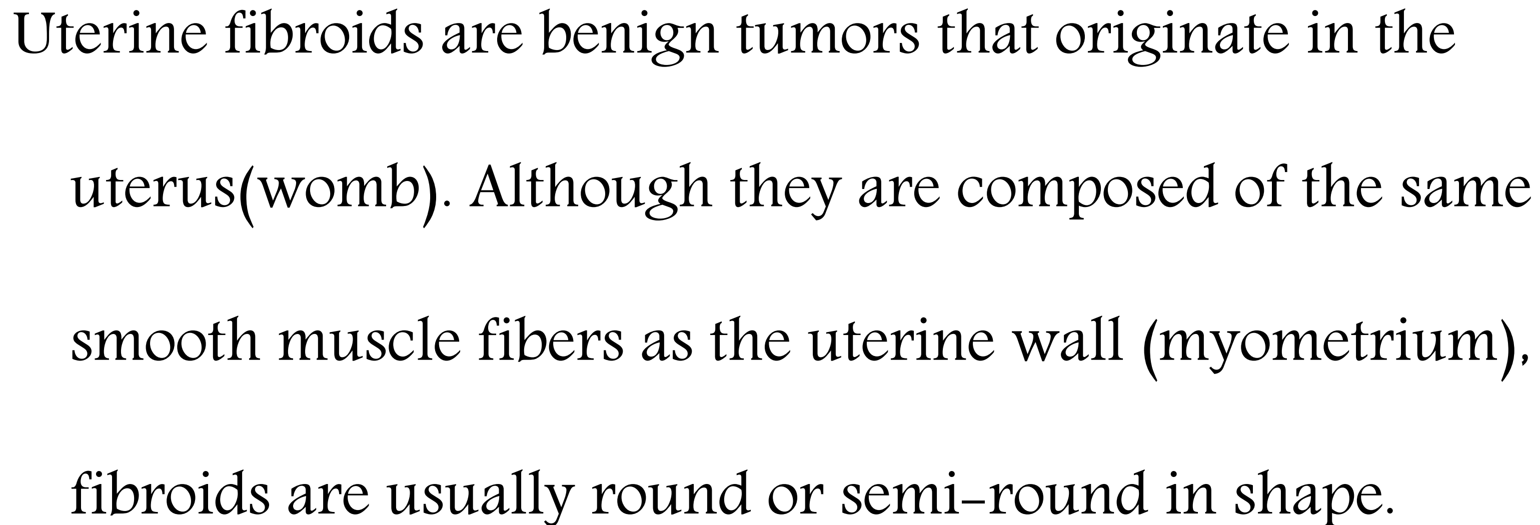
- بسم الله الرحمن الرحيم
- *Uterine fibroid (lieomayomas)*
- *Prepared by :Marium Hussein*
- *Obstetric &gynecological nursing*

Objective

- By the of this lecture the student will be able to :
- Define the uterine fibroid
- Classification of fibroid
- Nursing management
- Nursing diagnosis

Definition


Uterine fibroids are benign tumors that originate in the uterus(womb). Although they are composed of the same smooth muscle fibers as the uterine wall (myometrium), fibroids are usually round or semi-round in shape.

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Incidence

They are the most common pelvic tumors

It is found in 25% of white women & 50% of black women

- more common in nulliparous women and those having one child, the prevalence is highest between 35-45 years.about 20%develop fibroid by the age of (30) most remain. asymptomatic

Growth of tumours

- Fibroids are estrogen-dependent and it show following characteristics.
- Growth is limited during childbearing period.
- Tumors do not occur before menarch.
- Cessation of growth is seen following menopause.
- More common in nulliprae (high progesterone)

ETIOLOGY

- Cause unknown.
- Estrogens➡ no evidence that it is a causative factor , it has been implicated in growth of myomas.
- Myomas may increase in size with estrogen therapy & in pregnancy & decrease after menopause
- They are not detectable before puberty.
- There may be genetic predisposing factor.

Types:

- **A-Sub mucous-** when it is situated immediately under the surface of the endometrial (decidua).
- **B-Sub serous** When it is under the serous coat of the uterus (peritoneal cavity).
- C-**Intramural** – a fibroid confined to the myometrium
- (muscular wall of the uterus).

