FIBROIDS

What you need to know

THE LAKE FOUNDATION

Building Stronger Communities Through Good Health

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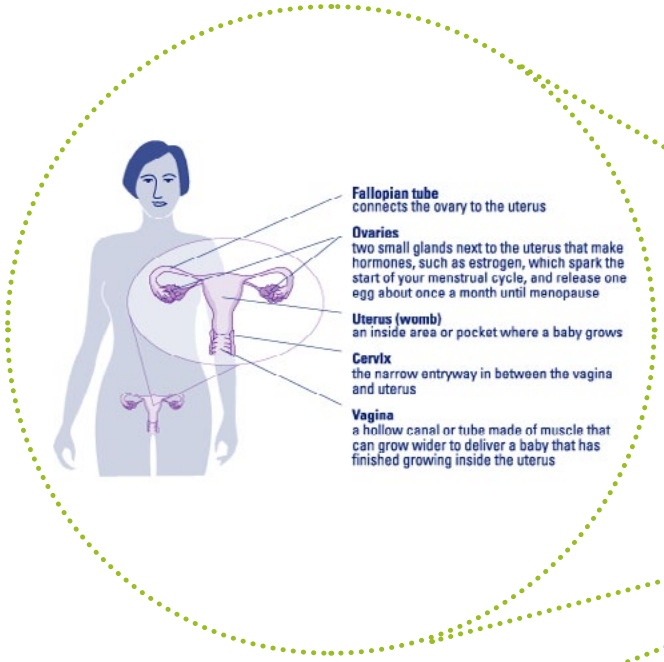

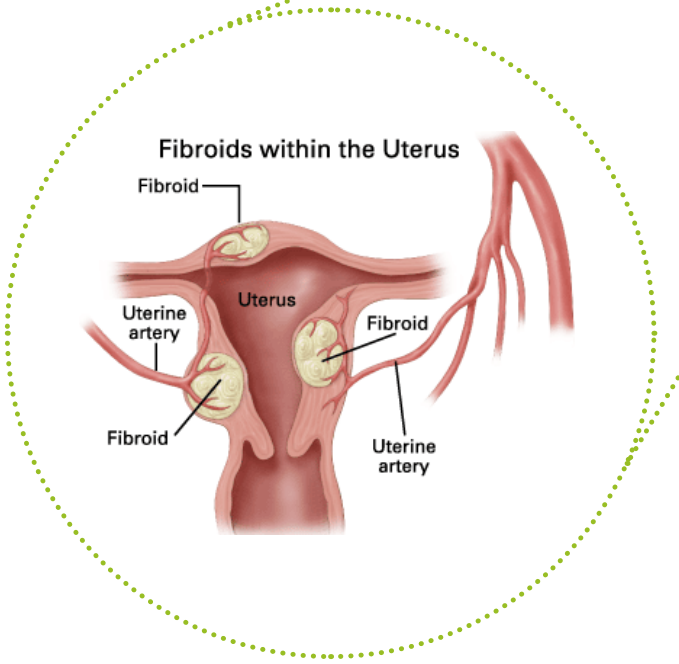

WHAT ARE FIBROIDS?

Fibroids are benign (non-cancerous) tumours (growths) that develop in the womb (uterus). They are sometimes referred to as uterine myomas, fibromyomas, or leiomyomas, and are the most common form of tumours affecting women, with an estimated 30 – 40% of women between the ages of 25 and 45 expected to develop them.

A fibroid occurs when muscle cells in a woman's womb develop a fault and start to grow abnormally. The cells multiply, forming a cluster of cells called a fibroid. The cluster of cells can vary in size from as small as a pea to as large as a melon, and they can develop in different locations in or around the womb. Some women may develop just one fibroid but many women develop more than one.

Fibroids are not life threatening, and women who develop fibroids may not experience any symptoms, but 30-40% of women do experience symptoms that affect their day-to-day activities, meaning that treatment is required.

TYPES OF FIBROIDS

There are six types of fibroids; the types indicate the location in the womb where the fibroid develops.

Intramural fibroid.

This is the most common type of fibroid. It develops within the wall of the womb and usually grows inwards. It can distort the womb and is often mistaken for weight gain or pregnancy. Intramural fibroids do not usually cause symptoms, but if they grow quite significantly they can cause symptoms such as excessive menstrual bleeding and the passing of blood clots. Large intramural fibroids may put pressure on surrounding organs leading to pelvic pain and frequent urination.

