

Uterine Fibroids

Uterine fibroids are benign (not cancer) growths in the uterus. They are the most common type of growth found in a woman's pelvis. They occur in about 20–25% of all women. Many women who have fibroids are not aware of them because the growths can remain small and not cause symptoms. Fibroids can cause problems because of their size, number, and location. Like any growth, fibroids should be checked by a doctor.

This pamphlet will explain:

- Types of fibroids
- Symptoms
- Diagnosis and treatment

If you have uterine fibroids or have had them in the past, you should be checked by your doctor on a regular basis.



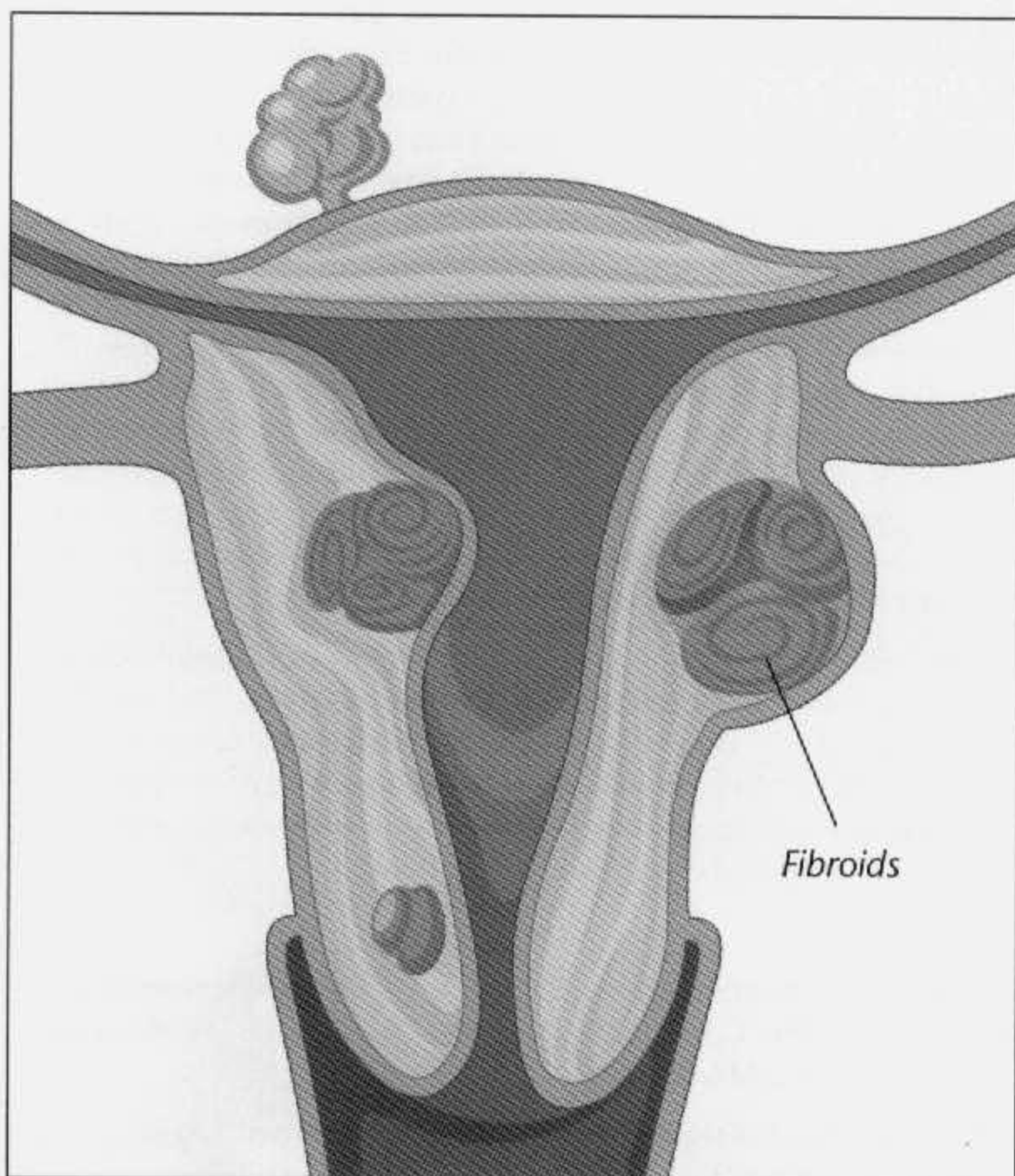
Types of Fibroids

Uterine fibroids are growths that develop from the cells that make up the muscle of the uterus. They are also called leiomyomas or myomas.