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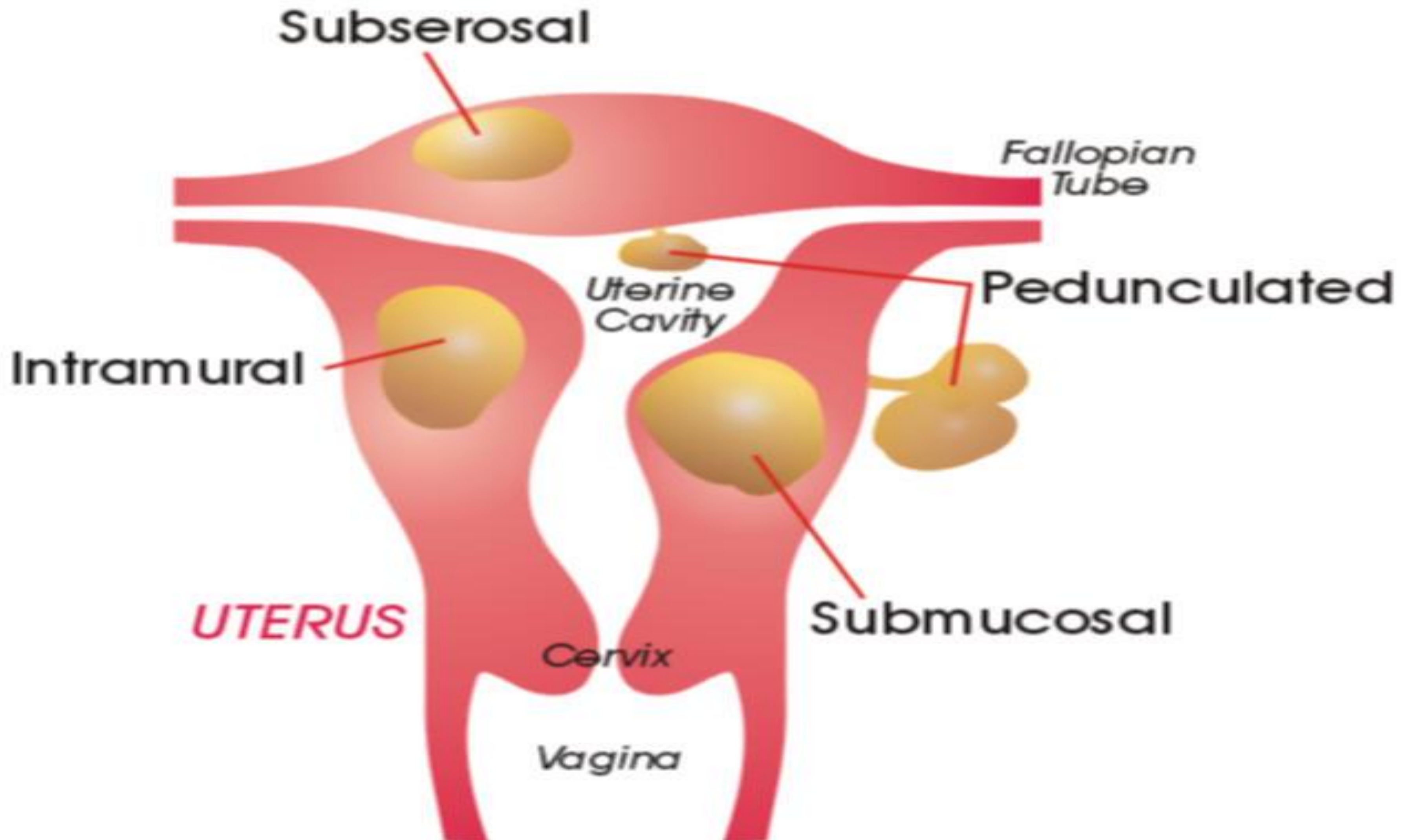
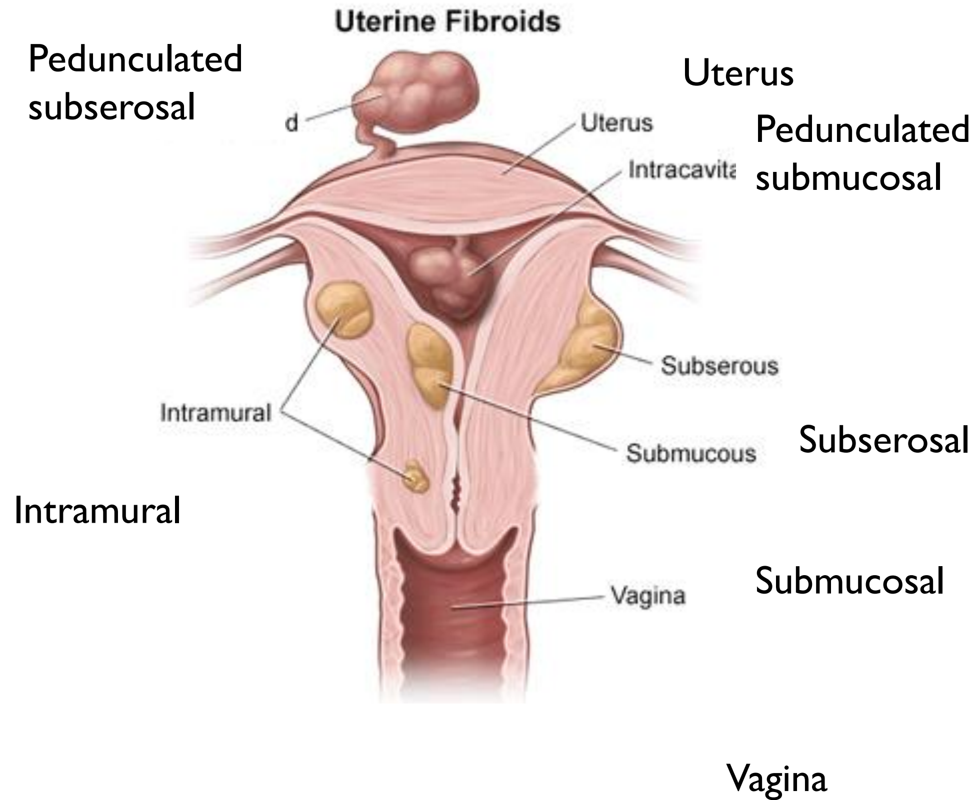
- D_ **intraligamentous** arise from broad ligament without uterine attachment
- E_ **cervical** arise from smooth muscles of the cervix