Subserosal fibroid.

This type of fibroid develops on the outer surface of the womb and expands outward. Because they grow outwards from the womb, they can put pressure on surrounding organs such as the bladder or rectum resulting in pelvic pain and discomfort.

Submucosal fibroids.

These are the least common type of fibroids. They develop on the inner lining of the womb and grow inwards into the middle of the womb. They can cause heavy menstrual bleeding, prolonged periods, and passing of clots. This loss of blood can lead to anaemia and fatigue, and large submucosal fibroids may block the fallopian tubes affecting fertility.

Pedunculated fibroids.

This type of fibroid develops on a stalk on the outer surface of the womb and they grow outwards. These types of fibroids may put pressure on surrounding organs and they can also twist on the stalk. Both of these situations lead to pelvic pain.

Intracavitary fibroid.

This type of fibroid develops on a stalk on the inner surface of the womb and grows inward into the middle of the womb. It can cause heavy menstrual bleeding, prolonged periods and passing of clots. This loss of blood can lead to anaemia and fatigue, and a large intracavitary fibroid may block the fallopian tubes affecting fertility.

Cervical fibroids.

A cervical fibroid develops in the wall of the cervix (the neck of the womb) and may change the shape of the cervix, making it longer. Large cervical fibroids can block the cervix and, depending on the location and size of the fibroid, may result in pain during urination, the need to urinate urgently, and pain during or after sex.

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WHAT CAUSES FIBROIDS?

Although the specific causes of fibroids are unclear, the development and growth of fibroids are thought to result from a combination of the following factors:

- A genetic mutation in womb muscle cells
- A hormone imbalance
- Trauma of the womb
- Lifestyle factors

Hormones, oestrogen, and progesterone also play an important role in the growth of fibroids, but do not actually cause fibroids to develop.

RISK FACTORS

Although the cause of fibroids is unclear, we do know that there are certain factors that increase a woman's risk of developing fibroids. These include:

Stage of life

Women of child bearing age are more likely to develop fibroids, particularly women between the ages of 25 and 50.

Ethnicity

Black women (women of African descent) are 3 times more likely to develop fibroids than their white counterparts.

Being obese or overweight

Women who are obese or overweight are more likely to develop fibroids. This is because they tend to have higher levels of oestrogen which stimulates the growth of fibroids.

Early period

Women who start their periods at an early age (before the age of 11) are more likely to develop fibroids because this increases their lifetime exposure to oestrogen.

A family history of fibroids

Women who have a first degree relative (mother, sister and daughter) with fibroids are 2.5 times more likely to develop fibroids than someone with no family members affected.

Diet

A diet high in red meat and low in green vegetables and fruits, increases risk. Lifestyle – inactivity and consuming alcohol also increases risk.

High blood pressure

Research has shown that women with high blood pressure are more likely to develop fibroids.

Womb infections

Research also suggests that womb infections may also increase risk of fibroids.

SYMPTOMS

The symptoms of fibroids depend on their location and size. Fibroids may show no symptoms at all, and, in many cases, women are unaware that they even have them. But a significant number of women will develop fibroids that are large enough to cause any of the following symptoms:

- Abdominal/tummy pain
- Heavy periods
- Painful periods
- Bloating
- Passing urine more frequently
- Constipation
- Anaemia (a decrease in the amount of red blood cells causing tiredness, weakness and sometimes shortness of breath)
- Pain during sex
- Miscarriage
- Infertility
- Fatigue

Women who experience any of these symptoms persistently, are advised to visit their doctor.

Case Study:
My Experience

"Many years ago before I even knew what fibroids were I knew the sudden stabbing pains I felt in my side weren't right. My periods were often heavy and 'clotty' but I was too embarrassed to discuss it with anyone and so I suffered in silence. As women we don't have to suffer in silence I have learned it is good to talk, share our fears and experiences; you can learn from someone else and they can learn from you! Let's be aware and educate ourselves."

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DIAGNOSING FIBROIDS

If a woman's symptoms suggest that she might have fibroids, her doctor may carry out any of the following tests to determine what is causing her symptoms. Usually, a pelvic exam and ultrasound scan are sufficient to diagnose fibroids, but other tests may be required to reach a confirmed diagnosis.

