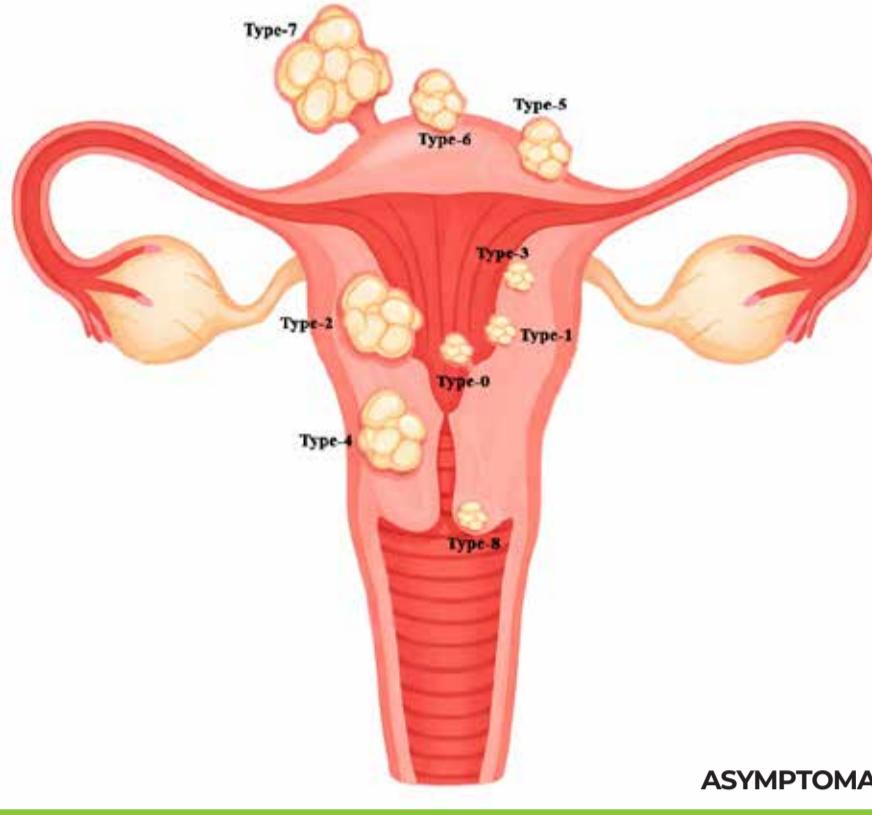


Standard Treatment Workflow (STW) UTERINE FIBROIDS AND POLYPS

ICD-11-2E86.0 & 2D70.Z

Uterine fibroids



SYMPTOMS

- Heavy menstrual bleeding/ Irregular bleeding or spotting
- Urinary symptoms
- Heaviness in lower abdomen
- Awareness of mass
- Pain abdomen, dysmenorrhea
- Infertility
- Asymptomatic/ USG diagnosis

Essential- CBC, Ultrasound

Desirable - TFT

Optional - HIGHER IMAGING LIKE MRI

ASYMPTOMATIC FIBROIDS <5CM DO NOT NEED TO BE TREATED

SUPPORTIVE MEASURES MAY BE REQUIRED

FIGO CLASSIFICATION

Submucosal Group

- Type0- Pedunculated, intracavitory
- Type1- <50% intramural
- Type 2- >50% intramural

Other Group

- Type3-100% intramural touching endometrium
- Type4- Intramural
- Type5-subserosal >50% intramural
- Type6 -subserosal <50% intramural
- Type7-subserosal pedunculated
- Type8-Others like cervical, parasitic

RED FLAG SIGNS

- Severe Anemia
- Severe pain eg due to degeneration, torsion
- Excessive bleeding not responding to medical management
- Acute retention of urine

MANAGEMENT

Treatment modality should be individualized to each patient after considering patient's age, parity, severity of symptoms, need for fertility preservation, presence of other gynecological diseases and any other co-morbidity

- Primary and secondary Care Hospitals:** Initial Detection and Counselling
- Symptom Management:** Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), iron and folic acid
- Basic Medical Therapy:** oral contraceptives or progestin for abnormal bleeding.
- Referral:** Cases requiring definitive diagnosis, specialized treatment, or surgery

Tertiary Care Hospitals

Advanced Diagnostics: Transvaginal ultrasound, saline infusion sonography, MRI, and hysteroscopy

Therapeutic

Surgical Interventions: Myomectomy or hysterectomy

Minimally Invasive Procedures: Laparoscopic or hysteroscopic myomectomy and polypectomy

Specialized non-surgical Management: May be considered in specialised situations eg fibroid with subfertility. Uterine artery embolization (UAE), radiofrequency ablation (RFA), and MRI-guided focused ultrasound surgery (FUS) may be considered if facilities are available