The size, shape, and location of fibroids can vary greatly. They may appear inside the uterus, on its outer surface, within its wall, or attached to it by a stemlike structure.

Fibroids can range in size from small, pea-sized growths to large, round ones that may be more than 5–6 inches wide. As they grow, they can distort the inside as well as the outside of the uterus. Sometimes fibroids grow large enough to completely fill the pelvis or abdomen.

A woman may have only one fibroid or many of varying sizes. Whether they will occur singly or in groups is hard to predict. They may remain very small for a long time, suddenly grow rapidly, or grow slowly over a number of years. Because it is hard to predict their growth, fibroids can be hard to treat.



Fibroids may appear on stemlike structures or be attached directly to the inside or outside of the uterus.

Causes

Fibroids are most common in women aged 30–40, but they can occur at any age. Fibroids occur more often in black women than in white women. They also seem to occur at a younger age in black women and to grow more quickly.

Although fibroids are quite common, little is known about what causes them. The female hormone estrogen seems to increase their growth. The levels of estrogen in the body can rise or fall based on natural events. For instance, pregnancy causes an increase in estrogen and menopause causes a decrease. Medications also may cause a change in estrogen levels.

Symptoms

Most fibroids, even large ones, produce no symptoms at all. When symptoms occur, they often include:

- Changes in menstruation
 - More bleeding
 - Longer or more frequent periods
 - Menstrual pain (cramps)
 - Vaginal bleeding at times other than menstruation
 - Anemia (from blood loss)
- Pain
 - In the abdomen or lower back (often dull, heavy and aching, but may be sharp)
 - During sex
- Pressure
 - Difficulty urinating or frequent urination
 - Constipation, rectal pain, or difficult bowel movements
 - Abdominal cramps
- Miscarriages and infertility

These symptoms also may be signs of other problems. Therefore, you should see your doctor if you have any symptoms.

Diagnosis

During a routine pelvic exam, the first signs of fibroids can be found. There are a number of tests that may show more information about fibroids:

- **Ultrasound** uses sound waves to create a picture of the uterus or of the pelvic organs.
- **Hysteroscopy** uses a slender device (the hysteroscope) to help the doctor see the inside of the uterus. It is inserted through the vagina and cervix (opening of the uterus). This permits the doctor to see some fibroids inside the uterine cavity.
- **Hysterosalpingography (HSG)** is a special X-ray test. It may detect abnormal changes in the size and shape of the uterus and fallopian tubes.
- **Laparoscopy** uses a slender device (the laparoscope) to help the doctor see the inside of the abdomen. It is inserted through a small cut just below or through the navel. The doctor can see fibroids on the outside of the uterus and some inside the uterine wall with the laparoscope.

Imaging tests, such as magnetic resonance imaging (MRI) and computed tomography (CT) scans,

may be used but are rarely needed. Sometimes fibroids are found when these or other procedures are used to check some other medical problem or symptoms. Some of these tests may be helpful in checking on the growth of the fibroid over time.

Complications

Although most fibroids do not cause problems, there can be complications. Fibroids that are attached to the uterus by a stem may twist. This can cause pain, nausea, or fever. Fibroids may become infected. In most cases, this happens only when there is an infection already in the area. In very rare cases, very rapid growth of the fibroid and other symptoms may signal cancer.

A very large fibroid may cause swelling of the abdomen. This can make it hard to do a thorough pelvic exam.

Fibroids also may cause infertility. Other factors should be explored before fibroids are called the cause of a couple's infertility. When fibroids are thought to be a cause, many women are able to become pregnant after they are treated.