A pelvic exam

This will be done in the doctor's office and takes about 10-15 minutes. It is a visual and physical examination of a woman's reproductive organs. The doctor will inspect the vulva, vagina, cervix, uterus (womb), ovaries, fallopian tubes and rectum for any abnormalities. The doctor will do this by first feeling a woman's stomach to feel her organs from the outside. Then he/she will perform an internal vaginal examination to examine those organs that are buried deep within the woman's pelvis (ovaries, womb etc.). The doctor may also perform a rectal examination where a gloved finger is inserted in the rectum. During the examination, the doctor will make a note of the size and shape of the organs and any unusual growths and areas of tenderness or pain.

A pelvic ultrasound scan

If the doctor notices any abnormalities during a pelvic exam, he/she will arrange for more tests to be conducted. This is likely to be a pelvic ultrasound scan which takes a picture of the pelvic organs (ovaries, womb, fallopian tubes, rectum and bladder). There are two types of ultrasound scans that might be performed:

• A trans-abdominal ultrasound scan

This is where a handheld device is passed back and forth over a woman's tummy. This is the scan that is likely to be performed if fibroids are suspected.

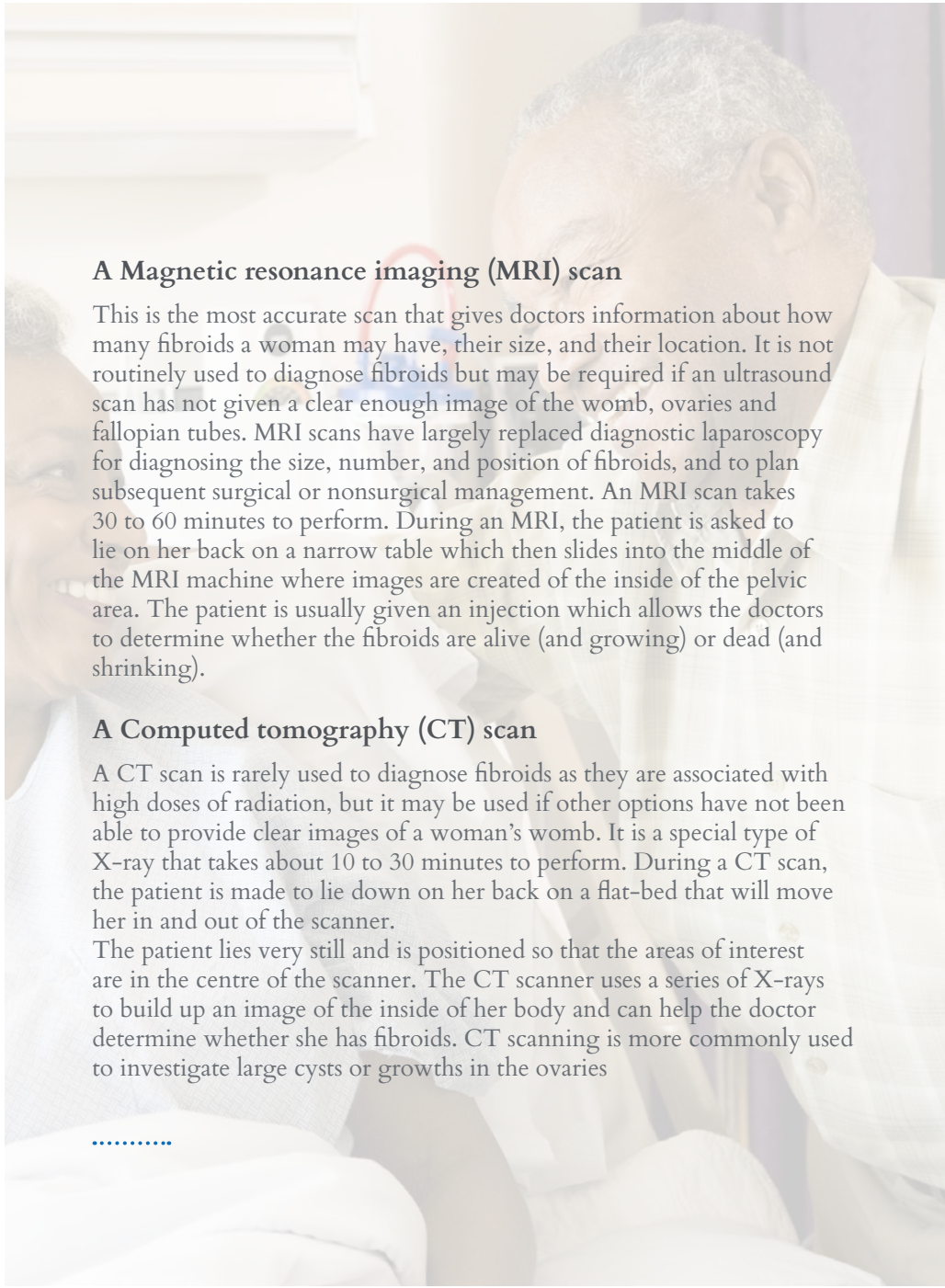
• A trans-vaginal ultrasound scan

In this scan, a device is inserted into the vagina. This scan tends to produce clearer images of the pelvic organs than a trans-abdominal ultrasound scan because the probe is closer to these organs.

Diagnostic hysteroscopy

This is a procedure that allows a doctor to look inside a woman's womb to determine if she has involvement or distortion of the uterine cavity from fibroids. This may be done instead of an ultrasound scan, or, more usually, after an ultrasound scan to confirm that a woman has fibroids. This procedure takes about thirty minutes to perform and is performed without anaesthetic in outpatients, or either under local anaesthetic (where they numb a small area) or general anaesthetic (where the patient is put to sleep for the entire procedure). A small device with a camera and a light on the end of it (a hysteroscope) is inserted through the vagina, past the cervix and into the womb. The camera sends images to a video screen so that the surgeon can then have a look at the womb and determine whether the fibroid is sub-mucosal or an intracavity, and how many there may be.

A laparoscopy takes about 30 to 60 minutes to perform and is performed under general anaesthetic. It involves a surgeon making a small cut near the belly button and inserting a tube with a camera at the end of it (laparoscope) through the small cut and into the abdomen to examine the womb, ovaries, fallopian tubes and other organs. The camera at the end of the laparoscope sends images to a video screen, allowing the surgeon to observe the size and shape of the womb, ovaries and other organs, and to determine if there are any growths or abnormalities. A laparoscopy can give doctors a good assessment of subserosal and pedunculated fibroids and how many a patient may have.



