

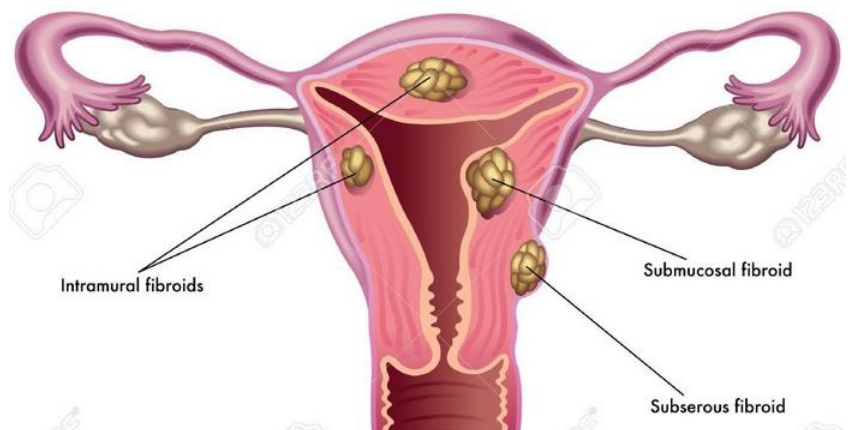
Fibroids are non-cancerous growths, very common in child-bearing years (estimates 20-80%), which develop in the uterine muscle tissue which can distort and enlarge the uterus. There are often no symptoms, particularly for small fibroids, but they can cause painful or heavy periods, or put pressure on the bladder causing urinary frequency. Being hormone-dependent, they may shrink in size at menopause. They may be found during a routine pelvic examination and can be confirmed by ultrasound.

What are the usual symptoms?

- ∂ Heavy, prolonged or sometimes painful periods
- ∂ Large fibroids can cause abdominal discomfort or pelvic pressure, which may feel like bloating, and urinary frequency or difficulty emptying the bladder.
- ∂ Pain during intercourse or lower back pain or leg aches.

The location or type of fibroid determines typical symptoms:

- **Intramural fibroids:** grow within the muscular uterine wall. If large enough, they can distort the shape of the uterus and cause prolonged, heavy periods, as well as pain and pressure.
- **Submucosal fibroids:** grow into the inner cavity of the uterus, and are more likely to cause prolonged, heavy menstrual bleeding and sometimes a problem for women attempting pregnancy.
- **Subserosal fibroids:** these project to the outside of the uterus, and can sometimes press on the bladder, causing urinary frequency or difficulty emptying the bladder. If they bulge from the back of the uterus, they may press on the rectum causing a pressure sensation, or on the spinal nerves, causing backache.
- **Cervical fibroids:** are located in the wall of the cervix (neck of the uterus).
- Rarely, fibroids are found in the ligaments supporting the uterus.



Causes

The current theory is uterine fibroids develop from a stem cell in the smooth muscular tissue of the uterus (myometrium). A single cell divides repeatedly, eventually creating a firm, rubbery mass.

Impacts

Fibroids can result in wide impacts, including:

- **Anaemia** from blood loss.
- **Lower quality of life**, especially from heavy and prolonged periods as well as urinary and bowel issues.
- **Impact on Relationships** from painful intercourse.
- **Fertility problems, pregnancy loss and premature labour** – there may be a small increased risk of these adverse outcomes.

Risk factors

These factors are associated with a higher risk of fibroids:

- **Hereditary Factors:** Risk increases with a first-degree relative (a mother or sister) with fibroids (perhaps 2.5-3x the risk)
- **Onset of menstruation** at an early age
- **Dietary factors:** having a diet higher in red meat and lower in green vegetables and fruit, and drinking alcohol.

What should I do if I think I have Fibroids?

Use this quiz to help you decide if you need to seek medical advice:

- ☐ Do you have chronic pelvic pain?
- ☐ Do you have heavy, prolonged or painful periods?
- ☐ Do you have spotting or bleeding between periods?
- ☐ Do you have difficulty emptying your bladder?
- ☐ Do you have anaemia or the symptoms of iron deficiency?
- ☐ Do you have a family history of fibroids?

If you're experiencing these sorts of symptoms, discuss these with your GP who may refer you for tests including ultrasound or other imaging, and blood tests to eliminate other possible conditions.

Seek prompt medical care if you have severe vaginal bleeding or sharp pelvic pain that comes on suddenly.

What can help?

If symptoms are only mildly annoying, watchful waiting may be suggested as fibroids tend to shrink after menopause when levels of hormones drop. Mild hormone therapies such as oral contraceptive and Mirena IUD can help with symptom control. Myomectomy (surgical removal of fibroids) may be suggested by a gynaecologist.

Suggested Reading:

- Wikipedia and Mayo Clinic articles found by searching for Uterine Fibroids.

Source: Adapted from information from the Mayo Clinic and Wikipedia websites