

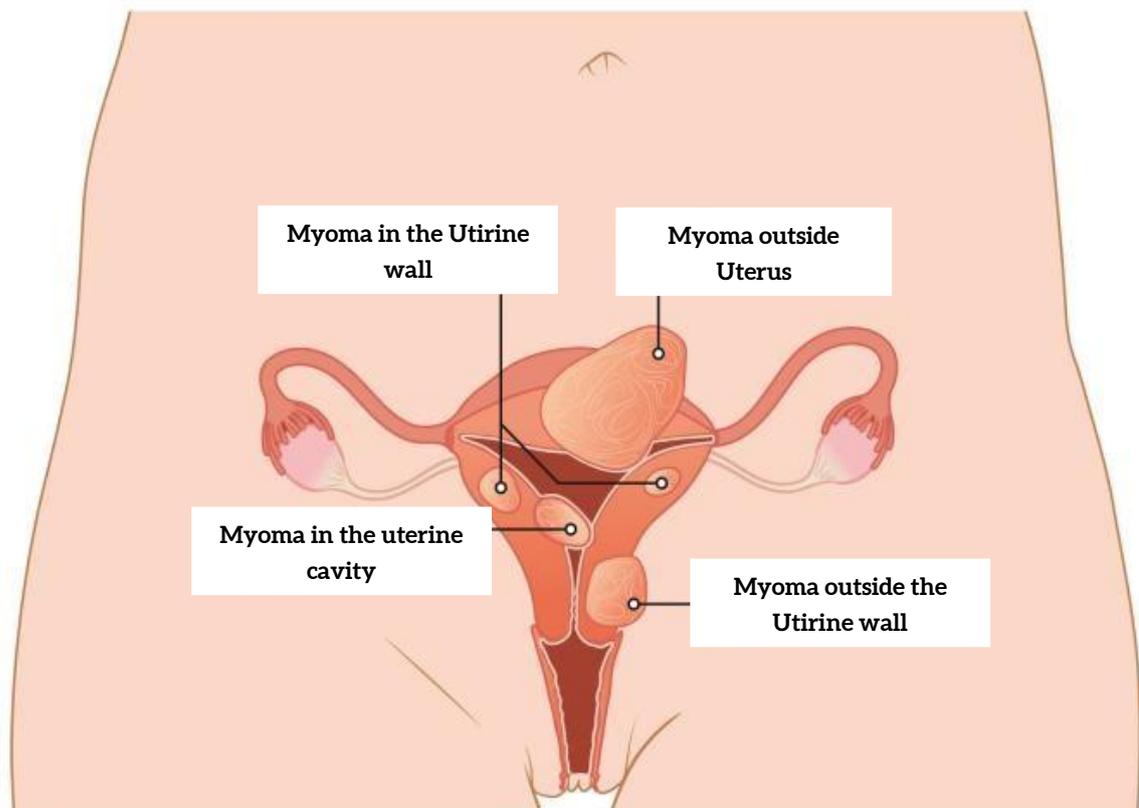
Fibroids (myomas)

Fibroids are benign lumps in the muscle wall of the uterus and consist mainly of muscle tissue.

Fibroids are also called myomas. They can be on the outside of the uterus, in the uterine wall or in the uterine cavity. They can be different in size. How fibroids arise is not known. The chance that they will become malignant is very small.

Who has fibroids?

Fibroids occur more often in women who have not (yet) had children. They arise and grow under the influence of hormones in the fertile phase of life. Of all women who are still menstruating, about half have 1 or more fibroids. After menopause, the amount of hormones in the body decreases and eventually the fibroids disappear again.



Source: Isala Woman-child centre

During pregnancy, fibroids can sometimes grow due to hormone changes. They usually do not cause any problems in the onset of or during pregnancy. After pregnancy, they become smaller again.

Complaints

Often women have no or few complaints and the fibroids are discovered by chance. Most grow slowly and go unnoticed. The place where fibroid sits, has more influence on the complaints than its size. Even small fibroids in the uterine cavity can cause menstrual complaints.

You may have the following complaints

- Bleeding: much or longer time blood loss during and between menstruations.
- Anemia: with a lot of blood loss, possibly with clots.

Complaints that occur less often are:

- Pain: a pressing sensation in the abdomen and / or pain low in the back.
- Problems with urination.
- Pain and/or blood loss during sex.

Examinations and treatments

A number of examinations and treatments are possible. Which examination or treatment you receive depends on your symptoms and your health.

Removal of the uterus

Have you undergone a treatment of fibroids and did this have none or insufficient effect? Then removing the uterus may be the next best choice. Your blood loss disappears with this. The effect of this on any abdominal or back problems is not easy to predict. The doctor usually removes the uterus through the abdomen. This can be done via abdominal surgery or via a laparoscopy. Usually the ovaries and fallopian tubes remain in place.

Examine

Depending on your complaints and health, different examinations are possible.