A Magnetic resonance imaging (MRI) scan

This is the most accurate scan that gives doctors information about how many fibroids a woman may have, their size, and their location. It is not routinely used to diagnose fibroids but may be required if an ultrasound scan has not given a clear enough image of the womb, ovaries and fallopian tubes. MRI scans have largely replaced diagnostic laparoscopy for diagnosing the size, number, and position of fibroids, and to plan subsequent surgical or nonsurgical management. An MRI scan takes 30 to 60 minutes to perform. During an MRI, the patient is asked to lie on her back on a narrow table which then slides into the middle of the MRI machine where images are created of the inside of the pelvic area. The patient is usually given an injection which allows the doctors to determine whether the fibroids are alive (and growing) or dead (and shrinking).

A Computed tomography (CT) scan

A CT scan is rarely used to diagnose fibroids as they are associated with high doses of radiation, but it may be used if other options have not been able to provide clear images of a woman's womb. It is a special type of X-ray that takes about 10 to 30 minutes to perform. During a CT scan, the patient is made to lie down on her back on a flat-bed that will move her in and out of the scanner.
The patient lies very still and is positioned so that the areas of interest are in the centre of the scanner. The CT scanner uses a series of X-rays to build up an image of the inside of her body and can help the doctor determine whether she has fibroids. CT scanning is more commonly used to investigate large cysts or growths in the ovaries

TREATING FIBROIDS

The treatments offered for fibroids depend on the size of a woman's fibroids, the symptoms they are causing, and if they are likely to affect her fertility. Most women with fibroids will not have symptoms, or the symptoms may be very mild and therefore no treatment may be required. However, a significant number of women with fibroids will need treatment because they have severe symptoms and/or their fibroids may interfere with pregnancy or fertility. Women have to decide which treatment is best for them and shouldn't feel pressured into making a decision they are not comfortable with. In order to do this, women who have been diagnosed with having fibroids need to make sure that they have all the information they need in order to make an informed decision. They will have to weigh the severity of their symptoms and their desire to have children with the consequences of treatment. Whilst some treatment may reverse infertility, some may cause infertility (if you were not infertile before treatment) and cause early menopause. Being fully aware of what an early menopause can mean is vital since this can result in a number of long-term symptoms.

