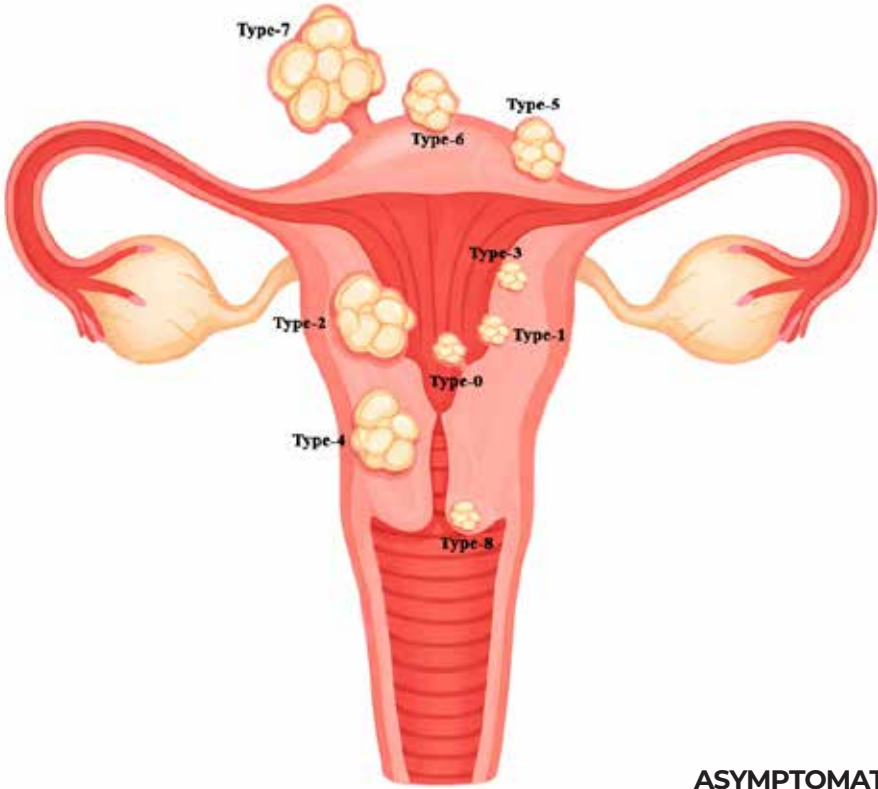


## Standard Treatment Workflow (STW)

# 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

#### FIGO CLASSIFICATION

##### Submucosal Group

- Type0- Pedunculated , intracavitary
- 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

Essential- CBC , Ultrasound

Desirable – TFT

Optional – HIGHER IMAGING LIKE MRI

ASYMPTOMATIC FIBROIDS <5CM DO NOT NEED TO BE TREATED

SUPPORTIVE MEASURES MAY BE REQUIRED

### 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:** Laproscopic 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

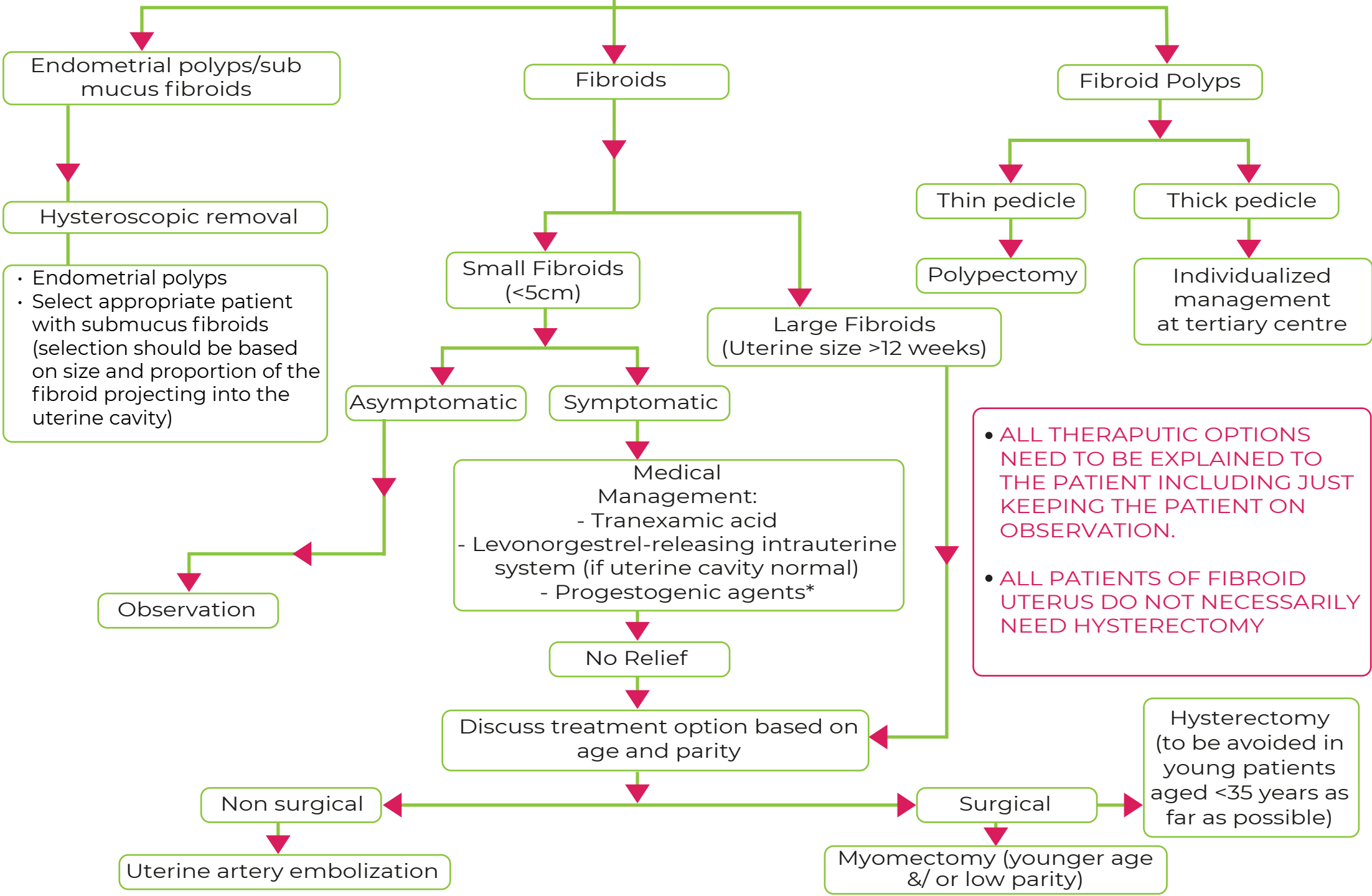
#### Indications for alternative management strategies

- 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



### ABBREVIATIONS

**MRI:** Magnetic Resonance Imaging

**TFT:** Thyroid Function Test

**USG:** Ultra Sonography

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### 👉 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