Aetiology

- Fibroids are benign tumours that develop in the wall of the uterus.
- They are firm masses of smooth muscle encapsulated in compressed muscle fibres.
- They can occur singly but are usually multiple and they vary greatly in size.
- The exact cause of fibroids is unknown, but it is thought that they develop and grow in response to the female hormone oestrogen.
- Human growth hormone and human placental lactogen may also promote the growth of the tumours.
- Fibroids are more common in obese women and those who have no children.
- There is a possible genetic factor.

Types of fibroids

- Fibroids are named depending on where they occur:
  - Intramural, which develop in the wall of the womb and are the most common;
  - Subserosal, which project outwards from the outer layer of the uterus and can become very large.
  - Submucosal, which develop in the muscle underneath the inner lining of the womb. These are the most likely to cause fertility problems but are the least common.

Incidence/prevalence

- Fibroids are common: it is predicted that 25 per cent of women will develop fibroids during their reproductive years.
- Fibroid tumours grow slowly during the reproductive years and tend to atrophy after the onset of the menopause.

Signs and symptoms

- Fibroid tumours can be asymptomatic.
- The most common symptoms are menstrual irregularities including menorrhagia and dysmenorrhoea.
- Discomfort can occur from pressure on pelvic structures and dyspareunia (painful sexual intercourse) may be associated with a larger fibroid.
- In some cases the first sign that something is wrong is the gradual enlargement of the lower abdomen.

Diagnosis

- A pelvic examination. If there are fibroids present then the uterus is found to be enlarged and distorted.
- Tests are used to rule out other conditions, including a pregnancy test, a pap smear analysis, a full blood count, and an ultrasound scan.

Treatment

- In many cases women require no treatment and their fibroid tumours will atrophy after the menopause.
- Women who wish to become pregnant may be offered a myomectomy. This is the removal of the fibroid tumour(s) and it is usually done using laser surgery.
- Fibroid tumours limit a woman’s choice of contraception. For example, intrauterine devices are contraindicated, the oestrogen in oral contraceptives may stimulate growth of the tumour(s) and diaphragms may be uncomfortable.
- When tumours are very large or associated with complications, a hysterectomy is usually performed.

Complications

- Infertility.
- Crowding and malpositioning of the foetus during pregnancy and degenerative changes related to interruption of the blood supply.
- A large fibroid may compress the urethra resulting in obstruction of urinary flow and causing secondary hydronephrosis (distension of the pelvis and calyces of the kidneys by urine that cannot be passed through the urethra).

Nursing implications

- An important aspect is information and support. Women tend to equate the word tumour with malignancy, so nurses may need to give repeated reassurance and explanation that the fibroid tumour is benign.
- If a conservative approach to monitoring the fibroid tumour is selected then the patient may require reassurance that this approach is commonly used.

Research and development

- Uterine artery embolisation – a catheter is passed into a blood vessel in the groin and the small artery that leads to the fibroid is blocked off; this causes the fibroid to shrink.

Further reading


Websites

www.womens-health.co.uk/fibroids.htm