Treatment options may include:

- Watchful waiting
- Medication to treat symptoms
- Medication to shrink fibroids
- Surgery or medical procedures

Watchful Waiting

A woman may not realise that she has fibroids until her doctor detects them after a routine pelvic exam. Therefore she may have no symptoms or very minor symptoms. Or her minor symptoms may have led her to visit her doctor who then went on to diagnose her fibroids. Either way, if a woman has no symptoms or mild symptoms that are not a major problem, her best option is 'watchful waiting'.

This may involve her:

- Keeping an eye on her symptoms and if they get worse or new symptoms develop then the next step will be a visit to her doctor.
- Being regularly monitored by her doctor. This may involve having regular (yearly) ultrasound scans to keep an eye on the size of the fibroids.

It is hard to predict if the fibroids will grow or whether symptoms will develop. It is only through watchful waiting that this can be determined. The benefit of watchful waiting is that unnecessary treatment can be avoided or delayed. Delaying treatment may allow a woman to start her family before having treatment which may affect her fertility.

Women nearing menopause may consider watchful waiting until after menopause as fibroids tend to shrink after menopause and symptoms may ease or disappear completely on their own after menopause. If symptoms don't improve after menopause then a woman can speak to her doctor about other options.

Case Study:
My Journey with fibroids pre and post conception

"I had started noticing a small lump on the lower left side of my pelvis, which was usually more obvious when I was lying down flat on the bed. The lump caused no pain and was not sore, but I worried that it was some sort of cancer. Out of fear, I chose to believe that it may be a benign ovarian cyst and I decided to delay going to the doctor to investigate it until my next cervical smear appointment. When I attended the ultrasound appointment the technician had a very concerned look on her face as she was performing the scan, and so I asked her what she was seeing. She informed me that I had not one, but several fibroids located in various parts of my uterus. I was in shock! At a follow-up appointment with my GP a few days later, she reiterated what the technician had found. I had about 4-5 fibroids in my uterus, with the largest two measuring about 7cm in diameter. The bulge that I had been feeling on

the lower left side of my belly was indeed one of these large fibroids. She indicated that although I had large fibroids which may cause me to have fertility issues, my uterine wall was “unremarkable” and therefore I am still likely to be able to conceive with the fibroids. These last words were comforting. She referred me to a gynaecologist for follow-up. For many days, I remained in shock about my fibroid diagnosis, I worried about whether I could have kids, and I spent many hours online reading about fibroids and remedies.

When I visited the gynaecologist again, she informed me of options available to me for dealing with the fibroids, including removing them surgically prior to trying to conceive. Based on my medical history and the diagnostic ultrasound results, the gynaecologist advised me that the best course of action would be to try to conceive with the fibroids intact, and then revisit the idea of having surgery to remove the fibroids if I did not get pregnant after six months of trying. The concern was that removing the fibroids surgically may pose more of an infertility risk than the fibroids themselves, as the surgery is in effect a major operation to the uterus. I agreed with this approach wholeheartedly as I did not want the risks associated with surgery.

Much to my pleasant surprise, just one month later I became pregnant!

When I got pregnant, I was informed of possible risks that fibroids could pose to my pregnancy, including bleeding, severe pain caused by the fibroids, a higher chance of miscarriage, restriction of the baby’s growth, and increased risk of premature labour. In addition, I was informed that the fibroids would likely grow in size due to pregnancy hormones. Luckily, my pregnancy progressed very smoothly with the exception of the fibroids growing slightly in size and one episode of severe fibroids-related pain at 14 weeks gestation which lasted for two weeks and which was managed with painkillers. In May 2014, I delivered two healthy baby boys - twins!

In the end, I am glad that I chose not to remove the fibroids immediately. I am now going to continue monitoring the growth and symptoms of the fibroids over the next few months and years, and will decide at a later time whether to remove them or leave them alone. I am likely to leave them alone as long as they continue to give me no symptoms, mainly because fibroids tend to regrow, and the risk of this occurring is much greater in Blacks. I learned a great deal about fibroids only after my diagnosis. I wish I had known more before. Sadly, I had not paid much attention to the disease before despite the fact that an older sister suffered with it. I had not realized how prevalent the disease was and did not realize that it affects Black women more than women of other racial/ethnic groups.”