Uterine Fibroids



Anatomic Locations



Symptoms

- **Excessive menstrual bleeding (heavy bleeding anemia)**
- **Pain (Pelvic discomfort)**
- **Heaviness in lower abdomen.**
- **Infertility (difficulty getting or staying pregnant)**
- **Compressive symptoms (rectum, bladder)**
  - Painful or difficult bowel movements
  - Frequent urination.
  - Metrorrhagia.
  - Dysmenorrhea.

Investigations

- Ultrasound—to define the location, the dimensions and the consistency.
- Laparoscopy.
- Hysteroscopy.

Effect on pregnancy, labour & puerperium

- Depends on the site of the uterus whether it is in the lower 0r upper segment and layers of uterus they occupy.
- Sub fertility.
- Abortion.
- PPH.
- Malpresentation.
- Obstructed labor.
- Poor uterine contraction.
- Sub involution and prolonged red lochia.

Treatment

- the goal of management are to reduce the symptoms and reduce the size of fibroid
- If small and asymptomatic, conservative management.
- annual examination and ultrasound.
- .This is used in women over 40 because fibroids do not grow after menopause and may shrink• Pain—requires analgesia.,

cont

- There are many ways of managing uterine fibroids.
- Surgery is necessary if there is suspicion of

  malignancy in any case of leiomyoma or uterine mass.

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- Some treatments have involved boring holes into the fibroid with laser fibers, freezing probes (cryosurgery)
- other destructive techniques that do not actually remove the tissue but try to destroy it in place.

cont

- GnRH agonists
- –(anti progestin druge) that can shrink fibroids blocks endometrial proliferation, shrinks myometrium, and reduces leiomyoma volume
  - **Causes mood changes ,hot flashes , vaginal dry ness and bone loss ,depression**
  - **Short courses, used primarily for pre-surgical shrinkage of liomayomas**

- **Mifepristone– progesterone receptor antagonist**
  - **Still experimental, shown to reduce volume by 50% over 3 months .**
  - **Long term of mifepristone can increase the risk of endometrial malignancy.**

cont

- Uterine artery embolism UAE (alcohol are injected into selected blood vessels via a catheter to block circulation to the fibroid, causing shrinking and resolution of symptom within 3 months •
- - Management in pregnancy is conservative The aim should be to secure a vaginal delivery.

  - Menstrual or pressure symptoms may dictate surgery.
- Heavier and longer periods with anemia are the commonest indication for proceeding to surgery.

Surgical treatment

- Possible surgical interventions include:

- **Hysterectomy** which is the removal of the uterus (and the fibroids with it). In elder women
- **Myomectomy** is the selective removal of just the fibroids within the uterus. (not complete her family)
- Myomectomy can be done through a laparoscope or with the standard open incision on the abdominal wall

Factor be considered prior Myomectomy:

- -it should be done mainly to preserve the reproductive function.
- -is a risky operation when the fibroid is too big and to many.
- There is a chance of recurrence .
- There is a chance of menorrhagia.
- Pregnancy rate is about 40-60%.
- Pregnancy following Myomectomy should have a mandatory hospital delivery.

