

Fibroids in Fertility Patients

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This is the most current version and should be used until a revised document is in place		

Key Amendments

Date	Amendment	Approved by
26 th January 2019	Documents extended for 3 years	Mr Hughes
14 th December 2020	Documents approved for 3 years	Miss Blackwell
29 th December 2023	Document extended for 6 months whilst under review Owner updated	Alex Blackwell
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Fibroids may be detected at ultrasound scan, hysteroscopy or laparoscopy. They may be sub-mucosal, intramural or sub-serosal.

Sub-mucosal fibroids

Generally distort the uterine cavity and are associated with a reduced pregnancy rate during assisted conception. It appears that their removal by ranscervical 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 anesthesia and procedural risks including infection, adhesions, bleeding, uterine perforation and fluid overload.

1. If you wish to proceed then discuss with Unit Consultant.
2. Follow medical SOPs 1.11: Operative surgical procedure referral.
3. 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.
4. If the largest diameter of the fibroid is ≥ 3 cm then two Zoladex injections 4 weeks apart should be given to shrink to fibroid further and reduce operative blood loss.

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.