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MEDICATION TO TREAT FIBROID SYMPTOMS

Some of the symptoms of fibroids may be treated with over-the-counter or prescription drugs. Women should speak to their doctors before taking any medication, and make sure that they are aware of any side effects.

If fibroids are causing pelvic or abdominal pain, pain-killers may be an effective way to treat that. Or, if fibroids have caused severe period pain, anti-inflammatory drugs such as ibuprofen and mefanamic acid can be effective at easing period pain.

Sometimes fibroids can cause heavy flow during periods. If this is the case, a woman can speak to her doctor about the contraceptive pill. This can make periods lighter and also ease period pain. An alternative to the pill for treating heavy periods is tranexamic acid, a drug that is used in many different conditions to control bleeding.

MEDICATION TO SHRINK FIBROIDS

There are treatments available that may be effective at shrinking fibroids. These types of drugs are usually used before surgery, meaning that less extensive surgery may be required because they make it easier for fibroids to be removed. These are hormonal drugs that reduce a woman's hormone levels. This means that there will be less hormones available in a circulation to stimulate the growth of fibroids, causing them to shrink.

Drugs that can shrink fibroids include goserelin (Zoladex®) or leuprorelin acetate (Prostap® SR). They reduce oestrogen levels, and can cause menopause symptoms, so sometimes patients are given Hormone Replacement Therapy (HRT) to combat any menopause symptoms.
The patient will be started on a course of treatment three to four months before surgery.
Another drug that may be offered is ulipristal acetate (UPA or Esmya®), which lowers progesterone levels. Typically, if this drug is prescribed, it will be given to the patient before surgery and it can be taken for a maximum of up to three months.

SURGERY OR MEDICAL PROCEDURES

In many cases, women with symptoms will need some form of surgery or a medical procedure to treat their fibroids. The options here include:

- Hysteroscopic Resection
- Myomectomy
- Hysterectomy
- Endometrial Ablation
- Embolisation

Hysteroscopic Resection

A hysteroscopic resection (transcervical resection of fibroids) is a procedure that removes fibroids that develop on the inside of the womb (submucosal/intracavity fibroids). It is usually performed under general anaesthetic (where a woman is put to sleep for the entire procedure). A small device with a camera and a light on the end of it (a hysteroscope) is inserted through the vagina, past the cervix and into the womb. The camera allows the doctor to see the womb on a video screen. On the end of the hysteroscope is a device that allows the doctor to remove the fibroids.

A hysteroscopic resection takes 20 to 80 minutes and is likely to be a day-case or one that might require an overnight stay in the hospital. Recovery time will be 1 to 2 weeks. After-care advice is given to prevent infection, and to help with any pain that a patient may experience. Within a couple of months, there should be improvements in the symptoms that were caused by the fibroids, such as heavy bleeding or irregular periods.

This procedure is a good option as it avoids the removal of the womb and allows a woman to preserve her fertility.

As with any medical procedure, there is a small risk of complications and these include:

- An adverse reaction to the anaesthetic
- Bleeding excessively
- Womb perforation
- Infection
- Fluid overload

Myomectomy

A myomectomy is a surgical procedure used to remove fibroids without removing the womb, and therefore helps to preserve fertility. A myomectomy can be carried out in two ways; either via keyhole surgery (laparoscopic myomectomy) or an abdominal myomectomy (laparotomy).

Keyhole surgery is usually performed when you have one or two fibroids that are five centimetres or smaller that grow on the outside of the womb (pedunculated and subserosal fibroids). It involves a small hole being made in or near the belly button and then a narrow tube with a camera (laparoscope) is inserted into the abdomen. Through this hole, and other holes in the abdomen, a surgeon is able to cut the fibroids into small pieces and then remove them through the holes.

The benefit of keyhole surgery is that because the operation occurs via the small holes, it is less invasive. This means that there is less blood loss and pain, and recovery is quicker than a full-blown operation – 1 to 2 weeks. It also requires minimal stay in the hospital (either a day case or for one night).

