

THE ULTIMATE GUIDE TO TREATING FIBROIDS

Fibroids are common, with around 70% of women developing them at some stage in their life.





What's in this ebook?

This guide is helpful to women who want to understand fibroids better. It answers your most common questions associated with Uterine Fibroids and its treatments.

It is your personal guide and explains what uterine fibroid is, risk factors, tests you may have to diagnose it, and treatment options available. The purpose is to help you make an informed decision for treating fibroids.

It only acts as a guide and we recommend you to speak to our case managers before finalizing your treatment option.

“ Omolora Sule shares her experience of treating fibroids in India. ”



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CHAPTER 1

WHAT ARE UTERINE FIBROIDS??



What are Uterine Fibroids?

OVERVIEW

Uterine Fibroids (also known as myomas or leiomyomas) are non-cancerous tumors that originate in the uterus .

Majority of uterine fibroids are benign. Fibroids are lumps made of muscle cells and fibrous tissue that projects inside, outside or on the wall of uterus. It may grow as a single nodule or in clusters. Size of the tumor ranges widely from 1 mm to more than 20 cm (8 inches) in diameter.

Although the exact cause is unknown ,fibroids are generally linked to the oestrogen. It is a female reproductive hormone produced by ovaries.

Fibroids are most common in women in their 30s and 40s. It is mainly observed in women of child bearing age without any symptoms and often goes unnoticed. Overweight and obese women are at higher risk of fibroids.

As per the study conducted by "[The American College of Obstetricians and Gynecologists](#)", fibroids are more likely to occur in African American women than in white women.

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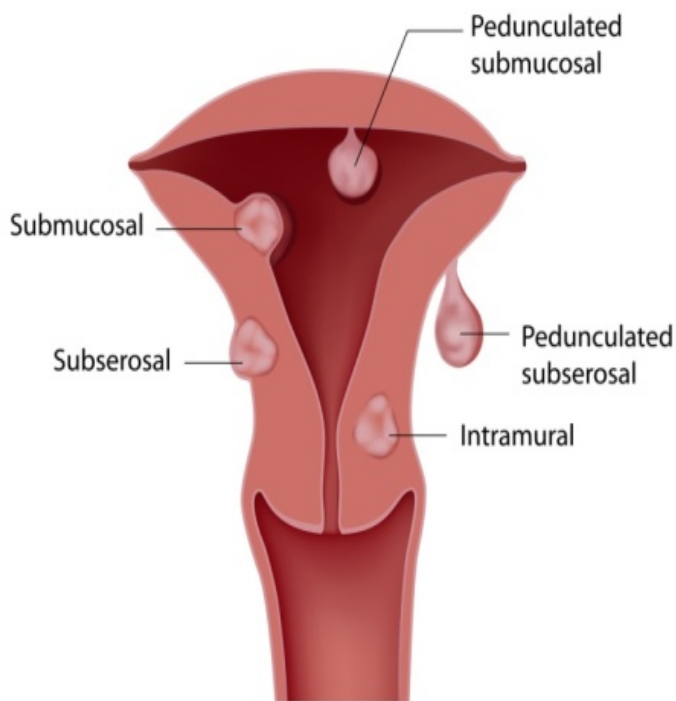




Types of Fibroids

Fibroids can grow anywhere in the womb. Depending on the location of the fibroid, it can be broadly classified into 5 types;

Uterine fibroids

**1**

Intramural Fibroid

Most common type of fibroid that develops within the wall of the uterus. Intramural fibroids start as small nodules and enlarge leading to elongation & distortion of the uterine cavity. Normally Intramural fibroids does not affect pregnancy but women who have large intramural fibroids will find difficulty getting pregnant.

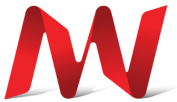
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Submucosal Fibroid

Submucosal fibroid develops in the muscle beneath the inner lining of the womb wall and they grow into the middle of the womb. It can cause excessive menstrual bleeding along with prolonged menstrual cycles. Submucosal fibroids are the least common of the four fibroids.

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**3**

Subserosal Fibroid

Subserosal fibroid typically develops on the outer portion of the uterus on the outer uterine wall, and can become very large thereby putting an additional pressure on the surrounding organs. Subserosal fibroids cause pelvic pain and pressure.

4

Pedunculated Fibroids

Pedunculated Fibroids grow from the outside wall of the womb and are attached to the womb wall by a narrow stalk. These fibroids are less common than others.

In rare occasions, the peduncle can become twisted and cause excruciating pain. Some of them can grow large enough to cause abdominal swelling similar to that of early pregnancy. It could result in heavy menstrual bleeding.

