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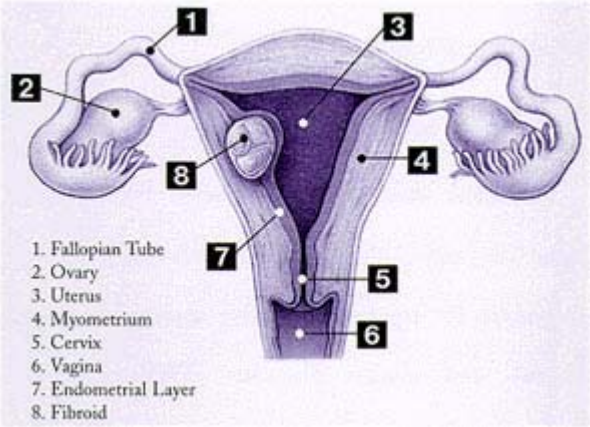
Uterine Fibroids



WHAT ARE UTERINE FIBROIDS?
Fibroids are common benign, non-cancerous tumors which arise within the muscle of the uterus forming round masses. Some women have single fibroids as large as a football, others have multiple (up to 20 or more) which vary in size from a peanut to golf balls and larger.

Fibroids are named according to their position in relation to the uterine muscle and cavity.

WHAT PROBLEMS DO FIBROIDS CAUSE?
Most fibroids do not cause any symptoms and do not require treatment other than regular observation by a physician. Fibroids may be discovered during routine gynecologic examination or during prenatal care. Some women who have uterine fibroids may experience symptoms such as excessive or painful bleeding during menstruation, bleeding between periods, a feeling of fullness in the lower abdomen, frequent urination resulting from a fibroid that compresses the bladder, pain during sexual intercourse, or low back pain.

NO SYMPTOMS: Most fibroids up to the size of an orange (12 weeks pregnancy) cause no symptoms. Their mere presence is not a reason to treat them.

SUBMUCUS: They protrude into the uterine cavity and cause menstrual cramps, heavy periods, and occasionally infertility and repeated miscarriages. The diagnosis is made by hysterosonography or hysteroscopy, and treated by hysteroscopic removal.

INTRAMURAL: These fibroids are within the muscle of the uterus and can be very large. Because they enlarge the cavity of the uterus they can also cause heavy periods. The most common problem is PRESSURE symptoms on the bladder and rectum.

SUBSEROUS: These are external to the uterine muscle and are connected by a thin stalk. They are the least likely to be symptomatic and rarely need removal. TORSION (twisting) is a very rare complication.

DEGENERATION: Rarely there is liquefaction and bleeding within the center causing pain and fever. Infection may also occur.

Q. WHAT CAUSES FIBROIDS?
A. The factors that initiate fibroid growth are not known. They are very common, occurring in 20% of women.

Q. ARE FIBROIDS CANCEROUS?
A. No

Q. WHO IS AT RISK FOR UTERINE FIBROIDS?
A. No risk factors have been found for uterine fibroids other than being a female of reproductive age and African women.

FIBROIDS AND INFERTILITY, MISCARRIAGE
This is rarely a cause of infertility. Only submucus fibroids cause repeated miscarriages. Large intramural fibroids may be the cause of longstanding infertility if all other causes have been excluded.

TREATMENT
Until very recently, a woman with growing uterine fibroids was considered a candidate for hysterectomy (removal of the uterus). However, treatment by hysterectomy in a woman of reproductive age means that she will no longer be able to bear children and hysterectomy may have other effects, both physical and psychological, as well. A woman considering hysterectomy should discuss the pros and cons thoroughly with her physicians.

More and more, physicians are beginning to realize that uterine fibroids may not require any intervention or, at most, limited treatment. For a woman with uterine fibroids that are not symptomatic the best therapy may be watchful waiting. Some women never exhibit any symptoms nor have any problems associated with fibroids, in which case no treatment is necessary. For women who experience occasional pelvic pain or discomfort, a mild, over-the counter anti-inflammatory or painkilling drug often will be effective. More bothersome cases may require stronger drugs available by prescription.

NONSURGICAL: Fibroids shrink at the menopause to 50% of their size but never go away. GnRH agonists e.g. Lupron®, Synarel®, Buserelin® are medications given by injection or nasal spray that create a temporary menopause allowing shrinkage. However, once medication is stopped, the fibroid will grow back to its original size. Therefore long-term treatment is not indicated as these drugs cause severe menopausal symptoms and osteoporosis. They are used for 1-3 months before surgery to reduce the blood loss of surgery.

SURGICAL: The treatment for removing the fibroids from the uterine muscle is known as MYOMECTOMY. This operation is traditionally done through a LAPAROTOMY via a 'bikini' or 'up and down' incision. When the fibroids are less than 5 and less than 18 weeks size LAPAROSCOPIC myomectomy can be performed. There are fewer doctors who can perform this than by laparotomy as the need to accurately suture the muscle laparoscopically is a difficult skill. These procedures may be recommended in a woman who desires future pregnancies. After myomectomy your physician may recommend a C-section for future deliveries as some uterine incisions may rupture during labor.

HYSTEROSCOPIC MYOMECTOMY: Submucus fibroids are removed by inserting a hysteroscope through the cervix and an electrical loop is used to remove the protruding fibroid. This is rapid and effective surgery without the need of laparoscopy. Estrogen is sometimes used after surgery to promote uterine lining regrowth. Uterine artery embolization and laser treatments may be offered in certain situations to reduce the risks associated with major surgery, and to retain the uterus for possible future fertility

HYSTERECTOMY: If a woman is done with her childbearing this may be the safest and most effective treatment option. Fibroids remain the most common reason for hysterectomy in the United States today. Depending on the size, location of fibroids, your symptoms and your plans regarding childbearing, your physician will make certain recommendations for the best treatment options in your particular case.