SECONDARY CHANGES

1-BENIGN Degeneration:

Red degeneration

- **due to Poor internal blood and lymphatic supply(ischaema)**
- **Commonly occurs during pregnancy**
- **Edema & hypertrophy ➡impede blood supply ➡aseptic degeneration & infarction with venous thrombosis & hemorrhage**

Cont

- **Painful but self-limiting**
- **May result in preterm labor & rarely DIC**

2-MALIGNANT TRANSFORMATION

- **Transformation to leiomyosarcomas occurs in 0.1-0.5%**

Complicating

- Abnormal uterine bleeding
- Pain
- Infertility
- Infection
- Malignant transformation

Nursing process

- Assessment:-

-dysfunctional uterine bleeding.

-pain in abdomen.

-anemia.

-enlarge ment of uterus.

-prolapse.

-infertility.

- ***Nursing diagnosis***

Nursing Diagnosis

- **1- Acute Pain** related to inflammation due to the addition of mass in the uterus.

- GAOL :Pain can be reduced or lost

Interventions

- Give a sitting position while hugging a pillow or a position in the sense of comfort by the client
- 4. Give instruction in relaxation techniques and deep breathing techniques
- 5. Encourage clients to use a warm compress
- 6. Collaboration in the delivery of analgesics as indicated when necessary.
- 7. Provide information about the use of analgesics that are prescribed or not prescribed

- **2--Low Self-Esteem related to by Concerns** about inability to have children,, effect on sexual relationship **evidenced** depression.
- Goal :
- -Accepting self and adapting to change.-

Interventions

- \- Provide accurate information, reinforcing information previously given.. - Helpful to build on strengths already available for patient to use in coping with current situation.
  \- Provide open environment for patient to discuss concerns about sexuality.

cont

- Note withdrawn behavior, negative self-talk, use of denial, or over concern with actual and/or perceived changes.

  - Refer to professional counseling as necessary.

- - Discuss patient's perceptions of self related to anticipated changes and her specific lifestyle

- 3- Impaired Urinary Elimination **related to** Mechanical trauma, surgical manipulation, **evidenced by Sensation** of bladder fullness, urgency Small, frequent voiding or absence of urinary output, Overflow incontinence, Bladder distension

- **Goal :**

- To maintain normal urination.

Interventions

- Note voiding pattern and monitor urinary output. May indicate urinary retention if voiding frequently in small and insufficient amounts .

  - Reports of discomfort, fullness, inability to void.. - Provide routine voiding measures: privacy, normal position, running water in sink, pouring warm water over perineum.

  -

Cont

- Promotes relaxation of preianeal muscles and may facilitate voiding efforts.

  -Provide and encourage good preianeal cleansing and catheter care (when present).

cont

- -Assess urine characteristics, noting color, clarity, odor..

  - Catheterize when indicated or per protocol if patient is unable to void or is uncomfortable.

  -Decompress bladder slowly. Maintain patency of indwelling catheter; keep drainage tubing free of kinks.

  - Promotes free drainage of urine, reducing risk of urinary stasis and retention and infection.

  - Check residual urine volume after voiding as indicated.

- 4- Risk for Ineffective Tissue Perfusion R\T blood loss.

- Goal:
- -maintaining adequate tissue perfusion.

- - Monitor vital signs; palpate peripheral pulses; assess urinary output and characteristics.

  -Evaluate changes in mentation.

  -Inspect dressings and preianeal pads, noting color, amount, and odor of drainage.

  - Weigh pads and compare with dry weight if patient is bleeding heavily.

  -Turn patient and encourage frequent coughing and deep-breathing exercises .

- -Avoid high-Fowler's position and pressure under the knees or crossing of legs.
  - Assist and instruct in foot and leg exercises and ambulate as soon as able.
- - Administer IV fluids, blood products as indicated. Replacement of blood losses maintains.
- Apply anti-embolism stockings Assist with or encourage use of incentive spirometer.

cont

- 5 -Risk for constipation R\T disease process.
- Goal:
- -Improving bowel elimination;
- Interventions :
- -encourage adequate fluid intake .
- -provide sitz bath.
- -provide routine toilette sitting.
- -administer medication such as stool softeners ,laxative as prescribed.

cont

- 6 - Deficient knowledge regarding condition, prognosis, treatment and self care.
- Goal:
- -improving under standing of condition and potential complication.

- **Interventions** :
- -Review effects of surgical procedure.
- Discuss resumption of activity (light activity , rest periods , exercises as tolerated).
- Discuss complexity of problems during recovery (sadness ,depression , fatigue ,sleep disturbance).

cont

- Discuss dietary modification.
- Identify individual restrictions (heavy lifting ,staining at stool , prolonged sitting).
- Review hormone replacement therapy when used.
- Review incision care when appropriate.
- Stress importance of follow –up care.

- *Thanks for your attention*