

COLLEGE OF RADIOLOGISTS SINGAPORE



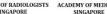
ACADEMY OF MEDICINE SINGAPORE



SINGAPORE RADIOLOGICAL SOCIETY









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WOMEN'S HEALTH IN THE NEW AGE

Fibroids and you Nov 21, Saturday 2PM - 4PM

Questions and Answers (Q&A)

Thank you again for submitting insightful questions during our recent public forum. Here are the answers from our panelists!

Disclaimer: The following answers are based on individual medical opinions of our panelists. Please follow up with your general practitioner or gynecologists for specific questions pertaining to your health and condition.

TOPIC: FIBROIDS AND MENSES

1. DO FIBROIDS OCCUR NATURALLY?

Yes, as long as a woman is in the reproductive age and have menstrual cycles.

2. WILL FIBROID SHRINK OR DISAPPEAR AFTER MENOPAUSE? WILL FIBROID GROW AGAIN AFTER MENOPAUSE?

Most fibroids should shrink after menopause; but this is variable. It is extremely unlikely for fibroids to regrow after menopause.

3. WILL FIBROIDS TURN CANCEROUS IF NOT REMOVED?

Overall, cancerous change is rare. There are certain features that increase the risk of this; therefore, your doctors will look out for these signs on your regular scans to monitor your fibroid.

4. AT WHAT SIZE SHOULD A FIBROID BE OF CONCERN, REQUIRING FURTHER TREATMENT?

Fibroids may vary in size over a few menstrual cycles. The exact size leading to symptoms or complications is different for different patients. In general, intervention could be considered for fibroids greater than 5cm in size.

5. FOR FIBROIDS THAT CAUSE PROLONG BLEEDING DURING MENSES, WILL THIS CONTINUE EVEN AFTER MENOPAUSE?

Bleeding after menopause is not normal; you should see a gynae for evaluation if you experience this.

6. DO FIBROIDS CAUSE IRREGULAR OR PROLONGED PERIODS?

Fibroids do not usually cause irregular menses but can cause abnormal bleeding like heavy periods, or prolonged menses, depending on the size and location of the fibroid.

7. CAN FIBROIDS CAUSE BLOOD CLOTS OR DISCHARGE DURING MENSES? IF THIS HAPPENS, SHOULD THIS BE OF CONCERN?

Fibroids themselves are unlikely to be spontaneously expelled during menses. Polyps or fibro-polyps however may sometimes be expelled together with clots. If you have heavy bleeding, fever, or foul-smelling vaginal discharge in association with this, you should seek a medical opinion.

8. HOW DO I KNOW IF FIBROIDS ARE AFFECTING MY FERTILITY OR PREGNANCY?

If you have subfertility (i.e. difficulty getting pregnant after 12 months of trying) or heavy periods, you should see a doctor. You can have an ultrasound scan done to check if fibroids are the cause of your symptoms.

9. ARE THERE ANY DIETARY RECOMMENDATIONS OR RESTRICTIONS FOR WOMEN WITH FIBROIDS?

No.

TOPIC: FIBROIDS AND TREATMENT

10. ARE THERE MEDICAL TREATMENTS FOR FIBROIDS INSTEAD OF SURGERY?

Yes. There are medications that can address the symptoms of fibroids; for example, painkillers and tranexamic acid. Some medications can lead to shrinkage of fibroids, such as GNRH; but this is often not meant to be long term solutions.

For more details, please refer to Dr. Samantha Yeo's talk "Fibroids – What Are They, Medical Management Options".

11. AT WHAT SIZE IS A FIBROID CONSIDERED TO BE TOO LARGE FOR NON-SURGICAL TREATMENT?

It is different for different patients; but in general, intervention can be considered for fibroids, which are greater than 5cm in size.

12. ARE THERE TREATMENTS TO INDUCE MENOPAUSE AND REDUCE THE SIZE OF THE FIBROIDS?

There are hormones that can stop periods. Alternatively, embolization with small particles that flow into the ovaries can also result in menopause.

13. WHEN DO YOU RECOMMEND HYSTERECTOMY FOR MANAGEMENT OF FIBROIDS?

We usually reserve hysterectomies for women above 40, who have completed their family. A hysterectomy is irreversible, and the woman will never be able to carry a pregnancy even if she changes her mind later on.

14. HIFU (HIGH INTENSITY FOCUSED ULTRASOUND) IS NOT RECOMMENDED FOR PATIENTS WITH ABDOMINAL SCARS; DOES THAT INCLUDE CESAREAN SCARS AS WELL?

Yes.

15. DOES UTERINE FIBROID EMBOLIZATION (UFE) ALLOW FOR TESTING OF THE FIBROID?

The embolization procedure does not allow us to test for the fibroid. However, prior to any embolization procedures, pre-procedure imaging, such as ultrasounds and MRI, will be obtained to best evaluate and characterize the fibroids. This allows us to best plan for the procedure and ensure that the embolization is the correct course of action.

16. IS A PRE-EMBOLIZATION MRI A MUST?

It is recommended, as it allows us to better characterize the fibroid and ensure that embolization is the best course of action.

17. DOES UTERINE FIBROID EMBOLIZATION (UFE) REMOVE THE FIBROID?

No. However, we do anticipate shrinkage of fibroids after embolization.

18. IF THE PAIN AFTER UTERINE FIBROID EMBOLIZATION IS SEVERE, HOW IS IT MANAGED?

Pain after embolization is variable for different patient. We do provide PCA for pain relief should the pain be severe.

19. CAN EMBOLIZATION BE PERFORMED FOR ADENOMYOSIS?

Yes. Uterine artery embolization can be performed for adenomyosis.

20. CAN PATIENTS UNDERGO EMBOLIZATION AFTER MYOMECTOMY IF THE FIBROIDS RECUR?

Yes, if the procedure is needed.

21. WILL PATIENTS EVER REQUIRE REPEAT EMBOLIZATION?

Not often, but repeat embolization can be considered if the symptoms still persists following the initial embolization.

22. UTERINE FIBROID EMBOLIZATION EXPENSIVE IN SINGAPORE?

It can be subsidized and Medisave claimable.

23. HOW LONG DOES ONE HAVE TO WAIT AFTER A MYOMECTOMY (FIBROID REMOVAL SURGERY) TO TRY CONCEIVING?

Most doctors would recommend waiting around 6 months before trying to conceive, in order to allow the body to heal.

24. HOW LONG DOES ONE HAVE TO WAIT AFTER UTERINE FIBROID EMBOLIZATION TO TRAY TO CONCEIVE?

6 months. However, this is best discussed with your gynecologist.

25. HOW LONG DOES ONE HAVE TO WAIT AFTER HIFU (HIGH INTENSITY FOCUSED ULTRASOUND) TREATMENT OF UTERINE FIBROIDS TO TRY CONCEIVING?

There is insufficient data locally. However, should be similar to surgery and uterine fibroid embolization, which is to wait 6-12 months before trying to conceive. Again, this is best discussed with your gynecologist.