

**FIBROIDS AND ENDOMETRIOSIS** are two common conditions that a gynaecologist will encounter in his daily work. When one mentions fibroids, most women seem to know a fair bit about the condition and its management. But surprisingly, much fewer women are aware of endometriosis and its sequelae. Nevertheless, both conditions have a great impact in a woman's quality of life, as they often present with menstrual disorder or fertility issues.

## Fibroids

Fibroids are lumps that grow on your uterus. You can have fibroids on the outside, inside or in the walls of the uterus.

Fortunately, fibroids are not cancerous. More often than not, you do not need to do anything about them unless they give you problems. Fibroids are very common in women in their 30 and 40s.

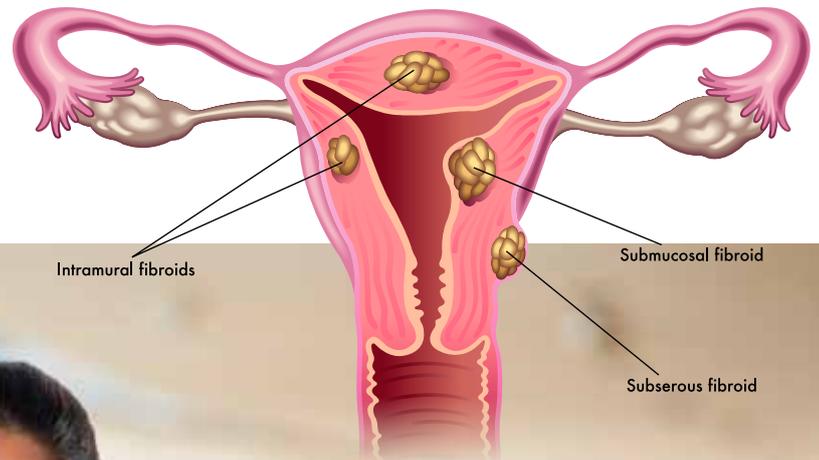
It is still difficult to establish the root cause of fibroids, however, it is suggested that it is the female hormones (oestrogen) that contribute to their growth. During the reproductive period, the fibroid will grow and may cause symptoms such as heavy menstrual bleeding, abdominal discomfort or urinary frequency. Fortunately, fibroids usually shrink after menopause and their symptoms subside.

Most women with fibroids, especially if the fibroid is

# Fibroids and Endometriosis

by Dr Ng Ying Woo

Two common gynaecological conditions that women should be aware of



**Uterine Fibroids**



small, typically have no symptoms. Occasionally, fibroids may lead to mild symptoms such as abdominal heaviness, heavy menses and frequent urination. In some women, heavy bleeding during their periods may lead to anaemia. Fibroids may also make it harder for some women to get pregnant.

## Diagnosis of Fibroids

To find out whether you have fibroids, your doctor may need to perform a pelvic examination to assess the size of the uterus. Otherwise, you may need to have an ultrasound of the pelvis that shows a picture of your uterus and the fibroids. A blood test is also useful to check for anaemia.

You need not necessarily seek treatment for fibroids if they are not bothering you. However, your gynaecologist should monitor them on your routine visit to check if they have grown significantly. If your symptoms include pain or heavy menses, medications (e.g. synflex) may alleviate the symptoms. Oral iron supplements and maintaining a healthy diet may be sufficient to manage anaemia.

Occasionally, if the symptoms appear to be worsening or affecting your daily activities, you may want to consider surgery. As fibroids take time to manifest until they are of an operable size, you have ample time to consider your surgical options.

## Surgical Treatments

There are two main types of surgery for fibroids, namely, myomectomy or hysterectomy. The decision will depend on your age, size/location of fibroids, and your reproductive intent.

Myomectomy is a surgery to remove the fibroids from the uterus. This option may be viable if you still intend to have children. In fact, it may even improve your chances of conceiving. However, it is not uncommon to find that the fibroids may grow back over time.

Hysterectomy refers to the removal of the uterus. This is the most common surgical method for removing fibroids and is a definitive option, as it is the only way to make sure your fibroids will not come back again. Your symptoms will go away, but you will not be able bear children.

In the last few years, advancement in laparoscopy has enabled the method to be performed via a single incision or single "hole" (SILS). The advantages of SILS are its cosmetic outcome as the single scar will be well "hidden" within the umbilicus. Recovery and pain control are improved using this approach. Alternatively, in some patients, innovative approaches using 3mm incisions or "minilaparoscopy" may help to reduce the morbidities associated with the punctures of the abdominal wall.

## Endometriosis

Endometriosis occurs when tissue from the uterine lining, the endometrium, is found in an abnormal location outside

the uterus, such as ovaries, pelvic area, bowel and bladder. Endometriosis is one of the most common gynaecological conditions in the world. With the advancement in medical technology, we are able to diagnose an increasing number of women with endometriosis.

While some women show no symptoms of endometriosis, others may only find out that they have the disease when trying to conceive. The principal symptoms of endometriosis are chronic pelvic pain, dysmenorrhoea, dyspareunia, bowels or bladder dysfunction. Endometriosis is found in up to 45% of women presenting with chronic pelvic pain. Occasionally, these symptoms may be debilitating, affecting the woman's physical, mental and social well-being.

There seems to be low awareness of this condition in our country. For this reason, the National University Hospital (NUH) launched Singapore's first endometriosis awareness campaign in 2012. The month-long campaign included educational talks and activities to raise awareness of endometriosis in our population. March 2013 will mark the second year NUH will be holding the campaign to engage and educate young Singapore women – who make up a significant proportion of endometriosis patients – that endometriosis, while difficult to detect, can be overcome with disease awareness.

## Diagnosis of Endometriosis

Laparoscopy is the gold standard in diagnosing this condition. In addition, it provides an opportunity to obtain histological confirmation, including treatment of the disease at the same setting. With improved techniques such as single incision laparoscopic surgery and reduced anaesthetic morbidities, it is expected that the condition can be diagnosed early. Medical options that aim to suppress the endometrial proliferation and inflammation are appropriate initial treatment. Unfortunately, this option does not eradicate the condition and more often than not, the recurrence rate can be as high as 68% upon stopping the treatment. For those who wish to conceive, medical treatment may delay the opportunity as the medicines used in treatment of endometriosis inhibit pregnancy.

Endometriosis remains an enigmatic disease which significantly affects the quality of life of our patients. As gynaecologists, we can help our patients cope with this recurrent illness by providing a holistic approach and customised treatment plan for the condition.

On the same note, nursing and peer support groups can help those affected to cope with and ease its effect on her quality of life. <sup>eh</sup>

Dr Ng Ying Woo is a Consultant at National University Hospital Women's Centre.