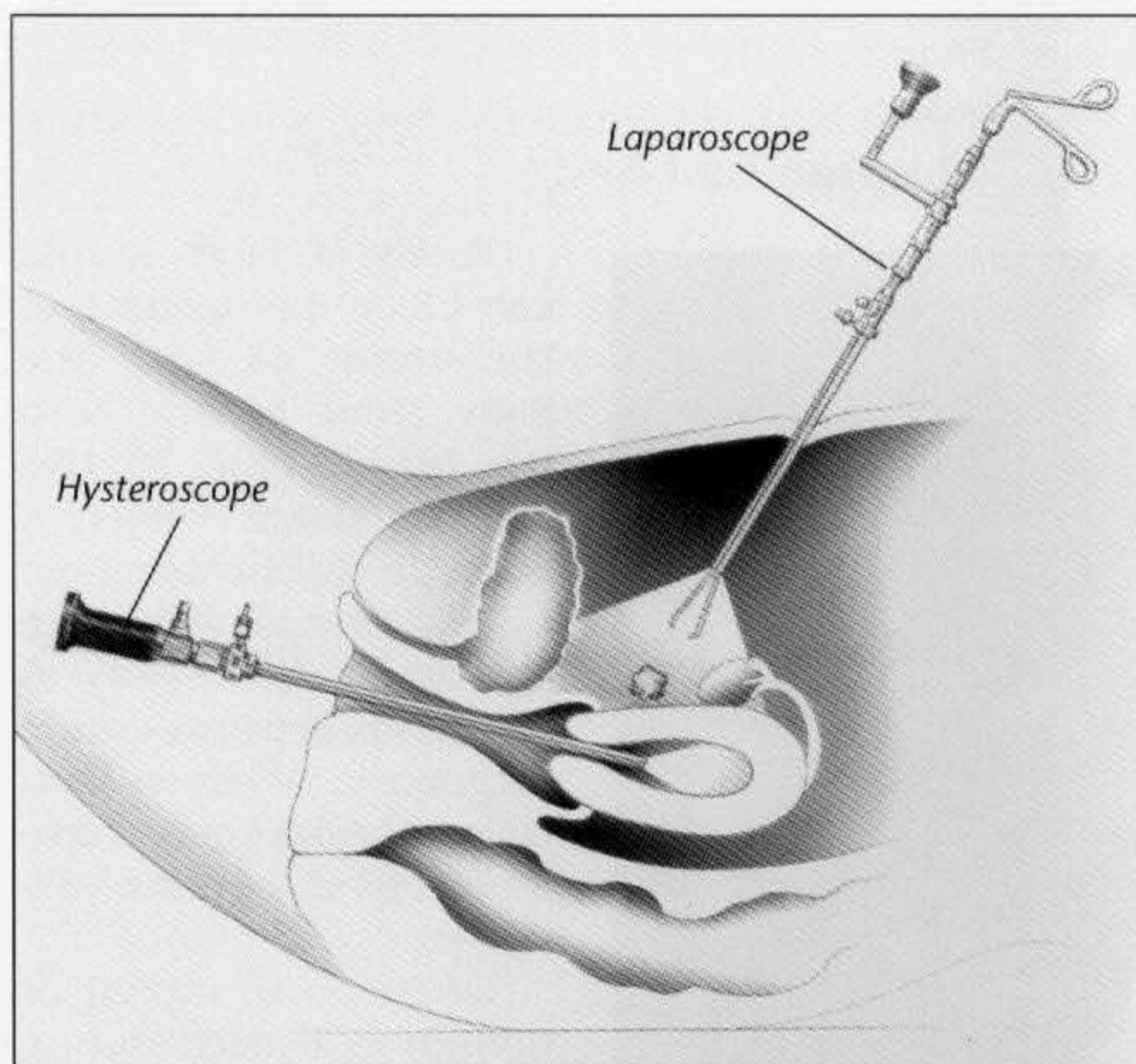
Treatment

Fibroids that do not cause symptoms, are small, or occur in a woman nearing menopause often do not require treatment. Certain signs and symptoms, though, may signal the need for treatment:

- Heavy or painful menstrual periods
- Bleeding between periods
- Uncertainty whether the growth is a fibroid or another type of tumor, such as an ovarian tumor
- Rapid increase in growth of the fibroid
- Infertility
- Pelvic pain

If you have fibroids or have had them in the past, make sure to have regular checkups. If you have symptoms of fibroids, see your doctor right away. There is no need to limit your sexual activity unless the fibroids cause pain during sex.

Fibroids may be treated by removing them with surgery. Drugs, such as gonadotropin-releasing



Laparoscopy or hysteroscopy may be used to diagnose fibroids. They are sometimes performed together.

hormone (GnRH) agonists, may be used to shrink fibroids temporarily and to control bleeding to prepare for surgery.

