NWHRC Fast Facts FOR YOUR HEALTH

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Uterine Fibroids

As many as three out of four women have fibroids. These growths originate in the wall or lining of the uterus. Although fibroids are sometimes referred to as "tumors," they are noncancerous. While fibroids can cause pain or bleeding, often they don't cause any symptoms, and most women with fibroids don't know they have them. Large fibroids and multiple fibroids are more likely to cause symptoms, which may be mild, moderate or severe.

Fibroid Basics

What causes fibroids is unknown, though estrogen is known to influence their growth. That's why fibroids tend to develop during the childbearing years and then shrink with menopause. Your risk for developing fibroids is greatest if you are in your 30s or 40s, if you are African-American, and/or if you have a family history of fibroids.

Types of Fibroids

Fibroids are mostly muscle cells that grow as a single lump or cluster of lumps attached to the uterine wall. They can range in size from less than one inch to the size of a grapefruit. Fibroids are classified according to their location in the uterus. Types of fibroids are:

- **Submucosal:** These grow just under the uterine lining into the uterine cavity. They can cause bleeding, pain and infertility.
- **Intramural:** This type of fibroid is the most common and grows between the muscles of the uterine wall. These fibroids usually cause feelings of pressure and, less often, heavy menstruation.
- **Subserosal:** These grow from the uterine wall to the outside of the uterus. They can push on other organs, such as the bladder, bowel or intestine, causing abdominal bloating, pressure, cramps or pain.

Some fibroids grow on "stalks" or "pedicles" sticking out from the uterus or into the uterine cavity. If the stalks twist, they can cause pain and nausea as the tissue degenerates, or fever, if they become infected.

Other possible symptoms associated with fibroids include:

- frequent urination
- constipation
- pain during sex
- lower back pain.

Large fibroids increase the risk of miscarriage and complications during pregnancy.

Many of these symptoms can occur with more serious conditions, such as gynecologic cancers, so it is important to have your symptoms evaluated promptly.

Diagnosing Fibroids

Your health care professional may be able to feel fibroids during your routine pelvic exam, which all women should have yearly.

If you are experiencing symptoms, your health care professional may order tests to better understand what's causing them and how best to treat them. Diagnostic tests could include ultrasound, CT and MRI scans that display images of the inside of your uterus. Another test called a hysterosalpingography that uses dye to create x-ray images of your uterus also may be recommended.

Your health care professional may need to examine the inside of the uterus directly. There are several techniques available:

- **Hysteroscopy** uses a small telescope inserted through the vagina and cervix to view the uterus after it has been expanded with a liquid or gas.
- **Hysterosonography** uses an ultrasound probe to obtain images inside the uterus.
- **Laparoscopy** uses a camera on a fiber-optic device threaded through a small abdominal incision to view the uterus, ovaries and fallopian tubes.

Your doctor may also remove cells from the lining of your uterus for laboratory analysis to look for other causes of abnormal bleeding—uterine cancer, for example.

Treatment Options for Fibroids

Treatment options for fibroids depend on how severe your symptoms are, your age, whether or not you wish to preserve your ability to have children and your concern about treatment side effects. If your fibroids aren't causing any symptoms, they won't require treatment.

You may choose to follow a "watch and wait" approach, especially if your symptoms are mild to moderate and/or you are nearing menopause, when fibroid-related symptoms tend to subside. Your health care professional would monitor the fibroids' growth during regular office visits. Many women choose this option.

Mild pain caused by fibroids often can be treated with over-the-counter anti-

Questions to Ask Your Health Care Professional

1. Do fibroids always need to be treated?
2. What are my treatment options and their benefits and risks?
3. Can I avoid a hysterectomy?
4. Will I still be able to have children after this treatment?
5. How long is the recovery period for the treatment you're recommending?
6. Will my insurance cover this treatment?

inflammatory drugs such as ibuprofen, other painkillers such as acetaminophen or even a prescription pain-reliever.

If your symptoms affect your quality of life, however, hormone therapy and medications may be options to consider.

Medications

Hormone-blocking medications may help relieve symptoms. These include:

- **Gonadotropin-releasing hormone** (GnRH agonists) is a class of hormones that temporarily shrinks fibroids by blocking estrogen production. GnRH agonists include leuprolide (Lupron), nafarelin nasal (Synarel) and goserelin (Zoladex). This medication is mainly used in women close to menopause or to shrink fibroids before surgery, to make them easier to remove. GnRH agonists are a short-term treatment. By blocking estrogen production, the therapy triggers menopausal changes. These symptoms can include hot flashes, vaginal dryness and temporary bone loss. Treatment typically lasts three to six months. Hormone therapy—low doses of estrogen and progesterone—are typically combined with GnRH agonists to lengthen therapy and to alleviate symptoms. Once the GnRH agonists are discontinued, fibroids usually grow back to near pre-treatment size or larger within several months.
- **Mifepristone** blocks progesterone and **raloxifene** blocks estrogen. Both have shown promise in shrinking fibroids, but further studies are needed to evaluate their effectiveness.
- **Oral contraceptives** can help to control heavy bleeding sometimes caused by fibroids, but cannot shrink fibroids.

Surgeries & Procedures

- **Hysterectomy.** In the past, the most common treatment for fibroids was hysterectomy, which is the surgical removal of the uterus. While hysterectomy is the only proven permanent solution, it also has some drawbacks. After hysterectomy, you no longer can have children. It is invasive surgery that requires from two to six weeks of recovery depending on the type of surgery performed. Though major complications from hysterectomy are considered rare, side effects ranging from urinary tract infections to changes in sexual desire are possible; they may be only temporary concerns or longer-lasting health issues.
- **Myomectomy.** This surgical procedure, which can be performed several different ways, removes just the fibroids, leaving the uterus intact. It's a good option if you want to maintain your fertility, but the fibroids may eventually recur. Risks involve those of any surgery, such as infection or complications from anesthesia. Post-operative adhesions—scar tissue—also are a risk. They may involve the bowel adhering to the uterus or may involve tubes and ovaries, which could cause pain, impair fertility or both.

Other treatment strategies:

- **Uterine artery embolization (UAE).** One of the newest, non-surgical methods of treating fibroids, UAE works by cutting the blood supply to the arteries that feed the fibroids. This procedure, though effective, is still under study. It can affect fertility. Risks include early menopause, particularly among perimenopausal women, and infection that could require emergency surgery.
- **Myolysis.** Another experimental procedure, myolysis is a laparoscopic procedure that involves using lasers, electrical current or freezing (cryomyolysis) to destroy fibroids. It is only recommended for fibroids of a certain size and generally is not used for women who want to have children in the future.

Ask your health care professional to explain your treatment options with your age and personal medical history in mind. Be sure to ask about the benefits and risks of any option recommended.

Resources

Centre for Menstrual Cycle and Ovulation Research (CeMCOR)
604-875-5927
www.cemcor.ubc.ca
Distributes information about life cycle changes from adolescence to menopause.

National Uterine Fibroids Foundation
1-800-874-7247
www.nuff.org
Provides education on the care and treatment of women with fibroids and related conditions.

"Your Guide to Uterine Health"
National Women's Health Resource Center
1-877-986-9472
www.healthywomen.org
This guide covers a variety of uterine health issues, including fibroids. Also available online.

Hysterectomy Educational Resources and Services (HERS) Foundation
1-888-750-4377
610-667-7757
www.hersfoundation.com
Provides information about hysterectomies and alternative treatments.

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