Fibroid, which is leiomyoma of the uterus in medical terms, is the commonest tumour of the uterus. It is estimated that fibroid is present in about 20% of all women. The cause is unknown. However, its growth is associated with oestrogen (a female hormone), as it is noted that fibroids may become bigger during pregnancy and after contraceptive pills, and may become smaller after menopause. Pelvic examination revealing an irregularly enlarged uterus may suggest the presence of fibroid. Nowadays, ultrasound scan makes diagnosis simple. Occasionally, MRI scan can be used.

Problems Associated with Fibroids

Many fibroids are asymptomatic and are diagnosed at routine examination or by ultrasound scan. When symptoms are present, these are usually presented as one of the following: (1) Abdominal swelling: The fibroid can be felt or the woman complains of abdominal distension or an increase in her waistline; (2) Heavy periods: The periods usually remain regular, but the flow is heavier and often with clots; (3) Anaemia: The woman looks pale, feels dizzy and gets tired easily; (4) Frequency of urination; or (5) Back pain. Symptoms depend on the size, site and number of fibroids and therefore can be variable. Occasionally, it can be presented with acute retention of urine or abdominal pain.

Ways to Treat Fibroids

Asymptomatic fibroids can be left alone (treated conservatively). Their sizes can be monitored by ultrasound scan at suitable intervals. Where fibroids are causing symptoms, then treatment is indicated. Surgery is still the treatment of choice as medical treatment is not effective. Surgical treatments include: (1) Myomectomy is performed when uterine function needs to be preserved in young women who desire future pregnancy. This is an operation in which the fibroids are removed and the uterus is repaired. Patients should note that fibroids may recur. (2) Hysterectomy is a procedure in which the fibroids are removed together with the uterus. It is usually indicated when no further pregnancy is desired. There is no recurrence of fibroids after hysterectomy.

Conventionally, operations on fibroids are performed through an abdominal incision of 15 cm, the length depending on the size of the fibroids. Nowadays, these operations can be performed using minimally invasive technique.

Treating Fibroids by Minimally Invasive Surgery

1. Laparoscopic myomectomy can be performed by utilizing 3-4 small incisions of 0.5 cm to 1.2 cm. The fibroids can be excised from the uterus and removed in small pieces using a morcellator. The uterus can be repaired with sutures laparoscopically.

2. Laparoscopic hysterectomy can be similarly performed utilizing 3 small incisions of 0.5 cm to 1 cm either in the form of laparoscopic assisted vaginal hysterectomy or total laparoscopic hysterectomy and the uterus is removed through the vagina. Sub-total hysterectomy can also be achieved laparoscopically by leaving the cervix behind and removing the body of the uterus together with the fibroids in small pieces using a morcellator.

3. Transcervical resection of fibroids is performed using a hysteroscopic apparatus to remove the fibroid when the fibroid or part of it is situated in the uterine cavity.

Advantages of Minimally Invasive Surgery

An operation performed laparoscopically has the same magnitude of operations as in open conventional surgery, while the former has advantages including less blood loss, smaller surgical scars, less wound pain, less wound infection, quicker recovery and shorter hospital stay (if any). When a hysteroscopic operation is performed, no incision is required and the patient can be discharged from hospital on the same day.

The Hong Kong Sanatorium & Hospital is committed to providing the most up-to-date and the best service to our patients. Experienced specialists in our centre can offer the most patient-friendly approach for treating uterine fibroids safely using minimally invasive techniques.

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