# Fibroids in Fertility Patients

| | | |
|---|---|---|
| **Key Document code:** | WAHT-TP-027 | |
| **Key Documents Owner:** | Miss K Brown | Consultant Gynaecologist |
| **Approved by:** | Gynaecology Governance Meeting | |
| **Date of Approval:** | 14th November 2025 | |
| **Medicines Safety Committee Approval** | 10th December 202 | |
| **Date of review:**<br>**This is the most current version and should be used until a revised document is in place** | 14th November 2028 | |

**Key Amendments**

| Date | Amendment | Approved by |
|---|---|---|
| 26th January 2019 | Documents extended for 3 years | Mr Hughes |
| 14th December 2020 | Documents approved for 3 years | Miss Blackwell |
| 14th November 2025 | Documents updated and approved for 3 years | Miss Blackwell |

Fibroids may be detected at ultrasound scan, hysteroscopy or laparoscopy. They may be sub-mucosal, intramural or sub-serosal. Their presence may reduce fertility by various mechanisms: cavity distortion, tubal occlusion, foreign body, vascularity of the uterus, or inflammation. Fibroids are potentially linked to a 40% reduction in chance of live birth.

## Sub-mucosal fibroids

If these significantly distort the uterine cavity, they may be associated with a reduced pregnancy rate during assisted conception. It appears that their removal by transcervical resection of fibroid (TCRF) improves the pregnancy rate.

1. If a sub-mucosal fibroid is suspected on baseline ultrasound scan, then perform a saline scan or organise a hysteroscopy to confirm.
2. If present, then discuss with the patient the advantages and disadvantages of TCRF.

***Advantages*** include a probable improvement in pregnancy rate.

***Disadvantages*** include risks of anaesthesia and procedural risks including infection, adhesions, bleeding, uterine perforation and fluid overload.

1. If you wish to proceed then discuss with the Consultant and add to waiting list.
2. The patient may benefit from at least one injection of Zoladex (3.6 mg) sub-cutaneously 3-5 weeks prior to procedure to shrink the fibroid and ensure a thin endometrium (and therefore a visible fibroid) at surgery.
    a. If the largest diameter of the fibroid is ≥3cm then two Zoladex injections 4 weeks apart could be given to shrink to fibroid further and reduce operative blood loss.
    b. An alternative would be a course of Ryeqo
    c. Discuss this with the operating surgeon to confirm preference

## Intra-mural fibroids

These are fibroids within the wall of the uterus. They usually do not distort the uterine cavity and traditionally have been considered not to reduce the pregnancy rate. However, controlled data suggests a lower pregnancy rate in the presence of intra-mural fibroids during IVF treatment.

As yet, we do not know whether there are any benefits in terms of increased pregnancy rate in removing intra-mural fibroids not distorting the uterine cavity. Occasionally they may cause tubal blockage by external pressure on the tubal lumen at the cornua. If necessary, discuss with a senior doctor in the unit.

### Sub-serosal fibroids

These are fibroids on the external wall of the uterus. They do not appear to affect the pregnancy rate. However, if they are significant in size, or causing symptoms; management should be discussed in the Fertility MDT.

### Size

| | |
|---|---|
| <3cm | Limited evidence this will improve fertility |
| >5cm | Advise surgical removal prior to IVF |
| <5cm, but multiple | Surgery may be warranted |

### Management

1. Surgery is the preferred option for fertility preservation – TCRF or myomectomy
    a. No benefit of UFE prior to surgery
    b. Advantage of using vasopressin prior to myomectomy for blood loss
    c. Prior to surgery: consider fibroid MRI mapping, as more accurate than USS

Other options must be discussed in the Fertility MDT:

2. Uterine Artery Embolisation (UAE), which can block the blood supply and shrink the fibroid
3. MR guided focused ultrasound on the uterine leiomyomas

## References

Management of Subfertility and Assisted Conception, Joint RCOG/BFS meeting April 2023

**onitoring**

This section should identify how the Trust plans to monitor compliance with, and the effectiveness of, this policy. It should include auditable standards and/or key performance indicators (KPIs) and details on the methods for monitoring compliance.

The NHSLA requirements are:

*Organisations should measure, monitor and evaluate compliance with the minimum requirements within the NHSLA Risk Management Standards. This should include the use of audits and data related to the minimum requirements. The organisation should define the frequency and detail of the measurement, monitoring and evaluation processes.*

*Monitoring demonstrates whether the process for managing risk, as described in the approved documentation, is working across the entire organisation. Where failings have been identified, action plans must have been drawn up and changes made to reduce the risks. Monitoring is normally proactive - designed to highlight issues before an incident occurs - and should consider both positive and negative aspects of a process.*

The table below should help to detail the 'Who, What, Where and How' for the monitoring of this policy.