Despite this, there is a small risk of developing complications. These include: excessive bleeding, an adverse reaction to the anaesthetic, a puncture to the womb, blood clots and infection. And, there is a 40% chance that fibroids will re-grow within five years of the keyhole surgery.

An abdominal myomectomy is performed under general anaesthetic. A surgeon will make a fairly large incision in a woman's abdomen in order to gain access to the womb and will then remove the fibroids.

This procedure is used to remove large fibroids from the wall of the womb and may require

a 2 to 4 day stay in hospital and takes anywhere from 4 to 6 weeks to recover. There is a small risk of complications which include infection, damage to internal organs like the bowel, and weakening of the womb. There is also a 10 to 50% chance that fibroids will re-grow.

Hysterectomy

A hysterectomy is a surgical procedure to remove the womb. It is performed under general anaesthetic and is a permanent solution to resolving any symptoms which are caused by fibroids. Removal of the womb means that a woman will not be able to have children, making this option best for women who have completed their families. If the ovaries are also removed during the hysterectomy, a woman will go through menopause immediately. But if the ovaries are not removed, then a woman may go through the menopause within five years of having her womb removed.

Depending on the size of the fibroids, a hysterectomy can be conducted in three different ways. Smaller fibroids can be removed by a vaginal hysterectomy (the womb is removed through the vagina via a small cut at the top of the vagina), or by a laparoscopic hysterectomy (where the womb is removed through small holes in the abdomen). Alternatively, for larger fibroids, an abdominal hysterectomy can be performed where a fairly large incision is made in the abdomen and the womb is removed through the incision.

A hysterectomy is considered to be major surgery and as such takes longer to recover from than other procedures. It takes about 6 to 8 weeks and requires about 1 to 7 days stay in hospital depending on the way in which the hysterectomy was performed.

A woman will be given an after-care plan on how to care for her wounds and will have a follow up appointment to ensure that she is healing properly.

As with any surgical procedure there is a small risk of complications and these include:

- An adverse reaction to the anaesthetic
- Heavy bleeding
- Ureter (this is the tube that urine passing through) damage
- Damage to the bowel or bladder
- Infection
- A blot clot
- Vaginal problems

Case Study:
My Experiemce

"I had to undergo a 'total hysterectomy' which meant losing my ovaries, womb, tubes and cervix.

I cried for a while to think I had lost my 'womanly bits' but my husband sternly told me to be grateful to be well and alive. That shook me up and I started to take a positive approach. I had two healthy children, one of whom I didn't think I would be able to have. I used to call her my 'little miracle'.

After my surgery I had to go on HRT which I didn't want to because it made me 'feel old'. I soon went on it though when I had a sudden surge of heat through my body and quickly stuck my head in the freezer! My family watched me do this in amazement, confusion and amusement!

I have been on HRT patches for 8 years now and feel fine. I have put on a lot of weight but I'm not sure whether that has anything to do with the HRT or the lovely cakes people keep bringing in to work!!"

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ENDOMETRIAL ABLATION

Endometrial ablation is a procedure that is used to address heavy menstrual bleeding caused by fibroids or to remove small fibroids (less than 5cm) that have formed in the lining of the womb. This procedure removes the lining of the womb using either a laser beam, radiofrequency waves, microwaves, hot saline, electrical current or freezing.

A small device with a camera and a light on the end of it (a hysteroscope) is inserted through the vagina, past the cervix and into the womb. The camera allows a doctor to see the womb on a video screen. The doctor will then use specialist instruments to remove the lining of the womb by one of the methods described above (i.e. either laser beam, radiofrequency waves etc.).

Because the lining of the womb is removed it is highly unlikely that a woman will be able to get pregnant after this procedure. However, even if her periods stop, there is a small chance that she may become pregnant. And, because of the removal of the lining of her womb, her pregnancy is likely to be a risky one for both her and her baby, and she will probably be advised to use birth control after her endometrial ablation.

An endometrial ablation takes 20 to 45 minutes to perform, and is performed either under local or general anaesthetic. Patients are usually discharged from hospital on the same day and take about 2 weeks to fully recover.

There is a small risk of complications, these include: burns to the womb and surface of the bowel, fluid build-up in the lungs, tearing of the cervix, a womb puncture and a blockage of the major blood vessel in the lung (pulmonary embolism).

