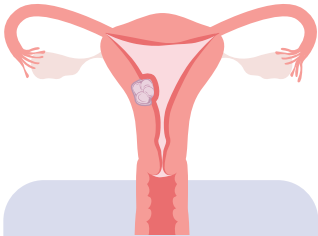
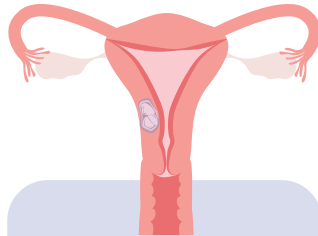


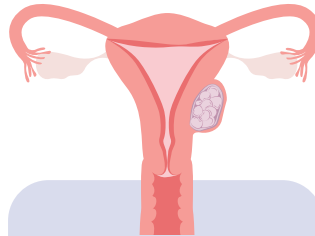
Fibroids are benign growths of the muscle layer of the uterus. They are very common in reproductive age women, increasing with age and **found in up to 70% of women** over the age of 50. Women may experience abnormal uterine bleeding or bulk symptoms (symptoms caused by pressure from the fibroids). Treatment of fibroid symptoms depend on both location and size of the fibroids. **There are four main types of fibroids:**



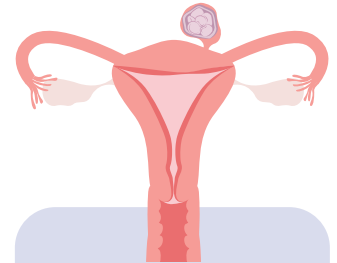
Submucosal Fibroids
Beneath the lining of the uterine cavity



Intramural Fibroids
Found within the uterine wall



Subserosal Fibroids
On the surface of the uterus

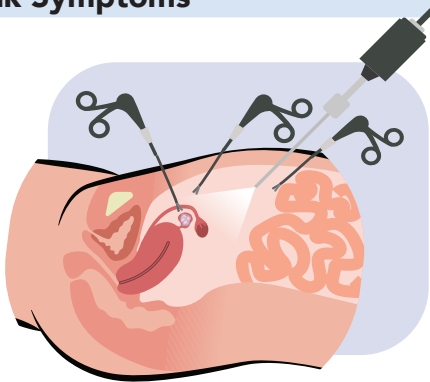


Pedunculated Fibroids
Attached to the uterus with a stalk

Treating Fibroids

If you have fibroids but have no symptoms, no treatment is required although your doctor may recommend periodic imaging or follow-up. If you have symptoms, your doctor will suggest treatments based on those symptoms, as well as the location and size of the fibroid(s).

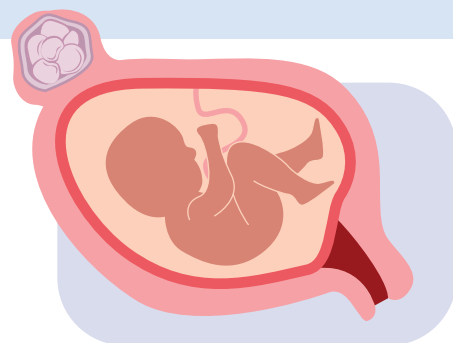
Bulk Symptoms



Bulk symptoms such as pelvic pain, discomfort, and pressure, can be managed with medications to shrink fibroids (e.g. *Leuprolide*) or with a procedure (uterine artery embolization, myomectomy, hysterectomy).

Fertility and Pregnancy-Related Concerns

If fibroids are causing **difficulty with conception or you have had pregnancy-related concerns in past pregnancies**, your gynaecologist may suggest removal of the fibroid(s). Again, the size and location of the fibroids will determine the best management.



Bleeding

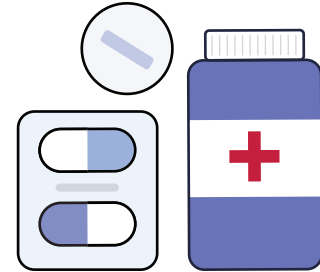
Bleeding is one of the most common concerns associated with fibroids. If bleeding is heavy, it can cause anemia (low blood iron levels). There are different ways to address this:

**Not all patients can be treated with the options listed below.
Your doctor will tell you whether you are a suitable candidate for these treatment options.**

MEDICAL MANAGEMENT

Examples of Non-hormonal Options

- **Non-steroidal Anti-inflammatory Drugs (NSAIDs)** such as *Ibuprofen* and *Naproxen* can be taken during a period to reduce the amount of menstrual blood flow.
- **Tranexamic acid (TXA)** is a medication that slows breakdown of clotted blood, and can therefore decrease menstrual flow.



Example of Hormonal Options

- **Combined Hormonal Contraception** (e.g. Oral Contraceptive Pills), which have both estrogen and progesterone, act to stabilize and thin the lining of the uterus. This decreases blood flow during a menstrual period. CHCs can also be taken in a way that may allow you to skip your period altogether.
- **Progesterone Intrauterine Device (IUD)** – The progesterone will thin the lining of the uterus to decrease the amount of bleeding.
- **GnRH agonist (*Leuprolide*)** – This is an injection given every 1 to 3 months (depending on dose). It blocks ovaries from producing estrogen and progesterone causing medical menopause. It helps with bleeding but may also help to shrink fibroids. However, since estrogen is needed for bone health, “add-back therapy” is advised (e.g. *Norethindrone Acetate*), a medication with estrogenic properties.

SURGICAL MANAGEMENT



- **Uterine Artery Embolization** – This is a procedure that decreases blood supply to the uterus and may also result in a shrinkage of your fibroids. Not all patients are candidates for this procedure. It is done by an Interventional Radiologist.
- **Myomectomy (removal of the fibroid)** – Depending on fibroid location and size, different techniques can be used. For example, if the fibroid is small and sits inside the uterine cavity, then **hysteroscopy** may be used. If the fibroids are in the uterine wall and are not too large, then minimally invasive approach may be used – **laparoscopy**. However, if the fibroid is big or there are multiple fibroids, then an **open/abdominal procedure** may be suggested.
- **Hysterectomy (removal of uterus)** – This may be suggested to patients who are looking for definitive surgical management and who have no plans to carry future pregnancies.

References

1. De La Cruz MS, Buchanan EM. Uterine Fibroids: Diagnosis and Treatment. *Am Fam Physician*. 2017 Jan; 95(2):100-107.
2. Lee HJ, Norwitz ER, Shaw J. Contemporary management of fibroids in pregnancy. *Rev Obstet Gynecol*. 2010; 3(1):20-27.

This material is intended for use by Canadian residents only. It is solely intended for informational and educational purposes. The information presented in these handouts is not to be used as a substitute for medical advice, independent judgement, or proper clinical assessment by a physician. The context of each case and individual needs differ between patients and this material cannot be applied without consultation with a trained doctor. This information handout is not intended for the diagnosis of health concerns or to take the place of the care of a medical professional. This material reflects the information available at the time of preparation.

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