

Mr Nabil Haddad M. OBSTET, GYNAEC, FRCOG
Consultant Gynaecologist

Patient Information

Fibroids

What are Fibroids?

Fibroids affect up to 40% of women over the age of 35. They are non-cancerous tumours that grow in the uterus and range in diameter from the size of a pea to the size of a grapefruit. The most common fibroids are **intramural** (growing within the muscular wall of the uterus).

Subserosal fibroids grow just under the outer layer of the uterus and **submucosal** fibroids grow under the inner layer of the uterus known as endometrium. Fibroids, even large ones, may cause no symptoms in some women. However, most women present with one or more of the following:

- Irregular vaginal bleeding or an increase in menstrual bleeding (menorrhagia), sometimes with blood clots.
- A pelvic mass.
- Pressure on the bladder, which may cause frequent urination and a feeling of a sense of urgency to urinate.
- Pressure on the rectum, resulting in constipation.
- Pelvic pressure, "feeling full" in the lower abdomen and lower abdominal pain.
- Increase in size around the waist and change in abdominal contour.
- Subfertility.

Why do fibroids occur?

Fibroids are stimulated by the hormone oestrogen, which is produced naturally in the body. These growths can present from the beginning of reproductive age and shrink after the menopause. Women from an African and Afro-Caribbean ethnic background women have a higher prevalence of fibroids as compared to Caucasian women.

Treatment of Fibroids

Before planning the most appropriate treatment, some diagnostic tests are usually arranged. A transvaginal or pelvic ultrasound scan identifies the number, size and position of the fibroids. A hysteroscopy can effectively investigate the presence of fibroids distorting the uterine cavity.

Very small fibroids and fibroids are unlikely to cause a great deal of symptoms. Therefore, it is not necessary to remove them as the risk of complications outweighs the potential benefits. Sometimes it might be appropriate to treat the symptoms only, but this very much depends on other factors including age, history of subfertility and miscarriage.

Hormonal treatment

Gonadotrophin Releasing Hormone (GnRH) analogues can be given for a period of a few months to treat symptoms while awaiting surgery. When given in a continuous dose, GnRH analogues prevent the ovary from producing oestrogens and induce a state similar to the menopause. They are usually given as monthly long acting injections. Menopausal side effects can include mood swings, hot flushes and night sweats.

Surgery

Surgery for fibroids is not without risks and should be carefully considered. Myomectomy is the surgical removal of fibroids. This can be accomplished through hysteroscopy, laparoscopy or an open procedure which involves an incision in the abdomen. The surgical approach depends on the size and location of the fibroids. Myomectomy is normally carried out in women who wish to conserve their uterus and to improve their fertility and pregnancy potential.

Hysterectomy is the surgical removal of the uterus and fibroids. Depending on the size of the fibroids, hysterectomy can be performed either through the vagina or an open incision in the abdomen or with 'keyhole' surgery (laparoscopy). The risk of hysterectomy at the time of myomectomy is approximately 1%.

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Further Information

If you would like further information or you would like to book an appointment with Mr Haddad then please contact us.

You can call, email or simply use the 'Ask a Question' form on our website and we'll call you back

Contacting Mr Haddad

General Queries and Appointments	Mr Haddad's Private Secretary
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About Mr Haddad

Nabil Haddad qualified in medicine in Cairo in 1976. He trained in London, Southampton, Liverpool and Edinburgh. In 1989, Nabil was appointed as a Consultant Gynaecologist in Chester. Here he developed the Fertility and Assisted Conception Service and has led the service ever since.

Nabil was instrumental in pioneering **Transport IVF** and had the first ever successful baby from that technique in 1990.

Nabil is committed to the provision of total fertility services and advocates a **Fitness for Fertility** approach in order to prepare couples for treatment and improve successful outcomes.

Nabil serves on many local and national fertility committees. His research is clinically orientated and he has published on many aspects of fertility care.

Nabil is an expert in Gynaecological Management of:

Endometriosis

Fibroids

Menopause

Menstrual disorders

Pelvic pain

Polycystic Ovarian Syndrome and abnormal cervical smears.

Recurrent Miscarriage

Nabil takes great pride in offering the highest standard of individualised 'Patient Care' in comfortable and professional surroundings and believes wholly in evidence-based medicine.

Furthermore, the decision making process does not only involve Mr Haddad and his multi-disciplinary team, but involves you the patient, which means you fully understand what treatment is being prescribed and for what reasons.



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Our Clinics

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