The fibroids may be removed with myomectomy or hysterectomy. The choice of treatment depends on factors such as your own wishes and medical advice about the size and location of the fibroids.

Myomectomy

Myomectomy is the surgical removal of fibroids, leaving the uterus in place. Because a woman keeps her uterus, she may still be able to have children. If a woman does become pregnant after a myomectomy, she may need to have a cesarean delivery (the baby is born through a surgical cut made in the mother's abdomen and uterus). Sometimes, though, a myomectomy causes internal scarring that can lead to infertility.

Fibroids may develop again, even after the procedure. If they do, more surgery is needed in 20–40% of cases.

Myomectomy may be done in a number of ways:

- **Laparotomy**
- Laparoscopy
- Hysteroscopy

The method used depends on the location and size of the fibroids. For a laparotomy, an incision (cut) is made in the abdomen. The fibroids then are removed through the incision. Fibroids also can be removed through the laparoscope that is used to view the inside of the abdomen.

Hysteroscopy can be used to remove fibroids that protrude into the cavity of the uterus. The fibroids may be removed with a **resectoscope**, a tiny wire loop that uses electric power, or with a laser. Either of these instruments can be inserted through the hysteroscope. Although it cannot remove fibroids deep in the walls of the uterus, it often can control the bleeding these fibroids cause. This type of treatment is often done with pain relief, but you may not need to stay in the hospital.

Hysterectomy

Hysterectomy is the removal of the uterus. The ovaries may or may not be removed. It depends on other factors. Hysterectomy may be needed if:

- Pain or abnormal bleeding persists
- Fibroids are very large
- Other treatments are not possible
- A woman no longer wants children

If your doctor thinks you need a hysterectomy, he or she will first rule out other problems with the uterus, such as diseases of the endometrium (the lining of the uterus).

Uterine Fibroids and Pregnancy

A small number of pregnant women have uterine fibroids. If you are pregnant and have fibroids, they likely won't cause problems for you or your baby.

During pregnancy, fibroids may increase in size. Most of this growth occurs from blood flowing to the uterus. Coupled with the extra demands placed on the body by pregnancy, growth of fibroids may cause discomfort, feelings of pressure, or pain. Fibroids decrease in size after pregnancy in most cases.

Fibroids can increase the risk of:

- Miscarriage (in which the pregnancy ends before 20 weeks)
- Preterm birth
- Breech birth (in which the baby is in a position other than head down)



Rarely, a large fibroid can block the opening of the uterus or keep the baby from passing into the birth canal. In this case, a cesarean delivery is done. In most cases, even a large fibroid will move out of the fetus's way as the uterus expands during pregnancy. Women with large fibroids may have more blood loss after delivery.

Often no treatment of fibroids is needed during pregnancy. If you are having symptoms such as pain or discomfort, your

doctor may prescribe rest. Sometimes a pregnant woman with fibroids will need to stay in the hospital for a time because of pain, bleeding, or threatened preterm labor. Very rarely, myomectomy may be performed in a pregnant woman. Cesarean birth may be needed after myomectomy.

Finally...

Uterine fibroids are benign growths that occur quite often in women. About one in four or five women over age 35 has them. Fibroids may cause no symptoms and require no treatment.

If you have uterine fibroids or have had them in the past, you should be checked by your doctor on a regular basis. Getting regular checkups and being alert to warning signs will help you be aware of changes that may require treatment.

Glossary

Hysterosalpingography (HSG): A special X-ray procedure in which a small amount of fluid is injected into the uterus and fallopian tubes to detect abnormal changes in their size and shape or to determine whether the tubes are blocked.

Hysteroscopy: A surgical procedure in which a slender, light-transmitting telescope, the hysteroscope, is used to view the inside of the uterus or perform surgery.

Laparoscopy: A surgical procedure in which a slender, light-transmitting telescope, the laparoscope, is used to view the pelvic organs or perform surgery.

Laparotomy: A surgical procedure in which an incision is made in the abdomen.

Resectoscope: A slender telescope with an electrical wire loop or rollerball tip used to remove or destroy tissue inside the uterus.

Ultrasound: A test in which sound waves are used to examine internal structures. During pregnancy, it can be used to examine the fetus.

Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.