



Uterine Fibroids

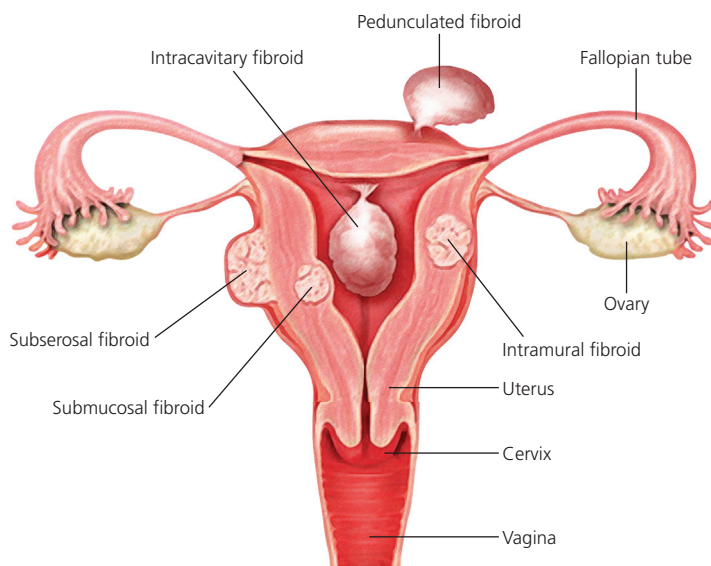
What are uterine fibroids?

A uterine fibroid is a non-cancerous (benign) tumor from smooth muscle tissue that originates from the smooth muscle layer (myometrium) of the uterus. Fibroids are often multiple and although they are from the same tissue from the uterine lining, they are many times denser than normal myometrium. Uterine fibroids are usually round or semi-round in shape. The malignant version of a fibroid is extremely uncommon.

What are the types of fibroids?

Uterine fibroids are often described based upon their location within the uterus.

- Subserosal fibroids are located beneath the serosa (the lining membrane on the outside of the organ). These often appear localised on the outside surface of the uterus or may be attached to the outside surface by a pedicle
- Submucosal fibroids are located inside the uterine cavity beneath the lining of the uterus
- Intramural fibroids are located within the muscular wall of the uterus



What are the symptoms?

Most of the time, the fibroids go symptom-free.

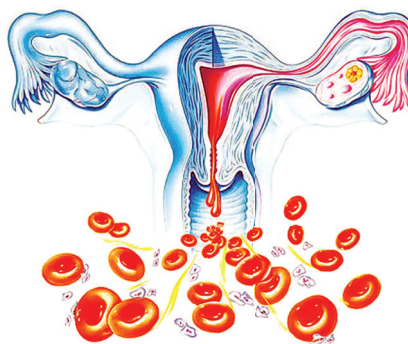
When symptoms appear, abnormal uterine bleeding is the most commonly seen. They can cause heavy periods, painful periods, prolonged periods or spotting between menses when the tumors are located near the uterine lining.

Women with excessive bleeding due to fibroids may develop iron-deficiency anaemia.

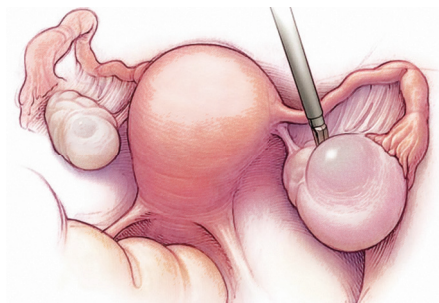
Uterine fibroids that are deteriorating can sometimes cause severe, localised pain.

Fibroids can also cause a number of symptoms depending on their size, location within the uterus, and how close they are to adjacent pelvic organs. Large fibroids can cause:

- ▶ Pressure
- ▶ Pelvic pain, back or abdominal pain, pain during intercourse
- ▶ Pressure on the bladder with frequent or even obstructed urination
- ▶ Pressure on the rectum with pain during defecation

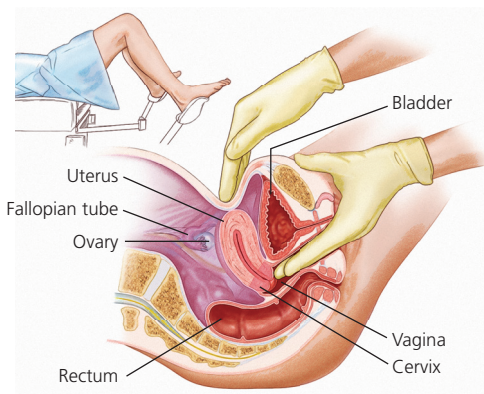


While fibroids do not interfere with ovulation, some studies suggest that they may impair fertility and lead to poorer pregnancy outcomes. In particular, submucosal fibroids that deform the inner uterine cavity are most strongly associated with decrease in fertility.

