
Uterine Fibroids

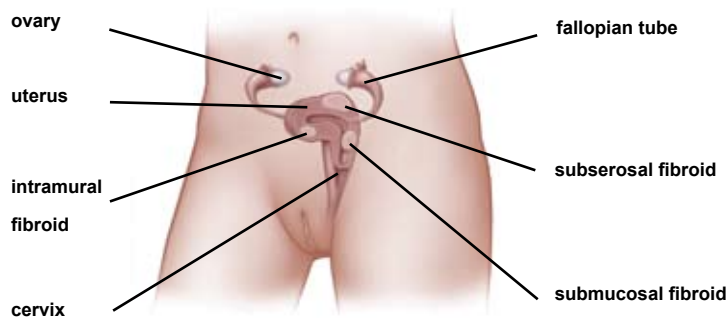
What are Fibroids?

Fibroids, also called leiomyomas or myomas, are benign (non-cancerous) growths in the uterus. They come from the cells that make up the muscle layer of the uterus and range in size from small pea-sized growths to large balls the size of grapefruits. They are often found during a routine pelvic examination or during a pelvic ultrasound. Uterine fibroids are very common, occurring in 20–40 percent of women. Most fibroids do not cause any problems and do not need to be treated.

Fibroids can grow in different parts of the uterus. Intramural fibroids, the most common type, grow inside the muscle wall of the uterus. Subserosal fibroids, the second-most common type, grow on the outer wall of the uterus. Finally, submucosal fibroids grow inside the uterus. A woman can have several fibroids, of the same or different types, in her uterus.

Some fibroids remain small throughout the childbearing years, while others continue to grow until menopause. Most fibroids shrink after menopause. It is hard to predict which fibroids will undergo changes.

Fibroid size is described in relation to the size of a pregnant uterus. If your fibroid is 12 weeks in size, for example, this means it's the same size as the uterus of a woman who is 12 weeks pregnant.



What Causes Fibroids?

The cause of fibroids is unknown. Women with a family history of fibroids and Black women are more likely to have fibroids. The hormonal environment inside a woman's body generally causes fibroids to grow during the childbearing years and to shrink after menopause.

Symptoms of Fibroids

Most fibroids (even large ones) do not cause any symptoms. If present, symptoms depend on the size, location and number of fibroids. They include:

- Heavy or irregular bleeding: Fibroids can cause changes in your period and/or bleeding between periods, which can lead to iron-deficiency anemia (low levels of hemoglobin due to not enough iron in your blood)
 - Painful periods: Fibroids may cause or worsen menstrual pain
 - Pain in the lower abdomen, pelvis or back: Growing fibroids may press on internal organs
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- Pain during sex: Fibroids can become tender when moved
 - More frequent urination or difficulty having a bowel movement: Fibroids can press on the bladder or bowels
 - Swelling of the lower abdomen: This may occur with very large fibroids
 - Infertility: Rarely, fibroids make it difficult for a pregnancy to implant in the uterus or can cause a miscarriage.

Diagnosing Fibroids

Not all growths in the uterus are fibroids. It is important to have any growth in the pelvic area checked by a professional healthcare provider, who can conduct a pelvic exam to identify and locate fibroids or other growths. Your health care provider may also order the following tests:

- Ultrasound: Sound waves are used to create a picture of the uterus and surrounding organs. Ultrasound can reveal the number, size and location of fibroids. It can be done through the abdomen, the vagina or both. For a transabdominal exam a probe is pressed on the lower abdomen. You will need to drink four to five glasses of liquid before the exam without urinating. For the transvaginal exam the probe is inserted into your vagina and the bladder must be empty. Larger fibroids are better seen transabdominally while smaller ones are better viewed transvaginally.
- Sonohysterography/saline infusion study: This procedure can detect submucosal fibroids and other potential causes of infertility, but is not available in all centres. After inserting a speculum in your vagina, the operator inserts one to three teaspoons of saline (salt water) into your uterus through a tube and then performs a (usually transvaginal) ultrasound. To minimize discomfort, it may be helpful to take ibuprofen (Advil®, Motrin®) prior to the test. If you have health problems that require you to take antibiotics when you visit the dentist (e.g., heart valve) you will need to take antibiotics prior to this test.
- Hysteroscopy: A gynecologist usually performs this procedure in the hospital while you are under general anesthesia. After filling the uterus with liquid to get a better view, the doctor uses a slender device to look at the inside of the uterus through the vagina. Hysteroscopy allows the doctor to view fibroids inside the uterus through a camera, and to take samples of the uterine lining if necessary.

