

Sacs of trouble

Most women develop ovarian cysts and uterine fibroids at some point. What are they and what dangers do they pose?



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Ovarian cysts

These are fluid-filled sacs in the ovaries. Most ovarian cysts are functional cysts that contain clear fluid. They are common and occur in relation to the development of the egg in the ovary during the menstrual cycle. Cysts are formed when there are problems with ovulation or when the egg is not released properly.

Most ovarian cysts will go away on their own. In some cases, some cysts may be persistent or increase in size over time. If there are symptoms of pain or risks of cancer, surgery may be necessary. Tests that can detect ovarian cysts include pelvic examination and imaging tests such as ultrasound scans, computed tomography (CT) scans and magnetic resonance imaging (MRI).

Treatment of ovarian cysts

Treatment options for ovarian cysts vary according to different factors. These include the nature of the symptoms (such as severity of pain), desire for fertility, size of cyst and risk of cancerous changes.

Treatment options include:

- **“Watchful waiting”** is an approach in which repeat tests are performed to observe and monitor changes in the cyst before any intervention decision is made. Tumour marker blood tests such as CA 125 may also be done to monitor the risk of ovarian cancer.
- **Medication** Painkillers may be prescribed to relieve pain caused by ovarian cysts.
- **Hormonal treatment** involves suppression of the menstrual cycle with birth control pills or injections.
- **Surgery:**
 - **Cystectomy** removes ovarian cysts while leaving the ovary intact and conserving a

woman’s childbearing ability. The removed cyst can be tested to determine if it is benign or malignant. The surgery may be performed via laparoscopy (minimally invasive or key-hole method).

- **Oophorectomy** is the surgical removal of one or both ovaries, permanently solving the problem of ovarian cysts. However, the ovary is an important source of hormones, and if early menopause occurs, hormone replacement therapy may be needed.

Uterine fibroids

These are non-cancerous growths in or on the uterine wall. Single or multiple fibroids are commonly found in women during childbearing years. Fibroids are categorised according to their location: subserous fibroids (outer wall), intramural fibroids (inner wall) and submucosal fibroids (protruding into uterine cavity).

Symptoms and diagnosis

Symptoms result from different locations and sizes of the fibroids. Submucosal fibroids that protrude into the cavity of the uterus may cause heavy or prolonged menstrual bleeding (seven days or longer).

Large subserous fibroids or intramural fibroids may exert pressure on the pelvis and cause bloating or pain. Fibroids close to the bladder may lead to frequent urination or difficulty urinating. Fibroids at the back of the uterus and near the bowels may cause constipation.

Some women, though, may not experience any symptoms. Uterine fibroids are often discovered incidentally during a physical examination when a large abdominal mass is detected.

Treatment of uterine fibroids

Similar to ovarian cysts, treatment options for uterine fibroids depend on factors including nature of symptoms (such as severity of pain or menstrual flow), desire for fertility, size of fibroid and risk of cancerous changes.

Treatment options include:

- **Observation of fibroids** Ultrasound scan is useful to diagnose and monitor the size of fibroids.
- **Medication** may be prescribed to relieve menstrual pain and reduce heavy periods caused by fibroids.
- **Surgery**
 - **Myomectomy** removes uterine fibroids via laparoscopy or laparotomy (open-abdominal approach). Only the fibroids are ablated while the uterus is left in place to allow for future pregnancy. This implicates a risk of recurrence.
 - **Hysterectomy** permanently removes the uterus along with the fibroids problem, ending a woman’s ability to bear children. The procedure may also be performed via laparoscopy or laparotomy.

