal Infirmary: 0116 258 6259

If you have any questions, write them down here to remind you what to ask when you speak to your nurse/ doctor:

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