#### Join Us To Make A Difference!

# **Support Our Campaign For More Research Into Fibroids & Education**

We, the undersigned, demand that the leaders of our Government put Fibroids at the top of the agenda for research funding for better means for early detection and non-invasive treatments.

Name:
Address:
City/Town:
Post code:
Email:
Are you a fibroid sufferer? Yes/No
Are you a healthcare professional? Yes/No
Your opinion or comments on the current status of fibroids (optional)
I also wish to join BFT membership for FREE $\Box$
Signature: Date:

# Post this form to us: 709 The Vista Building, London SE18 6JH

Or sign the petition online at our website or membership application.

#### Who is British Fibroid Trust?

We are a patient led voluntary not-for-profit organisation. **British Fibroid Trust** is run by patient volunteers and medical professionals on a voluntary capacity. We serve primarily the needs of women with fibroids, their families and carers across the UK by:

- Providing impartial evidence based information that empowers you to make educated and informed choices.
- Campaigning for more research into fibroids and developing treatment pathways that match the needs of women.
- Raising public and government awareness of fibroids.
- Running an outreach educational program by providing user friendly booklets, fact sheets, and offering online support forums.

British Fibroid Trust's mission is to enhance the quality of life of women affected by fibroids by promoting education and public awareness, and campaigning for more research into fibroids.

MEDICAL DISCLAIMER: This leaflet should not be used to self-diagnose or self-treat fibroids. This leaflet is not intended to replace a professional medical consultation with your GP or gynaecologist. Although the medical information in this leaflet has been peer reviewed to be accurate and correct by a gynaecologist specialist, we always recommend that you seek professional medical advice before discussing or commencing any treatment for your fibroids.

You can learn more about the different types of fibroids, diagnosis, treatment options, how to prepare yourself for the treatment and all the latest development on our website.

To obtain a booklet "Fibroids: Your Questions Answered", please send £2.95 for contribution towards printing cost and P&P with your address to BFT, 709 The Vista Building, London SE18 6JH.

# Fibroids: What's next?

A patient education & awareness campaign.



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The content of this leaflet has been solely developed by British Fibroid Trust.

Contact us:

Email: info@britishfibroidtrust.org.uk

Women affected by fibroids often feel frustrated at the lack of information available on the condition. They need:

- · Support and understanding.
- Impartial and evidence based information that is independent of healthcare provider's interests.
- News on research and development.

British Fibroid Trust is here to help www.britishfibroidtrust.org.uk

#### What do we offer?

**Information** Read about the available treatment options, how to prepare yourself for each type of treatment and the latest research and tips for living with fibroids.

**Research Updates** Visit our website for updated information on treatments and the treatment trials.

**Peer Support** We put you in touch with other women to share your treatment experiences.

Patient's Forum and Meetings Please join our online forum to exchange your own experiences. Look out for patient-led group meetings to meet fellow patients and listen to presentations by gynaecologists.

**Volunteering** You can participate in raising fibroid awareness to the public and politicians and support our campaign for more Government-led funding into fibroid research.

#### What are fibroids?

Fibroids are benign (non-cancerous) growths of muscle-like tissue that occur in the uterus (womb). They affect at least one in three women of childbearing age, but many women are unaware they have fibroids. Fibroids vary from pea-size to large melon size. Women can have single or multiple fibroids. Uterine fibroids often enlarge the uterus and this can cause your tummy to swell and make you look like you are pregnant.

#### What causes fibroids?

The exact cause of fibroids is unknown. Women of African and Asian origin tend to be affected more than other ethnic groups. Overweight women and those who have never given birth are also at higher risk of having fibroids.

## What symptoms do fibroids cause?

Three out of four women with small fibroids (< 3 cm) do not have any symptoms. However, women with larger sized fibroids may experience: heavy periods leading to anaemia, pelvic and back pain, painful periods, problems passing urine, constipation, infertility, pain during sex, early onset (premature) labour and miscarriage.

# How are fibroids diagnosed?

Diagnosis is usually confirmed by pelvic ultrasound.

Gynaecologists describe fibroids according to their size and location. **Submucosal** (growing in the womb lining), **intramural** (growing in the wall of the womb) and **subserosal** (growing on the outside wall of the womb). Some fibroids grow on stalks (**pedunculated**). Other tests that may be used include MRI scan, laparoscopy or hysteroscopy.

#### What are my treatment options?

Women with symptoms due to fibroids may be offered medical therapy, surgery or other treatments. The choice depends on the size and location of the fibroids, severity of symptoms, future fertility wishes, previous treatments and your personal preferences.

## **Medical therapy**

Non-hormonal medications: Anti-inflammatory drugs (Ibuprofen and Mefenamic Acid) to treat period pain and/or Tranexamic acid for heavy periods. These are not contraceptive.

Hormonal medications: work on your sex hormones and aim to shrink fibroids. They come as oral tablets or injections (e.g. GnRHa) or as an intrauterine coil system (e.g. Mirena). Like all medications, they have side-effects. Most commonly prescribed medicine is a 6 month course of GnRHa (e.g. Zoladex/Prostap/Decapeptyl) which is given as a monthly or 3-monthly injection. However, once GnRHa treatment stops, the fibroids tends to return to their original size.

A number of other hormonal products are still under clinical trials.

### **Surgery**

Myomectomy (surgical removal of the fibroid) can be done as an abdominal operation (open surgery or key hole laparoscopy) or through a tiny camera inserted in the uterus from the vagina (hysteroscope). Myomectomy will preserve your womb and is effective in treating heavy periods and in most cases can also improve fertility.

Hysterectomy removes the womb that contains the fibroids. This is the best treatment option for women with large fibroids who do not wish to preserve their uterus or fertility and who wish a permanent definite cure.

#### Risks of myomectomy or hysterectomy surgery:

These treatments carry a small risk of bleeding, infection, thrombosis (DVT, PE) and damage to surrounding organs (such as bowel and bladder).

**Endometrial ablation.** A special small balloon or fan like device is inserted in the uterus from the vagina and applies heat energy directly to the inner lining of the uterus. This treatment is very quick (usually 2 - 10 minutes) and is effective at treating heavy periods. Fertility cannot be guaranteed after this treatment.

#### Other treatments

**Uterine artery embolisation (UAE).** A small guide wire is inserted in your groin and this sends special pellets into the blood vessels that feed the uterus to block the uterus blood supply. The fibroids shrink around 20% - 40% over the next six months. Fertility cannot be guaranteed after this procedure, although the uterus is conserved and there have been numerous cases of successful pregnancy after this treatment.

# MRI guided focused ultrasound therapy (MRgFUS).

The woman lies insides a MRI scanner and ultrasound sound waves are applied and focused straight on to the target fibroids. This treatment is available to women with fibroids less than 10 cm in size and less than 5 in number. The treatment achieves a 10% - 30% reduction in fibroid size over the next six months. Fertility cannot be guaranteed after this procedure. Although the uterus is conserved, there have only been a few cases of successful pregnancy after this treatment .