

6. Findings on ultrasound: Myometrium & fibroids

Dear [Dr ____],

Advice and guidance response pertaining to [Patient name].

Myometrium

A heterogenous appearance may indicate adenomyosis.

It may also indicate the presence of very small fibroids, but this is uncertain and clinically insignificant. Women should not be given a diagnosis of fibroids on this basis.

Ultrasound monitoring is not indicated.

Calcified areas in the myometrium are clinically insignificant in the absence of other pathology. This is more common in post-menopausal women especially within fibroids.

Fibroids

Submucosal fibroids of any size can cause significant non-menstrual bleeding and heavy menstrual bleeding. They may affect fertility and risk of miscarriage. Referral is recommended if symptomatic.

Smaller myometrial fibroids may cause heavy menstrual bleeding due to increased uterine size, but conservative management should still be appropriate.

Fibroids of 3cm or less treat with LNG-IUD as first line management.

Fibroids >3cm USS to be requested to ensure fundal placement.

Larger fibroids are more likely to cause mass effects, non-menstrual pain and heavy menstrual bleeding.

Smaller sub-serosal fibroids rarely cause symptoms.

Pelvic examination to be completed in primary care

Routine Myometrial referrals

- Symptomatic adenomyosis with failed conservative management

Routine Fibroid referrals

- Symptomatic sub-mucous fibroids (urgent if low Hb)
- Symptomatic large fibroids (urgent if low Hb)

Urgent Fibroid referrals

- Large fibroids rapidly increasing in size especially if post-menopausal

Relevant guidance:

<https://www.nice.org.uk/guidance/ng88> (Heavy menstrual bleeding)

If referring back, please state that the referral has already been through Advice and Guidance and include previous correspondence so we don't duplicate advice.

With kind regards,

[Responding clinician name and role]