| Page/ Section of Key Document | Key control: | Checks to be carried out to confirm compliance with the Policy: | How often the check will be carried out: | Responsible for carrying out the check: | Results of check reported to: *(Responsible for also ensuring actions are developed to address any areas of non-compliance)* | Frequency of reporting: |
|---|---|---|---|---|---|---|
| | **WHAT?** | **HOW?** | **WHEN?** | **WHO?** | **WHERE?** | **WHEN?** |
| | These are the 'key' parts of the process that we are relying on to manage risk. We may not be able to monitor every part of the process, but we MUST monitor the key elements, otherwise we won't know whether we are keeping patients, visitors and/or staff safe. | What are we going to do to make sure the key parts of the process we have identified are being followed? (Some techniques to consider are; audits, spot-checks, analysis of incident trends, monitoring of attendance at training.) | Be realistic. Set achievable frequencies. Use terms such as '10 times a year' instead of 'monthly'. | Who is responsible for the check? Is it listed in the 'duties' section of the Policy? Is it in the job description? | Who will receive the monitoring results? Where this is a committee the committee's specific responsibility for monitoring the process must be described within its terms of reference. | Use terms such as '10 times a year' instead of 'monthly'. |
| | Accurate reporting of Fibroids on USS and discussion of | Analysis of an incidents and surgical complications | Whenever necessary | Fertility Lead and Lead Fertility Nurse | Fertility MDT | Whenever necessary following incidents |

| | | | | | | |
|---|---|---|---|---|---|---|
| | management in Fertility MDT if in question | | | | | |

Worcestershire Acute Hospitals NHS Trust

## Supporting Document 1 - Equality Impact Assessment Tool

## Equality and Health Inequalities Impact Assessment (EHIA) Tool

**Herefordshire & Worcestershire STP - Equality and Health Inequalities Impact Assessment (HEIA) Form**
**Please read HEIA guidelines when completing this form**

**Section 1 - Name of Organisation** (please tick)

| | | | |
|---|---|---|---|
| Herefordshire & Worcestershire STP | | Herefordshire Council | |
| Worcestershire Acute Hospitals NHS Trust | ☒ | Worcestershire County Council | |
| Worcestershire Health and Care NHS Trust | · | Wye Valley NHS Trust | |
| Other (please state) | · | | |

| | |
|---|---|
| **Name of Lead for Activity** | |

| | | | |
|---|---|---|---|
| **Details of individuals completing this assessment** | **Name** | **Job title** | **e-mail contact** |
| | K Brown | O&G Consultant | Kiritea.brown@nhs.net |
| | | | |
| **Date assessment completed** | | | |

**Section 2**

| | | | | | |
|---|---|---|---|---|---|
| Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.) | **Title:** Fibroids in Fertility Patients | | | | |
| What is the aim, purpose and/or intended outcomes of this Activity? | To ensure the correct management of fertility patients with fibroids | | | | |
| Who will be affected by the development & implementation of this activity? | ❑<br>☒<br>❑·<br>❑· | Service User<br>Patient<br>Carers<br>Visitors | ☒<br>❑·<br>❑·<br>❑· | Staff<br>Communities<br>Other _____ | |
| Is this: | ☒ Review of an existing activity<br>❑ New activity<br>❑ Planning to withdraw or reduce a service, activity or presence? | | | | |
| What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc. | Management of Subfertility and Assisted Conception, Joint RCOG/BFS meeting April 2023<br><br>NICE CG156. Fertility problems: assessment and treatment. Sept 2017. | | | | |
| Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required) | First agreed in Fertility MDT, then MSC, and Gynae Governance | | | | |
| Summary of relevant findings | As per GL | | | | |

| | |
|---|---|
| | |

**Section 3**

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale**. Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

| Equality Group | Potential positive impact | Potential neutral impact | Potential negative impact | Please explain your reasons for any potential positive, neutral or negative impact identified |
|---|---|---|---|---|
| **Age** | | | | |
| **Disability** | | | | |
| **Gender Reassignment** | | | | |
| **Marriage & Civil Partnerships** | | | | |
| **Pregnancy & Maternity** | y | | | First agreed in Fertility MDT, MSC then Gynae Governance |
| **Race including Traveling Communities** | | | | |
| **Religion & Belief** | | | | |
| **Sex** | | | | |
| **Sexual Orientation** | | | | |
| **Other Vulnerable and Disadvantaged Groups** (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.) | | | | |
| **Health Inequalities** (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies) | | | | |

**Section 4**

| What actions will you take to mitigate any potential negative impacts? | Risk identified | Actions required to reduce / eliminate negative impact | Who will lead on the action? | Timeframe |
|---|---|---|---|---|
| | | . | | |
| | | | | |
| | | | | |
| **How will you monitor these actions?** | **Review and investigate as per any concerns via datix and complaints** | | | |
| **When will you review this HEIA?** (e.g in a service redesign, this HEIA should be revisited regularly throughout the design & implementation) | GL will be reviewed every 3 years, or earlier if new guidance available | | | |

**Section 5** - Please read and agree to the following Equality Statement

## 1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

| | |
|---|---|
| **Signature of person completing HEIA** |  |
| **Date signed** | 25.1.26 |
| **Comments:** | |
| **Signature of person the Leader Person for this activity** |  |
| **Date signed** | 25.1.26 |
| **Comments:** | |

## Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

| | Title of document: | Yes/No |
|---|---|---|
| 1. | Does the implementation of this document require any additional Capital resources | N |
| 2. | Does the implementation of this document require additional revenue | N |
| 3. | Does the implementation of this document require additional manpower | N |
| 4. | Does the implementation of this document release any manpower costs through a change in practice | N |
| 5. | Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff | N |
| | Other comments: | |

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval.