



## **Education**

### **Uterine Fibroids**

#### **What are uterine fibroids?**

Uterine fibroids are tumors made of connective tissue and smooth muscle. They grow slowly within the wall of the uterus or attach to the uterine wall. Sometimes they grow in the cervix. The uterus is the muscular organ at the top of the vagina. Babies develop in the uterus, and menstrual blood comes from the uterus. The cervix is the lower part of the uterus that opens into the vagina.

A uterine fibroid may be as small as a pea or as large as a grapefruit. As the fibroid grows, the uterus may become deformed or pushed aside. When the uterus is deformed or blocked by a growth, the resulting pressure may cause symptoms in the bladder or intestine, such as increased urination, constipation, or pain. Most fibroids are noncancerous, but in rare cases they may become cancerous.

Other terms used for a uterine fibroid are leiomyoma or myoma of the uterus.

#### **How do they occur?**

The cause of uterine fibroids is not known, but it may be related to changes in the levels of the hormones estrogen and progesterone and in proteins called growth factors. For example, pregnancy, use of birth control pills, or hormone therapy may speed the growth of fibroids. It also appears that women may inherit the tendency to develop fibroids.

Fibroids rarely occur in women younger than 20. They occur most frequently in women in their childbearing years. When a woman goes through menopause, these tumors usually shrink.

#### **What are the symptoms?**

Often there are no symptoms. When there are symptoms they may be:

- painful menstrual periods
- heavy menstrual bleeding
- more frequent or uncomfortable urination
- painful intercourse
- backache
- constipation
- pelvic pain or pressure
- infertility
- miscarriage.

#### **How are they diagnosed?**

Uterine fibroids are usually found during routine pelvic exams. An ultrasound scan can be used to help show the area, measure the size, and follow the growth of fibroids.

#### **How are they treated?**

Most fibroids do not need treatment. Your health care provider will evaluate your condition and make a recommendation based on:

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- the amount of blood loss and pain during menstrual periods
- the rate of growth of the fibroid
- where the fibroid is
- the absence or presence of cancer
- your age, physical condition, and desire for more children.

For fibroids that need treatment, your provider may suggest embolization of the uterine artery or a myomectomy.

Embolization of the uterine artery is a way to block the blood supply to the fibroid. It is done by guiding a thin, flexible tube (catheter) up a blood vessel in your groin to the uterine artery. Arteries providing blood to the fibroid are blocked using gelatin microspheres. Sometimes metal coils are also used to block the blood flow. This helps shrink the fibroids and helps stop the heavy bleeding.

A myomectomy is a procedure done to remove the fibroids without removing the uterus. There are several ways a myomectomy may be done.

- **Hysteroscopy:** Your provider guides the hysteroscope, which is a thin tube with a tiny camera, through the cervix and into the uterus. He or she uses a laser or electrocautery to remove fibroids that are inside the uterus.
- **Laparoscopy:** Your provider makes a small cut in your abdomen and inserts a scope into it. Another tool used to remove the fibroids is inserted through another cut in your abdomen.
- **Abdominal myomectomy:** Your provider makes a larger cut in your abdomen to reach the uterus and remove the fibroids.

During the myomectomy you may be given medicine into the uterus to slow down bleeding.

Another possible treatment is dilatation and curettage (D&C). For a D&C your provider opens the cervix and scrapes or suctions tissue from the uterus. This procedure does not remove the fibroid and the abnormal bleeding may come back.

In some cases, you may have a hysterectomy. This is surgery to remove all of your uterus.

Before you have a myomectomy or hysterectomy, you might be given a medicine for 2 to 3 months to shrink the fibroid. This will make the operation easier to perform. If you are close to menopause, your provider may prescribe this medicine for you to take until you are in menopause, so that you may not need any other treatment. This is especially important if surgery is particularly risky for you because of one or more medical problems you may have.

### **How long will the effects last?**

Small fibroids that don't get bigger usually have no lasting effects. If you have symptoms caused by growing or enlarged fibroids, the symptoms will probably continue until the growths are treated, or until they begin to shrink and disappear after menopause. If the fibroids are removed, other fibroids may grow.

### **How can I take care of myself?**

Call your health care provider if:

- Pain or heavy bleeding continues to be a problem.
- Your abdomen is getting bigger.
- You feel pressure in your pelvis.
- Sexual intercourse is painful.
- You have to urinate often.
- You notice your symptoms are getting worse.

In addition:

- Take acetaminophen or ibuprofen for cramps and body aches. Do not take aspirin because it may increase the bleeding.
  - Rest in bed when symptoms are worst.
  - Eat foods high in iron and take iron pills (if your health care provider recommends it) if you bleed heavily during your periods.
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- Put a heating pad at a low setting on your abdomen to help relieve cramps or pain.
- Follow your health care provider's recommendations for treatment with medicine and for follow-up visits to see if the fibroid is growing.

### What can be done to help prevent uterine fibroids?

No sure way is known to prevent fibroids from developing or recurring.

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