Tower Bridge Hospital London

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · WOMEN'S HEALTH

Fibroids

position matters more than size

Fibroids are benign growths of muscle in the wall of the womb. They are extremely common — affecting most women at some point, and disproportionately Black women, in whom they occur earlier and are often larger. Many cause nothing at all. Whether they cause symptoms depends far more on where they sit than how big they are.

Seek urgent assessment if you have

- **very heavy bleeding** with dizziness, breathlessness or a racing heart
- **sudden severe pelvic pain**, particularly with fever or vomiting
- **inability to pass urine**
- **bleeding after the menopause**
- a **rapidly enlarging abdominal mass**, especially after the menopause
- **severe pain in pregnancy**

A fibroid that outgrows its blood supply causes sudden severe pain (red degeneration), most often in pregnancy. Rapid growth after the menopause is uncommon and needs investigating. Postmenopausal bleeding always requires investigation regardless of known fibroids.

Symptoms

- **Heavy or prolonged periods**, often with clots — the commonest symptom, and a frequent cause of iron deficiency
- **Pelvic pressure, bloating, or a swollen lower abdomen**
- **Urinary frequency**, or difficulty emptying the bladder
- **Constipation**, or pressure in the back passage
- **Pain during sex**, and lower back pain
- Occasionally **difficulty conceiving or recurrent miscarriage**

Why position matters more than size

Submucosal fibroids bulge into the cavity of the womb — even a small one causes heavy bleeding and can affect fertility and implantation. **Intramural** fibroids sit within the muscle wall and cause heavy bleeding and pressure when large. **Subserosal** fibroids grow outwards and can become very large while causing little bleeding, though they press on the bladder and bowel. A 2cm submucosal fibroid may cause far more trouble than a 7cm subserosal one, which is why the scan report matters as much as the measurement.

Diagnosis

Usually a pelvic examination followed by **ultrasound**, which is the first-line test. Where the cavity needs assessing, saline infusion sonography or hysteroscopy gives a clearer picture, and MRI is used for mapping before surgery or embolisation. A **full blood count and ferritin** should always be checked, since iron deficiency from heavy bleeding is very common and frequently untreated.

Treatment

- **No treatment** if they are not causing symptoms — entirely reasonable, with monitoring.
- **Tranexamic acid and anti-inflammatories** taken during periods to reduce bleeding, without affecting the fibroids themselves.
- **The hormonal coil** reduces bleeding substantially and is recommended first-line, though it is less suitable where fibroids distort the cavity.
- **The combined pill or progestogens** to control bleeding.
- **GnRH analogues** to shrink fibroids temporarily before surgery, usually with add-back HRT.
- **Hysteroscopic resection** for submucosal fibroids — day case, no abdominal incision, and often transformative for bleeding.
- **Myomectomy** — removing fibroids and preserving the womb. The option where fertility is a priority.
- **Uterine artery embolisation** — blocking the blood supply, avoiding surgery. Effective, with a shorter recovery.
- **Hysterectomy** — definitive, for women who have completed their family and want a permanent solution.

Fibroids and fertility

Most women with fibroids conceive normally. Those distorting the cavity have the clearest effect on fertility and miscarriage, and removing them improves outcomes. In pregnancy, fibroids often grow and can cause pain; they occasionally affect the baby's position or the placenta. If you are planning a pregnancy, say so early — it changes which treatments are appropriate, and embolisation in particular is generally avoided if you want children.

After the menopause

Fibroids are oestrogen-dependent and usually shrink and become symptom-free after the menopause. New growth or new symptoms after the menopause is unusual and should be investigated.

Why come to us. Fibroids are frequently found on a scan and then left with no explanation of what the findings actually mean for you. We offer women's health appointments seven days a week with a **female clinician available on request**, **pelvic ultrasound performed on site and explained in the same visit**, and full blood count and ferritin taken here — because treating the iron deficiency matters as much as treating the fibroid. We prescribe medical treatment, and arrange hysteroscopy, embolisation or surgery through our CQC-registered partners.

Scanned and explained in the same visit

Female clinician available, ultrasound and bloods on site.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open 7 days, 9am–7pm

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Women's Health** · **Ultrasound Scans** · **Blood Tests** · **All patient leaflets**

Written and reviewed by Dr H Bolat, GP & Clinical Director **Review date: 26 July 2026** **Next review due: July 2028**

Ref: TBH-PIL-220

This leaflet is based on current NHS, NICE NG88 and RCOG guidance on uterine fibroids and heavy menstrual bleeding. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.