5

Cervical Fibroids

Fibroids that develop in the wall of cervix (neck of the womb) are termed as Cervical Fibroids.

Cervical fibroid when found in the cervix can change the shape of the cervix and cause it to lengthen. If these fibroids get bigger, they push the uterus upwards. In some cases, it grows quickly and obstructs the cervix leading to excruciating pain and irregular menstrual cycles.

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CHAPTER 2

ARE YOU AT RISK OF DEVELOPING THEM?



Are you at risk of developing them?

Uterine fibroids occur when a single uterine muscle cell spontaneously begins to reproduce itself over and over again until it creates a firm mass of tissue. However, there is no specific reason as to what causes them.

Hormonal imbalance can cause fibroids to form and grow during the reproductive years. The changing Oestrogen levels play a vital role in triggering the fibroid growth. Once a woman approaches menopause, oestrogen level decreases causing uterine fibroids to shrink or completely disappear.

While the cause of fibroid tumors is not clear, a number of factors may increase a woman's risk of developing them. It includes;

Family history



Women with family history of fibroids could be at greater risk for developing them. Identical twins are more likely to both have fibroids than non identical twins.

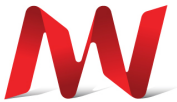
Race



Race also appears to play a major role in fibroids development. This is mainly observed in women of African descent who are likely to develop fibroids two to three times more when compared to women of other races.

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Chemicals

Insulin-like growth factors that help maintain body tissue could may affect fibroid growth.

Obesity



Obese women are often associated with higher risk for developing fibroids.

Tissue Response



Cluster formation of fibroids around scar tissue from a previous injury to the uterus.

Diet High in Red Meat or even Chicken



Diet that contains "excessive" or unnatural levels of estrogen could be a risk factor for developing uterine fibroids.

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CHAPTER 3

WHAT ARE SYMPTOMS OF FIBROIDS ?



What are Symptoms of Fibroids?

Many women are unaware that they have fibroids as most of them do not cause any symptoms. Studies indicate that around one woman in three with fibroids experiences some symptoms. Fibroids are therefore often diagnosed by chance during a routine gynaecological examination, test or scan. However when symptoms do develop, they may include;

Abdominal Uterine
Bleeding or painful Periods 01

Abdominal Pain due to presence of large fibroids. Some women also experience pain in lower back and legs. 02

Feeling of bloating in the
lower stomach area 03

Pelvic cramping 04

Frequent or obstructed urination
and constipation from
pressure on the bladder
or rectum 05

Pain during intercourse, if fibroids
grow near to the vagina or cervix 06

Infertility in rare cases 07

Repeated Miscarriages 08

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CHAPTER 4

CAN FIBROIDS LEAD TO COMPLICATIONS?



Can Fibroids lead to complications?

Generally, uterine fibroids are not risky. However, in rare cases it can cause significant complications. Complications can occur as a result of the positioning in cases where they are very large.

1

Submucosal fibroids can affect the shape and internal environment of the womb, which makes it difficult for a woman to become pregnant.

2

Fibroids usually don't act as a hurdle to conception and pregnancy. However, in rare cases fibroids can cause infertility or pregnancy loss.

3

Submucosal fibroids may hinder implantation and growth of an embryo which could lead to miscarriages.

4

Fibroids can alter or block your fallopian tubes, or hinder with the passage of sperms from cervix to fallopian tubes.

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CHAPTER 5

HOW CAN ONE PREVENT DEVELOPING FIBROIDS?



How can one prevent developing fibroids?

Know the Risk Factors 01

Understanding the Causes and Risk Factors, Symptoms and Complications for developing Uterine Fibroids associated with women.

02 Exercise Regularly
Studies indicate that more a woman exercises; she has fewer chances of developing the risk of uterine fibroid growth.

Taking Oral Contraceptives

Certain oral contraceptives that contain progestin helps in controlling excessive menstrual bleeding, thereby reducing the risk for developing uterine fibroids.

03

04 Control Weight

Studies indicate that obesity is directly related to the uterine fibroid growth .Hence, care should be taken to maintain the Body Mass Index (BMI). Losing weight can potentially help in shrinking uterine fibroids naturally.

Understand benefits of childbirth & pregnancy

One should be aware that pregnancy and childbirth have protective effects against uterine fibroids.

05

Reduce red meat consumption

06 Studies suggest that higher the consumption of red meats, greater is the chance of developing uterine fibroids.

Introduce green vegetables in diet

Green organic vegetables help in treating and preventing the size of fibroids

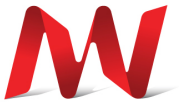
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CHAPTER 6

DO ALL FIBROIDS NEED TO REMOVED?