EMBOLISATION

Embolisation, or Uterine Artery Embolisation (UAE), is a procedure that blocks the blood vessels (uterine arteries) to the fibroids, starving them of oxygen and therefore causing them to shrink. This procedure is carried out by an interventional radiologist who makes a small cut in the groin area and then inserts a tube (catheter) through the cut, using live x-ray images on a monitor to guide the tube into the uterine arteries. Tiny plastic beads (the size of fine sand particles) are then injected into the artery supplying the fibroid and these tiny embolic particles block the artery. Over the next few hours, the fibroids 'die' and then shrink over the next few months and years.

An embolisation is carried out under local anaesthetic and patients will have to stay in hospital for 1 night and recovery will take 1 to 2 weeks.

Complications from embolisation are rare and tend to be fairly minor, for example: bruising, pain, fever and vaginal discharge. Submucosal and particularly intra cavity fibroids can become detached. These can either pass through the cervix and vagina on their own or, if they get stuck, can rarely require a hysteroscopic removal by a Gynaecologist.

Fertility after embolisation has been maintained in many women, and premature menopause is very rare below the age of 45. Recurrence rates are low, being around 15% by 5 to 10 years.

UAE can be used in combination with various forms of myomectomy to get the best of both treatments and maintain fertility.

MRI TREATMENTS

There are two fairly new procedures that may be considered to treat fibroids which make use of MRI (magnetic resonance imaging). These are:

- MRI-guided percutaneous laser ablation
- MRI-guided transcutaneous focused ultrasound

These treatments are not widely available in the UK and only a handful of specialist centres perform these procedures.

In MRI-guided percutaneous laser ablation, an MRI scan is used to locate the exact location of fibroids and fine needles are inserted through the skin and into the fibroid. A cable is then passed through the needle and light is targeted at the fibroids. The heat from the light shrinks or destroys the fibroids. MRI-guided transcutaneous focused ultrasound also uses MRI to find fibroids, but uses ultrasound energy to target them.

Both of these procedures take 3 to 4 hours to perform and requires only about a two hour stay in hospital after the treatment. Recovery should take a few days during which the patient may experience some pain and nausea. There are rarely any complications in the short-term. However, the long-term effects and risks are unknown, as are the effects on fertility.

BLACK WOMEN AND FIBROIDS

Research has shown that fibroids are more common in black women, with an estimated 55-80% of black American women affected; the same is true for black British women. In addition, black women are known to develop fibroids at a much younger age, are more likely to develop larger, multiple fibroids, and tend to develop more severe symptoms. The reason for this is currently unknown, but it is thought to be a combination of genetic, environmental and lifestyle factors.

PREVENTING FIBROIDS

Diet and fibroids prevention

When trying to understand what needs to be done to reduce the risk of developing fibroids, diet is an interesting and important factor. Obesity is a major risk factor for developing fibroids, therefore it is reasonable to suggest that if women adopt a healthy lifestyle and lose weight, they can reduce their risk of developing this condition. But, are there particular foods that contribute to the development of fibroids, and are there foods that are protective when it comes to fibroids?

Red meat

Research suggests that red meat increases a woman's risk of developing fibroids by 70%.

Alcohol

Women who consume alcohol are at an increased risk of developing fibroids.

Fruits and vegetables

It has been shown that consumption of fruits and vegetables is associated with a reduction in a woman's risk of developing fibroids. In particular green vegetables were found to reduce risk.

Vitamin D

Vitamin D has been found to be protective when it comes to fibroids in women. Sufficient levels of vitamin D in a woman's diet is less likely to cause the development of fibroids.

By adopting a healthy diet, women can reduce their risk of developing fibroids. Pay attention to fruit and vegetable consumption, reduce red meat intake, make sure they have enough vitamin D in their diet and limit their alcohol intake.

Exercise and fibroids prevention

Women who are physically active and exercise regularly are at a lower risk of developing fibroids. By introducing as much exercise as one can into their weekly routine, women can make a significant difference to their risk of developing fibroids. The UK's Department of Health recommends that women do a minimum of 150 minutes of exercise per week; this is a good target to aim for.

More Information

For more information you can contact:

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The Fibroids Research and Treatment Centre
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THE LAKE FOUNDATION

Building Stronger Communities Through Good Health

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