Gynaecological examination

- Examine using a spreader. The doctor brings a spreader inside to view the vagina and cervix.
- For examination of the internal genital organs, the doctor inserts one or two fingers into the vagina and is felt on your abdomen with the other hand. This rarely hurts. For example, the doctor can assess the location and size of the uterus and ovaries and examine the painful spot in case of complaints.

Vaginal ultrasound

A vaginal ultrasound is an internal ultrasound.

In the case of an internal ultrasound, the doctor or sonographer inserts a transducer (rod) into your vagina to assess the uterus or ovaries. For example, we make a vaginal ultrasound with menstrual complaints, pain in the lower abdomen or when placing an IUD.

Ultrasound is a technique that makes organs in the body visible. In an ultrasound scan we use sound waves. A transducer emits these sound waves. You cannot hear these sound waves. You won't feel the sound waves either.

The tissue in your body reflects some of these sound waves back. These sounds form an image on the monitor.

Water ultrasound (SIS ultrasound)

A water ultrasound is an examination for abnormalities of the uterine cavity.

With a water ultrasound, the gynecologist looks with the ultrasound into your uterus while your uterine cavity is filled with water.

Blood tests

In blood tests, we take one or more tubes of blood with a hollow needle. This blood is then examined in the laboratory by an analyst.

Blood, urine or stool tests are necessary when the general practitioner or specialist wants to find out more about your health. The doctor also has research done to determine the course of disease and the effect of a treatment.

Blood tests can be done at any of our local laboratories: ADC, Lab de Med, or Medical Laboratories Services.

Diagnostic hysteroscopy

A hysteroscopy is an examination in which the gynecologist looks at the inside of the uterus.

This is done with a hysteroscope. This is a thin, hollow tube through which a light beam, a small camera and a tube passes. Through the scope, the doctor brings water into the uterus during the examination to be able to see better. Instruments can also be brought in through the scope. This allows the doctor to possibly do small interventions.

MRI

With the help of the MRI examination, tendons, muscles, brain tissue, cartilage, intervertebral discs, organs or blood vessels can be made visible.

To make the blood vessels clearly visible, you will usually be given a contrast fluid via an infusion.

ATTENTION!

- You need to prepare for this examination. Therefore, read this information carefully at least 3 DAYS before the examination!
- It is important that you follow these instructions carefully. Otherwise, the investigation may not be able to continue.
- We ask you to fill in the questionnaire well in advance. Have you answered YES to one or more questions? Please contact the Radiology department.

Treatments

Whether a treatment is useful depends on your complaints and the size of the fibroid or fibroids. Various treatments are possible.

[read more about it here.](#)

Medications for fibroids

Fibroids can be treated with medication.

With hormone treatment we try to reduce your amount of blood loss and / or menstrual pain. The fibroids do not go away, but they often become slightly smaller. In case of many fibroids or large fibroids in the uterine cavity, the effect of the drugs can be disappointing. The complaints usually come back when you stop taking the medication.

Therapeutic hysteroscopy

A therapeutic hysteroscopy is an operation in the uterus via a hysteroscope.

This is a hollow tube, which is inserted through the vagina. The scope is connected to a camera. This way, the doctor can clearly see the inside of the uterus on the monitor and perform the treatment via the scope. Here you can read general information and what treatments we can do during the hysteroscopy.

What are the reasons for a hysteroscopy?

There are several reasons to do a therapeutic hysteroscopy:

- The removal of a septum in the uterus. A septum in the uterus is sometimes a cause of pregnancy problems. The gynecologist can remove such a septum during the hysteroscopy.
- Cutting severe adhesions in the uterine cavity (Asherman's syndrome). In severe adhesions, the front and back wall of the uterus are completely glued together. The operation to cut the adhesions is then difficult and often does not succeed in one try.
- Removing a placental residue. After childbirth or curettage in case of miscarriage, a rest of the placenta may remain in the uterus. We can remove this via a hysteroscopy.
- Removing larger polyps.
- Removing fibroids (myomas). These are benign thickenings of a muscle that are in the muscle wall or on the inside of the uterus.

Enucleation of fibroids

If fibroids are on the outside of the uterus or in the uterine wall, they can be peeled out.

This is called myomenucleation. This treatment is usually done through abdominal surgery. In the case of small or stemmed fibroids, this is done via a laparoscopy.

Embolization of fibroids

In this treatment, the blood vessels to the fibroids (myomas) are closed (embolized) by small balls.

In the embolization of myomas, X-rays are used to find the blood vessels to the myomas.

Uterine removal in benign conditions

The gynecologist can remove the uterus through the vagina or through the abdominal wall.

What reasons are there to remove a uterus?

- abnormal cells endometriosis menstrual complaints fibroids
- (myomas) prolapse

Outpatient clinics and departments

Gynaecology and Obstetrics

The specialism Gynecology and Obstetrics entails the medical care for women in all stages of her life.

Source: Jeroen Bosch