Do all Fibroids need to be Removed?

– Indications for Treatment

For vast majority of patients , the answer is definitely no. Silent stable fibroids may be observed and followed up conservatively. Occasional ultrasound evaluation will be helpful in confirming the diagnosis, measure the size of fibroids , evaluate its growth and differentiate it from an ovary. Quite often an ovarian tumour is mistaken for a fibroid which could be cancerous.

A rare cancerous form of fibroid termed as 'leiomyosarcoma' occurs in less than 1% of uterine fibroids and it is found to be a fast growing tumor that cannot be differentiated from benign fibroid by ultrasound, MRI or any other imaging studies.



"As a teenager I suffered from irregular menses and the occasional fluctuation of weight never bothered me much. However, after five years of marriage and 2 miscarriages at the age of 32, I still yearned for a baby and I needed to find out the reason why?? I consulted a gynaec, who put me on oral medicines which only had an adverse effect on my health. I eventually got all the blood tests and investigations done. The USG report was suggestive of bulky uterus with multiple intramural masses apparently known as fibroids .The largest fibroid measured around 7 cm x 5 cm.

I was advised to undergo a surgery to remove these multiple masses which reduced my chances of getting pregnant. It was scary but I was desperate to have a baby and we wanted to look forward for the possible treatment options.



However, there are indications for treatment, which every woman should be aware of. You need to remove your fibroids if;

- 01 You suffer from excessive bleeding (heavy and/or prolonged periods; or continuous bleeding). Fibroids is a common reason for bringing significant changes to one's menstrual pattern.
- 02 Your fibroids are larger than a 12-14 week pregnancy (i.e. the size of a grapefruit). Large fibroids even if silent and asymptomatic can lead to complications.
- 03 You feel heaviness", "pressure", or there is an increasing protrusion of the lower abdomen. When Fibroids grow larger , they begin to press adjacent structures resulting in pressure.
- 04 You begin to experience pain unlike typical menstrual cramps.
- 05 Your doctor is unable to differentiate between your fibroid and ovary. Under such circumstances usually a surgery is advised as ovarian tumors can be cancerous.

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CHAPTER 7

HOW ARE UTERINE FIBROIDS DIAGNOSED?



How are Uterine Fibroids diagnosed?

Fibroids are usually silent and do not cause any symptoms . As a result of which most fibroids are discovered routinely as a part of a gynaecological exam or an ultrasound scan.

Your doctor would recommend the following tests to confirm the presence of fibroids;

1

Internal Examination

This test helps in identifying the size of the womb. An enlarged womb indicates the presence of fibroids.

2

Ultrasound Scan

This is a most common type of scan for pelvic evaluation known for its accuracy. It uses sound waves to produce an image of the womb and confirms the presence of fibroids.

3

Magnetic resonance imaging (Pelvic MRI)

An MRI scanner uses a high-powered magnet and a computer to create highly detailed images of the uterus and other pelvic structures.

4

Uterine biopsy

Occasionally, a doctor may be concerned that a mass in the uterus is cancer, not a uterine fibroid. A small piece of tissue (biopsy) taken from the uterus can usually tell a fibroid from cancer. A uterine biopsy may be done through the vagina, or may require surgery

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5

Hysterosalpingogram

Dye is injected into the uterus through the vagina and cervix, and X-ray films show an outline of the uterus and fallopian tubes. Hysterosalpingogram is usually done in women with uterine fibroids who are trying to become pregnant.

6

Sonohysterogram

A water solution is injected into the uterus through the vagina and cervix, and an ultrasound is then done. Sonohysterogram may show uterine fibroids or other growths not visible on a traditional ultrasound.

7

Hysteroscopy

A tube with a lighted viewer on its tip (endoscope) is advanced into the uterus, and a video screen shows the uterus interior. Hysteroscopy can detect uterine fibroids projecting into the uterus, but cannot see any part of a fibroid in the uterus wall or outside the uterus.

Not all women will need extensive testing for uterine fibroids. In most women, a pelvic exam and ultrasound are sufficient to make the diagnosis of uterine fibroids.

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CHAPTER 8

HOW ARE UTERINE FIBROIDS TREATED?

Medications for uterine fibroids help in targeting the hormone that causes excessive menstrual bleeding. It is not possible to get rid of fibroids completely but these medicines prove beneficial in shrinking the growth of uterine fibroid.

