

FIBROIDS AND PREGNANCY



Fibroids are non-cancerous tumours that grow in or around the womb (uterus) and is very common. The growths are made up of muscle and fibrous tissue and vary in size from under 1cm to over 20cm. Fibroids are sometimes known as uterine myomas or fibromyomas.

Many women are unaware that they have fibroids as they do not have any symptoms. This often means that **fibroids are diagnosed** by chance during a routine gynaecological examination, test or scan.

However, larger fibroids may cause swelling in the lower tummy, pain, difficulty passing urine, feeling of bulge

while bending or constipation. If the fibroid impinges in the uterine cavity (area where baby grows) it may cause difficulty conceiving, miscarriage or heavy and painful periods.

Fibroids that cause difficulties in conceiving require treatment. Surgery is the mainstay of treatment. Surgery can be performed using key hole or traditional open (bikini line cut). For fibroids confined to the uterine cavity, they may be removed from the vaginal route using a hysteroscope; without any scars.

Key hole surgery is offered to patients whose fibroids are not too large. Rarely in Singapore patients present with fibroids that are very large; over 15cm;

occasionally a midline scar is needed for access to the tumour.

Key hole surgery has advantage of less pain, shorter stay in hospital and smaller scars.

After surgery, the surgeon will advise the duration of rest before the patient may conceive. This may be any time from three months post-surgery. Some patients will require caesarean section for all future delivery after fibroids are removed. This is to prevent rupture of the uterine scar during labour.

In the longer term, fibroids may recur requiring future surgery.



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FIBROIDS DURING PREGNANCY

One of the more common complications of large fibroids in pregnancy is “red degeneration”. This causes moderate to severe pain and may be difficult to differentiate from uterine contractions. Red degeneration occurs because of diverted blood away from the fibroid to the growing baby. The reduction in blood and oxygen to the fibroid causes pain and the fibroids may shrink.

Rarely, fibroids within the uterine cavity may cause miscarriage. Very large fibroids may be associated with preterm birth. Majority of fibroids remain about the same size throughout pregnancy and does not cause major complications.

As long the fibroid is not physically obstructing the passage of the baby, women with fibroids may undergo natural birth.

FIBROIDS NOTED AT CAESAREAN SECTION

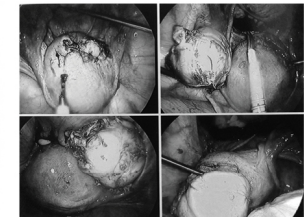
It is not routine to remove fibroids at caesarean delivery. This is because of the increased risk of bleeding in doing so. The exception is when the fibroids are “sticking out” or at the surface. In these cases, the base of the fibroid is much smaller and it may be safely removed. **bt**



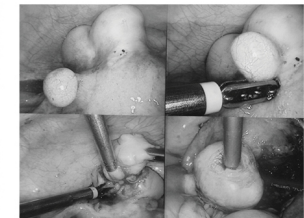
▲ Fibroids sticking out during C-section can be safely removed.



▲ Fibroids macerated into smaller pieces.



▲ Large fibroids at key-hole surgery (fibroids same size as uterus).



▲ Multiple fibroids at key-hole surgery.



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