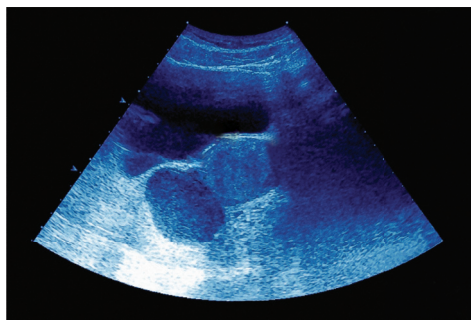


What are the ways to diagnose a uterine fibroid?

Pelvic exam – A pelvic exam is a way for doctors to look for signs of illness in external genital organs, uterus, cervix, fallopian tubes, ovaries, bladder, and rectum. Uterine fibroids are diagnosed by a pelvic exam

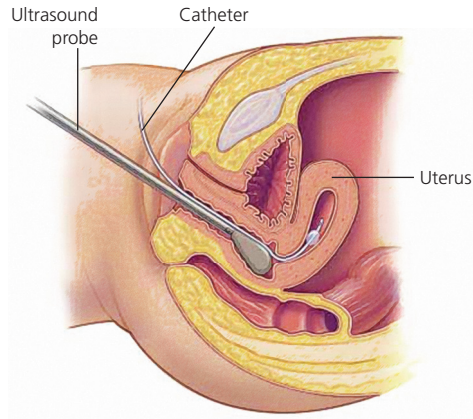


Ultrasound – Often, a pelvic mass cannot be determined to be a fibroid by a pelvic exam alone, and ultrasound is very helpful in differentiating it from other conditions, such as ovarian tumors



MRI and CT scans – MRI and CT scans can also play a role in diagnosing fibroids, but ultrasound is the simplest, cheapest, and almost without question the best technique for imaging the pelvis

Hysterosalpingography – In this procedure, an ultrasound exam is done while contrast fluid is injected into the uterus from the cervix. The fluid within is visualised in the endometrial cavity and can outline any masses that are inside, such as submucosal fibroids



What are the treatment options?

Fibroids are treated based on their number, size, and location as well as on how fast they are growing, and your symptoms. You and your doctor may decide to monitor them, remove them, or remove your uterus. If your uterus is removed, you will no longer be able to have children. Talk to your doctor about your plans to have a family. Also be sure to discuss the risks and benefits of your treatment options.

There are two ways to treat fibroids, medical and surgical.

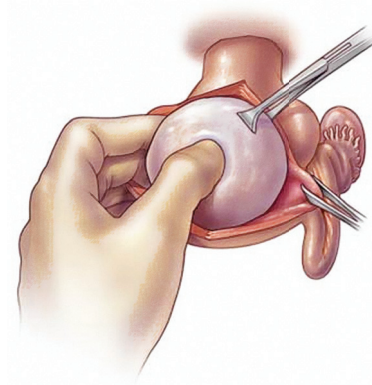
Medical treatments

These are mainly hormonal techniques and the main aim is to keep the symptoms in check by using drugs that turn off the production of estrogen from the ovaries. When successful, they can shrink the fibroids by as much as 50%. Birth control pills and other medications that contain hormones may change the size of your fibroids. Your doctor may prescribe a different birth control pill.