Gonadotropin-Releasing Hormone (Gn-RH) agonists

These agonists help in blocking the production of estrogen and progesterone level, which further ceases the menstrual cycle. The use of GnRH agonists preoperatively helps in shrinking the size of fibroid and uterus, correcting any existing anemia due to blood loss, and reducing blood loss during surgery. The most important concern is possible osteoporosis due to estrogen loss and the medication should not be continued for more than 6 months.

Side Effects

- ✓ GnRH agonists may lead to risk of bone thinning when used for long period of time. Hence, doctors recommend these medications generally for 6 months or less.
- ✓ Other side effects are vaginal dryness, irregular vaginal bleeding, thinning of hair, sleep problems, mood alterations and loss of sex drive.

Progestin-Releasing Intrauterine Device (IUD)

This device helps in relieving heavy bleeding and pain caused by fibroids. It also provides contraception. However, the medicines do not help in shrinking the fibroid but provide symptomatic relief from pain. **Studies reflect that, 85% of women returned to normal bleeding within 3 months of availing this treatment.** In addition to this, heavy bleeding and anemia were cured in almost all women at the end of a year.

Side Effects

Common side effects includes, mood fluctuations, weight gain and abnormal hair growth

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Other medications

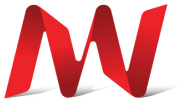
Non steroidal Anti-Inflammatory Drugs (NSAIDs), which are not hormonal medications, are found to be more effective in relieving pain related to fibroids. However, bleeding caused by fibroids does not **reduce**. Doctors may also prescribe vitamins and iron supplements , if there are chances of heavy menstrual bleeding and anemia.

Side Effects

Side effects may include; indigestion, heartburn, diarrhea, fluid retention, constipation and high blood pressure.

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Hysterectomy is a surgical procedure involving the removal of uterus (womb) of women.. This is only ever considered if the fibroids are very large, or if the patient is bleeding too much. Post surgery, women will no longer get menstrual periods and she cannot get pregnant. Hysterectomy is very successful at removing all symptoms associated with fibroids. There is no reoccurrence of fibroids.

Types of Hysterectomy



1

Abdominal Hysterectomy is a major surgery with a big belly incision . It is a slow and painful recovery. Requires 6 weeks of recovery.

2

Total Laparoscopic Hysterectomy is a minimal invasive surgical procedure where often small incisions are made in the navel or abdomen for the removal of uterus. Patients would require two weeks or less post surgery for recovery.

3

Vaginal Hysterectomy involves removal of uterus with laparoscope through vagina. Vaginal Hysterectomy surgery could only be performed on a woman who has an enlarged uterus, a small fibroid, and no history of previous caesarean sections. Patient would require at least two weeks for recovery

Hysterectomies have two possible side-effects: 1. **Reduced libido**. 2. **Early menopause**. Women who underwent hysterectomy are more likely to have menopause 5 years after surgery. Infertility and higher incidence of heart diseases, osteoporosis and bowel cancer are evident.

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In Myomectomy ,fibroids are surgically removed from the wall of the uterus. This option is more popular for women who want to get pregnant (as opposed to a hysterectomy). Women with large fibroids, as well as those whose fibroids are located in particular parts of the uterus may not be able to benefit from this procedure.

Types of Myomectomy



1

Abdominal Myomectomy requires an abdominal incision where uterine fibroids are removed from the uterus and the uterus is then repaired. Patient typically requires four to six weeks for recovery post surgery.

2

Laparoscopic Myomectomy involves removing the subserosal fibroids that involves tiny incisions using laparoscope. This is the most preferred surgery owing to the short recovery period and shorter hospital stay. Recovery period usually ranges between two to three weeks.

3

Hysteroscopic Myomectomy: involves removal of sub mucosal fibroids with the help of hysteroscope. Recovery period is less than a week.

Side effects might include; excessive bleeding, internal scarring, infection in the uterus, reoccurrence of fibroids and weakening of uterine walls etc.

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MAGNETIC RESONANCE GUIDED FOCUSED
ULTRASOUND SURGERY (MRgFUS):

Until recently, the only effective treatments for fibroids were hormonal therapy and surgery. However, because of the high incidence of fibroids in women, we now have newer methods that use advanced technology to tackle fibroids.

MRgFUS is a new, highly advanced scar-free treatment, which uses MRI to locate fibroids and then directs high-intensity ultrasound energy to destroy them. The patient remains sedated but conscious during the procedure and feels no pain. Patient may require hospitalization for about 3-4 days and recovery period is approximately between 6-7 weeks or more.