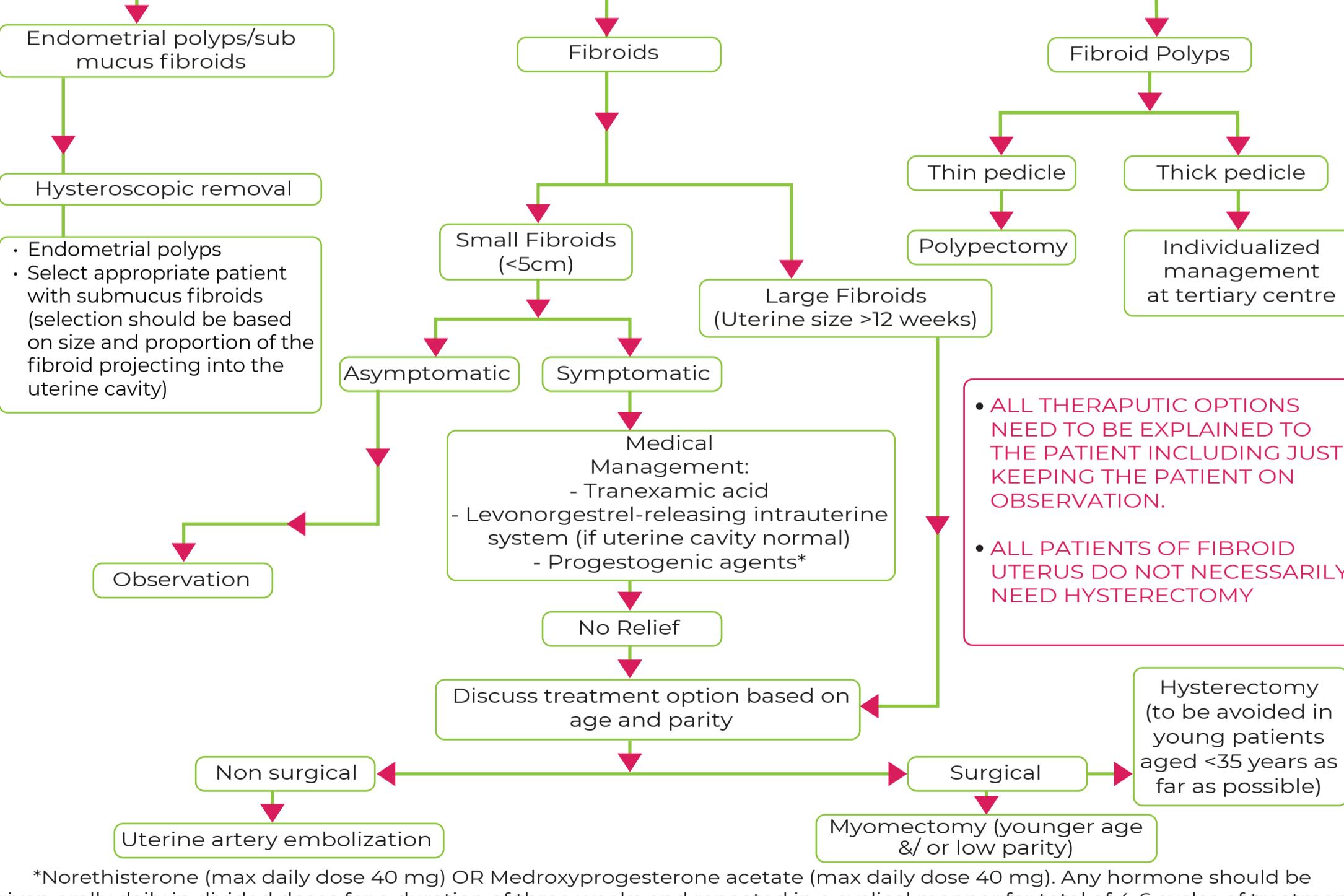
Indications for alternative management strategies

- Patient not desirous of surgery.
- During Pre- operative optimization
- Short term alternative to surgery in perimenopausal women

Counselling + Patient Education

Approximately 80 percent of females will have fibroids in their lifetime. Fibroids are commonest benign uterine tumours and risk of malignancy is very low. Treatments are available for fibroid-related problems like heavy menstrual bleeding, pain or pressure in the pelvis, or problems with pregnancy or infertility. There are chances of recurrence in case of conservative surgical or non-surgical treatments

FIBROIDS & POLYPS



*Norethisterone (max daily dose 40 mg) OR Medroxyprogesterone acetate (max daily dose 40 mg). Any hormone should be given orally daily in divided doses for a duration of three weeks and repeated in a cyclical manner for total of 4-6 cycles of treatment

ABBREVIATIONS

MRI: Magnetic Resonance Imaging

TFT: Thyroid Function Test

USG: Ultra Sonography

REFERENCES

- Vilos GA, et al. Guideline No. 461: Management of Uterine Leiomyomas (Fibroids). Journal of Obstetrics and Gynaecology Canada (JOGC). 2023;45(6):631-652. DOI: 10.1016/j.jogc.2023.01.002
- Lumsden MA, Hamoodi I, Gupta J, et al. Uterine fibroids: current perspectives. International Journal of Women's Health. 2015;7:95-114. DOI: 10.2147/IJWH.S51083
- Munro MG, Critchley HOD, et al. (FIGO). FIGO Working Group on Menstrual Disorders: Medical management of fibroids—Best Practice Recommendations. International Journal of Gynecology & Obstetrics. 2022;157(2):215-229. DOI: 10.1002/ijgo.14056
- Uterine Artery Embolisation in the Management of Fibroids: Clinical Recommendations and Evidence Summary. London: RCOG, 2021.

STRUCTURED DECISION MAKING IN MANAGEMENT OF UTERINE FIBROIDS AND POLYPS SHOULD BE THE NORM

This STW has been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory, and are based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit the website of ICMR for more information: (icmr.gov.in) for more information. ©Indian Council of Medical Research, Ministry of Health & Family Welfare, Government of India