

# STANDARD OPERATING PROCEDURE

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## Leiomyoma / Fibroids

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Special Region (1)

Union of Myanmar

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**Approved by:** Internal Medicine Unit

# Leiomyoma / Fibroids

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## Clinical features

- Asymptomatic – 50%
- Heavy menstrual bleeding especially with submucous and intramural fibroids
- Dysmenorrhoea
- Anaemia
- Pressure effects – urinary and bowel symptoms
- Infertility

## Examination

- Abdominal and pelvic examination reveals a pelvic mass continuous with the uterus
- An irregular, nodular mass may be palpable if multiple fibroids are present.

## Investigations

- A full blood count to exclude anaemia
- Ultrasound
- Hysteroscopy and Endometrial biopsy is indicated in older women with menstrual

disturbance to exclude concurrent pathology Management

- Expectant – expectant management is being increasingly accepted as a reasonable option for asymptomatic women even with large fibroids. Medical

- Tranexamic acid and nonsteroidal anti-inflammatory drugs (NSAIDs) used for heavy menstrual bleeding secondary to fibroids.

- Gonadotropin-releasing hormone (GnRH) agonists cause amenorrhoea and reduction in tumour volume. It is usually given 3 months prior to surgery in an attempt to reduce the vascularity of fibroids. Side-effects are hypo-oestrogenism, and osteoporosis. The treatment is usually not given > 6 months.

- Hormone therapy with the combined pill, depot progesterone and Mirena intrauterine system (LNG-IUS) may be successful in some women to alleviate menorrhagia.

- Selective progesterone receptor modulator (SPRM) ulipristal acetate has been shown to

be as effective as GnRH agonists in reducing fibroid volume and alleviating heavy menstrual bleeding symptoms. Liver function test prior to commence therapy is mandatory and repeat every month. Surgical

- Myomectomy: Surgical removal of fibroids from the uterine wall with conservation of the uterus is a treatment of women with HMB who wish to conserve their fertility. It may be carried out with the aim of improving infertility.

- Surgical methods of myomectomy are

a. Hysteroscopic myomectomy b. Laparoscopic myomectomy c. Laparotomy and myomectomy

- Uterine artery embolization (UAE): The procedure is carried out by an interventional radiologist usually under local anaesthesia +/- sedation.

- Hysterectomy – older women and who do not want further fertility.

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## References

1. Obstetrics and Gynaecology Myanmar management Guidelines, 2024
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3. West, CP. (2016). Disorders of menstruation. In; Lusely, DM. and Kilby, MD (eds). Obstetrics & Gynaecology: An evidence based text for MRCOG, 3rd edition. New York, CRC Press, 589-590.