

# Datar Wellness Group



## Patient Education Leaflets

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### **Uterine Fibroids**

Uterine fibroids are benign (non cancerous) growths in the **uterus**. They are the most common type of growth found in a woman's pelvis. In some women, fibroids remain small and do not cause symptoms or problems. However, in some women, fibroids can cause problems because of their size, number, and location.

This pamphlet will explain:

Symptoms and causes

- Treatments
- How you can help relieve the pain

### **Types of Fibroids**

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

The size, shape, and location of fibroids can vary greatly. They may be present inside the uterus, on its outer surface or within its wall, or attached to it by a stem-like 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 fibroids 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.

### **Causes**

Fibroids are most common in women aged 30–40 years, but they can occur at any age. It is not clear what causes fibroids. The female hormones **estrogen** and **progesterone** may have the effect on the growth of fibroids.

## Symptoms

Fibroids may cause the following symptoms:

- Changes in menstruation
  - Longer, more frequent, or heavy menstrual periods
  - Menstrual pain (cramps)
  - Vaginal bleeding at times other than menstruation
  - Anemia due to 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
  
- Enlarged uterus and abdomen
- Miscarriages
- Infertility

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

Fibroids also may cause no symptoms at all. Fibroids may be found during a routine pelvic exam or during tests for other problems.

## Complications

Although most fibroids do not cause problems, there can be complications. Fibroids that are attached to the uterus by a stem may twist and can cause pain, nausea, or fever. Some fibroids grow rapidly in size. Developing a cancerous fibroid is a very rare phenomenon.

## Diagnosis

The first signs of fibroids may be detected during a routine pelvic exam. A number of tests may show more information about fibroids:

- **Ultrasonography** uses sound waves to create a picture of the uterus and other pelvic organs.
- **Hysteroscopy** uses a slender device (the hysteroscope) to see the inside of the uterus. It is inserted through the vagina and cervix (opening of the uterus). This permits the doctor to see fibroids inside the uterine cavity.

- **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 with the laparoscope.

Imaging tests, such as Magnetic Resonance Imaging and Computed Tomography scans, may be used but are rarely needed. Some of these tests may be used to track the growth of fibroids over time.

## **Treatment**

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

- Heavy or painful menstrual periods that cause anemia or that disrupt a woman's normal activities
- 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
- Anemia

There are many treatment options for fibroids. The choice of treatment depends on factors such as your own wishes and your doctor's medical advice about the size and location of the fibroids.

## **Medications**

Drug therapy has certain specific aims, objectives and limitations.

Certain medications can help correct anemia, temporarily stop or reduce the bleeding and pain.

Certain hormonal preparations such as GnRH analogues or progestin releasing intrauterine systems may help reducing the fibroids but the changes may be temporary in nature.

## **Myomectomy**

Myomectomy is the surgical removal of fibroids while leaving the uterus in place. Because a woman keeps her uterus, she may still be able to have children and continue the menstruation. However the new fibroids may develop after the myomectomy. The chance of new fibroid appearing can be around 30% .

Myomectomy may be done in a number of ways:

- Laparotomy
- Laparoscopy
- Hysteroscopy

The method used depends on the location and size of the fibroids. In laparotomy, an incision (cut) is made in the abdomen. The fibroids are removed through the incision. In laparoscopy, a laparoscope is used to view the inside of the pelvis. Other tools are inserted through another small incision to remove the fibroids.

Hysteroscopy can be used to remove fibroids that protrude into the cavity of the uterus. A resectoscope is inserted through the hysteroscope. The resectoscope destroys fibroids with electricity.

Myomectomy has risks, including bleeding and infection. Hysteroscopy may cause other problems related to the use of fluid during the procedure. Your doctor can explain all of the risks to you.

## **Hysterectomy**

Hysterectomy is the removal of the uterus. The benefit of the procedure is that it removes the problem permanently. However this is not suitable for women who want to preserve the menstrual and reproductive functions. The ovaries may or may not be removed.

Following are some newer modalities of treatment:

## **Uterine Artery Embolization**

Another way to treat fibroids is called uterine artery embolization (UAE). In this procedure, the blood vessels to the uterus are blocked, stopping the blood flow that allows fibroids to grow.

This procedure usually is performed by a specially trained radiologist. In some cases, it is done as an outpatient procedure. In other cases, you may need to spend a night in the hospital.

A small incision (cut) is made in your groin area. A tube called a catheter is passed through the large artery there until it reaches the small arteries that supply the uterus with blood. Tiny particles (about the size of grains of sand) are injected through the catheter into these arteries. The particles cut off the blood flow to the fibroid and cause it to shrink. The procedure works even if you have more than one fibroid.

Many women have cramping for a few hours after the procedure. Some women have nausea or fever. Medicine often can help treat these symptoms.

Complications are not common and include infection and uterine injury. Most women will resume regular menstrual periods shortly after the procedure. In about 40% of women older than 50 years who have UAE, menstrual periods do not return.

The effect of UAE on future pregnancies is not clear. Women who have had UAE may be at greater risk for placental problems during pregnancy. Women who want to have children may want to consider other forms of treatment.

### **Finally...**

Uterine fibroids are benign growths that occur quite often in women. Fibroids may cause no symptoms and require no treatment. Sometimes, however, they need to be treated.

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.