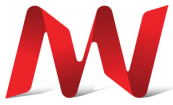
This treatment works best for small and medium sized fibroids and is applicable only to those who have completed child bearing.

For those of you who are wary about this relatively new procedure, it is safe and has been approved by the US FDA as a treatment for uterine fibroids.

This procedure involves minimal risk. Some of the complications include; minor skin burns, back or leg pain, low blood pressure, cramps and urinary tract infection

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UFE is a non surgical way of treating fibroids by blocking off the arteries that feed the fibroids and making them shrink. It is performed by an interventional radiologist.

It is one of the fastest procedure taking just an hour and doesn't require general anesthesia or incision (cut) leading to a quicker recovery time.

Uterine Fibroid Embolisation has an overall success rate of 94%. This means 94% of all patients who had the procedure experienced relief from their symptoms and significant fibroid shrinkage. Continuing on stats;

99% of patients had immediate relief from heavy bleeding

94% of patients experienced 50-60 percent fibroid shrinkage

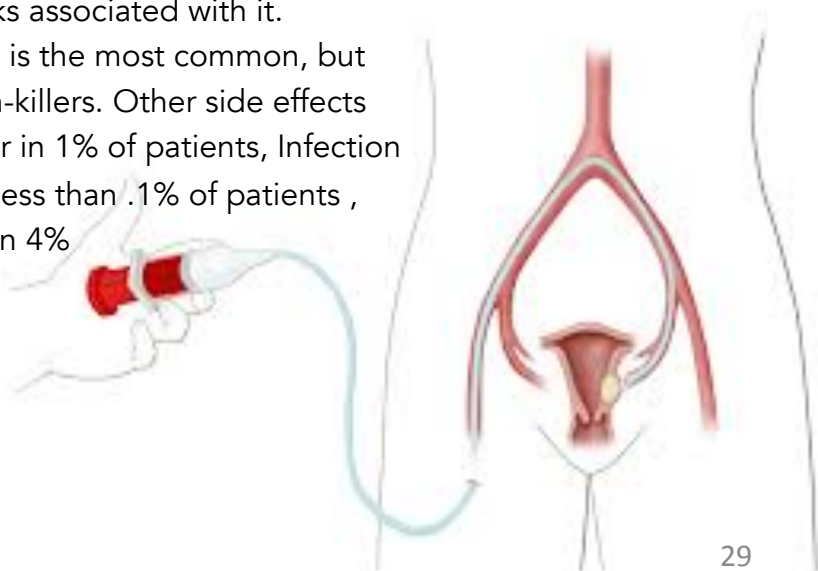
48% of patients who attempted to conceive were successful

99% of patients returned to work in less than a week

90% patients recommended this procedure to other patients

Though embolisation is a minimally invasive and a safe procedure, it has some side effects and risks associated with it.

Post procedure cramping is the most common, but usually controlled by pain-killers. Other side effects include; Nausea and fever in 1% of patients, Infection leading to hysterectomy less than .1% of patients , early menopause less than 4% And possible passage of Fibroid vaginally 2%




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RADIO FREQUENCY ABLATION



Radio frequency ablation can also be used to shrink uterine fibroids. A surgeon inserts a needle into the fibroid on the uterus in this procedure. The needle is then heated using high radiofrequency electromagnetic current. This causes the death of cells in the fibroids and helps to shrink these tumours. This treatment is usually advised for women who have finished bearing children and who wish to avoid hysterectomy.



The newest
minimally invasive
treatment is still
under investigation

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“

The scan confirmed it. I was suffering from uterine fibroids. Internet assured me that I was not the only one suffering (wonder whether I can draw solace from that!). Fibroids are pretty common. These benign tumors occur in more than 70% of women.

I had heavy irregular bleeding, which was very unpleasant and inconvenient. Being a Business Director required me to travel frequently and planning my trips around my dates was getting bothersome. That was when I decided a trip to my gynaec was needed.

She examined me, did a couple of tests and informed that I was suffering from uterine fibroids which required treatment and put me on medication for temporary relief to reduce the heavy bleeding.

My gynaec explained that not all fibroids require treatment and do not result in health problems. But given my history of hypertension and obesity, she recommended very strongly that I should have a hysterectomy to remove the fibroids. I am not sure what I expected to hear but just the thought of hysterectomy had me nearly fainting. The mere mention of surgery brought on a panic attack in me.

Friends suggested I take a second opinion and that was when we contacted Makewell. That I believe was the turning point of my quest for a fibroid free life.



Omolara Sule was treated of uterine fibroids in April 2013 at a well known Hospital in India

Hysterectomy versus Myomectomy versus Embolisation.
Which is best?

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