

What You Should Know About Uterine Fibroids

Uterine fibroids, or growths in the uterus, are the most common tumors in women in their childbearing years.

As many as seven in 10 women aged 30 to 50 years have one or more fibroid. Although these growths are medically called “tumors,” they are almost never cancerous. For many women, fibroids cause no problems at all. For others, bleeding, pain, or other symptoms lead them to seek treatment.

About Uterine Fibroids

The uterus (womb) is the hollow, muscular organ where the fetus grows if you are pregnant. Normally the uterus is about 3 to 4 inches long, smooth, and shaped like a pear, with the larger, rounded portion at the top.

Uterine fibroids are mostly made of muscle and fibrous tissue. You may have one fibroid, a few, or many, and they can range from tiny to very large, measuring more than 8 inches across. Fibroids may occur under the uterine lining, in the muscular uterine wall, or on the outside surface. Some are attached to the outside, or to the inside hollow portion of the uterus by stalks. Fibroids may remain small, or they may grow, sometimes quite rapidly. They usually stop growing, and may even shrink, after menopause.

Researchers do not know exactly what causes these growths. They are more common in black women, who may develop them at an earlier age than white or Asian women, but no one knows why.

Diagnosing Fibroids

You may first learn you have fibroids during a routine pelvic exam, when your health care provider

(doctor, nurse practitioner, nurse midwife, or physician assistant) palpates (examines by touch) your uterus and ovaries. He or she may note that your uterus is larger than usual, irregular or lumpy rather than smooth and pear-shaped, or firmer than normal.

Some women learn they have fibroids when seeing their health care providers for fibroid-related problems, such as:

- Unusually heavy or painful periods
- Fullness or heaviness in the lower abdomen
- Lower back pain
- Difficulty getting pregnant, or recurrent miscarriages
- Pain during sex

To diagnose fibroids, your health care provider may order an ultrasound (also called a sonogram). An ultrasound uses sound waves to make a picture of your uterus and ovaries. If you have been pregnant, you have probably had this test. Fibroids can be confused with other types of growths on the pelvic organs; an ultrasound can help tell the difference between uterine fibroids, ovarian cysts (fluid-filled sacs), and other conditions.

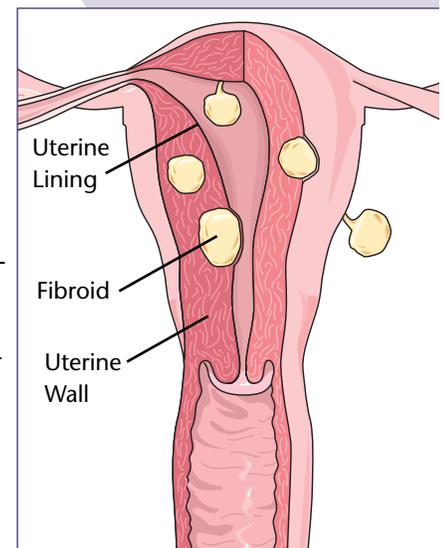
It also shows the size and location of the fibroids. Repeating the ultrasound in a few months is a way to see if fibroids are growing.

In some cases, other types of tests may be done. Magnetic resonance imaging (MRI) and computerized axial tomography (commonly known as a CAT or a CT scan) provide very detailed pictures, and laparoscopy or hysteroscopy allows the doctor to examine the fibroids directly.

Treating Fibroids

If fibroids found on a routine examination are small and are

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not causing any problems, you do not need treatment. Your health care provider may suggest an ultrasound and ask you to return in a few months to make sure the fibroids aren't growing rapidly. Other than that, he or she will just monitor them at your regular check-ups.

Women who have very large fibroids that are painful and/or cause heavy bleeding, difficulty becoming pregnant, or difficulty carrying a pregnancy may need treatment. Hysterectomy (surgical removal of the uterus through an abdominal incision or through the vagina) used to be the only treatment offered, but many more choices are available today.

When fibroids become symptomatic, there are many treatment options your health care provider should discuss with you.

Over-the-Counter or Prescription Pain Medications.—If pain during periods is the only symptom, pain relief may be the only treatment needed.

Contraceptives.—This includes oral contraceptives (OCs), the birth control shot, the patch, or a progesterone-containing intrauterine device (IUD). Although usually used to prevent pregnancy, these contraceptives control heavy bleeding by thinning the uterine lining and can be used even if you don't need birth control. Women with a history of breast cancer or blood clots in their legs or lungs, and smokers aged 35 years or older should not use OCs containing the two hormones estrogen and progesterone. However, they can use the IUD or the shot.

Endometrial Ablation.—This treatment scars the uterine lining with heat, cold, energy, or chemicals so it cannot bleed. If bleeding is the only problem, and you do not want to become pregnant in the future, this technique may be a possibility.

Anti-hormone Medications.—This includes gonadotropin-releasing hormone agonists such as the drug mifepristone. These products stop fibroids from growing or make them shrink temporarily. The medications often have very bothersome side effects and are not a permanent solution; fibroids usually grow again after medication is stopped. These drugs are sometimes used to shrink very large fibroids before surgery.

Myomectomy.—This is surgery to remove fibroids without removing the uterus. This can sometimes be done through an incision in the abdomen. Depending on the size and location of the fibroids and the experience of the gynecologist, it may be done with a lighted tube which is inserted into the uterus (hysteroscope) or abdomen (laparoscope).

Uterine Artery Embolization.—This procedure cuts off the blood supply to the fibroids so they devascularize and shrink. This is usually done by an interventional radiologist, who injects tiny particles into the blood vessels that block the blood supply to the fibroids.

Magnetic Resonance-focused Ultrasound.—This uses ultrasound beams to destroy fibroid tissue while the process is monitored by MRI. This is the newest procedure for fibroid treatment and is not intended for women who want future pregnancies. It is not currently covered by most insurance companies and is limited to patients with very small fibroid volumes.

The first three treatments listed above do not shrink or eliminate the fibroids but are useful for women who want only symptom relief, or who are near menopause. (The average age of menopause is 51 years.)

In Conclusion

Uterine fibroids are common, and they do not necessarily need to be treated. When fibroids become symptomatic, there are many treatment options your health care provider should discuss with you. Your choices will depend on the size and location of your fibroids, your age, whether or not you want a future pregnancy, and what is available in your area with your insurance or financial resources.

Resources

- **The National Women's Health Information Center**
<http://4women.gov/faq/fibroids.htm>
1-800-994-9662
- **National Uterine Fibroids Foundation**
<http://www.nuff.org/>
1-877-553-NUFF

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