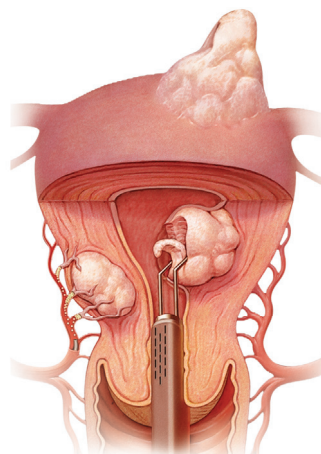
Surgical treatments

- ✚ Removing fibroids
- ✚ Removing uterus
- ✚ Uterine Artery Embolisation



Removing fibroids

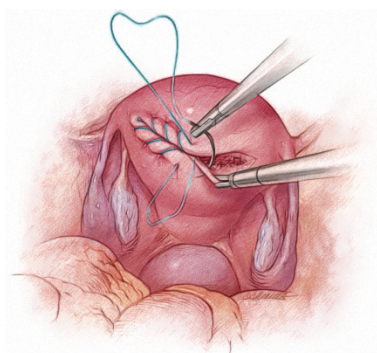
Myomectomy is the surgery to remove a fibroid. It may be a good option if you want to have children. In some cases not all fibroids can be removed and they may grow back later. Before surgery, your doctor may prescribe medications to shrink the fibroids. Myomectomy can be done in different ways depending on the fibroids' location, size, and number.



Fibroids inside the uterus may be removed through the vagina (hysteroscopic myomectomy).

An **abdominal myomectomy (laparotomy)** removes fibroids through an abdominal incision.

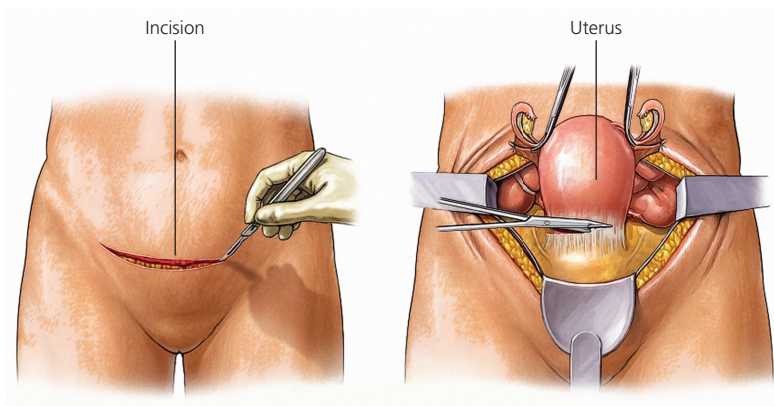
Small fibroids may be removed through tiny incisions (**laparoscopic myomectomy**).



Removing uterus

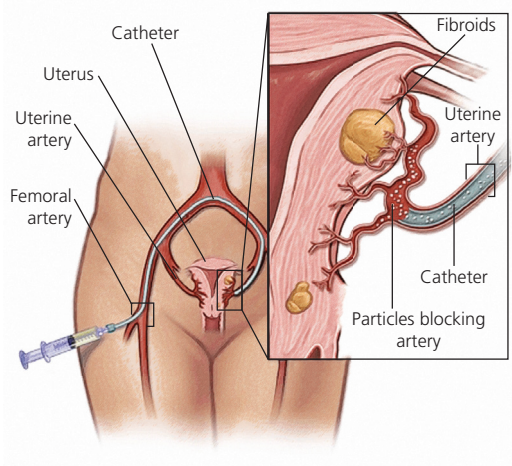
After a **hysterectomy** (removal of the uterus), fibroids won't return. But you won't be able to have children. Depending on the fibroids and your symptoms, this surgery may be a good choice.

During hysterectomy the entire uterus may be removed or only the top part may be removed, leaving the cervix. The ovaries may be kept in place so hormone production can continue. The surgeon may remove the uterus through an abdominal incision, through the vagina, or laparoscopically with tiny incisions. Discuss the options with your doctor.



Uterine artery embolisation

With **uterine artery embolisation**, a small incision is made in an artery in the groin area. Material is injected into the artery. The material blocks blood flow to the uterus. This cuts off the fibroids' blood supply, causing them to shrink. This treatment preserves the uterus, but will prevent you from having children. Talk to your doctor about whether it's a good option for you.





 Apollo Spectra Hospitals

SMS SPECTRA TO 56363
Toll Dial-in: 1860 500 2244
www.apollospectra.com



BENGALURU | CHENNAI | DELHI | GWALIOR | HYDERABAD | JAIPUR | KANPUR | MUMBAI | PUNE