General Treatment Principles

Fibroids that are not causing any symptoms do not require any treatment. Fibroids that are discovered close to menopause will likely shrink on their own and do not require immediate attention, although they should be watched. Fibroids may require treatment if they are growing rapidly or cause symptoms such as:

- Heavy or painful periods
- Bleeding between periods
- Pelvic pain
- Infertility

There is very little evidence to support one therapy for fibroids over another. Since all established treatments have benefits and risks, your personal preferences are important in your choice of treatment. Complementary treatments (such as herbal remedies) have not been sufficiently studied to know whether they yield any benefit.

Medications for Fibroids

The choice of medication depends on the primary symptom that needs to be controlled either bleeding or growth.

To help with heavy bleeding

- Tranexamic acid (Cyklokapron®) helps blood to clot and is taken only during bleeding. This medication can upset your stomach and very rarely, cause changes in your colour vision.
- Low-dose oral contraceptives (birth control pills) are a good choice if you do not want to become pregnant. Contrary to popular belief, they do not cause fibroids to grow. They can cause side effects such as nausea, breast tenderness, bleeding between periods, headaches, and, rarely, high blood pressure and blood clots.

To decrease size/stop periods

Medications used for this purpose can only be taken for a limited time (usually up to six months) due to side effects. They are best used before surgery or close to menopause, as fibroids will regrow after the medications are stopped. Periods usually return six to 10 weeks after stopping these drugs.

- Danazol (Cyclomen®), a drug based on the male hormone testosterone, can shrink the size of the fibroids by 20–55 percent. Side effects include hot flashes, weight gain, acne, deepening of the voice, more facial and body hair, vaginal dryness, and mood changes.
- Gonadotrophin-releasing hormone (GnRH) agonists (e.g., Leupride acetate [Lupron®], Nafarelin [Synarel®], Goserelin [Zoladex®]) create a low-estrogen state similar to menopause. Given by injection or nasal spray, these costly drugs can shrink fibroids by 30–70 percent. Side effects include hot flashes, disturbed sleep, headaches, mood swings, vaginal dryness, irregular or absent bleeding, and osteoporosis (thin bones). If you respond to these drugs, estrogen/progesterone can be “added back” to your drug regimen, allowing you to take the medication for a longer period of time.

Non-Surgical Procedures for Fibroids

- Hormone-releasing intrauterine system: Mirena®, an intrauterine device that releases a progestin (like your body’s own progesterone), can help with the abnormal bleeding and possibly shrink fibroids. It is inserted into your uterus in the office but in women with certain types of fibroids there is a higher risk it cannot be inserted or will fall out.
 - Uterine artery embolization: Usually performed by a radiologist, this procedure involves inserting a small tube into the artery in your groin and directing it towards the arteries that feed the fibroids. Small plastic particles are then released into the arteries, cutting off the blood supply to the fibroids. You may experience considerable pain after the procedure and usually you stay in hospital overnight. The procedure can shrink fibroids by 40–60 percent and improve heavy bleeding in 65–95 percent of cases. Risks of the procedure include infection, fever, bleeding or premature menopause. At this time, it is most suitable for women who do not want to get pregnant.
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Surgical Treatments for Fibroids

- Myomectomy is a surgery where only the fibroid(s) is removed. Depending on the size and location of the fibroid, different approaches may be used. For fibroids in the cavity of the uterus, a hysteroscope (see Diagnosing Fibroids section) inserted into the vagina and uterus can be used to remove fibroids. For fibroids within the wall, an incision through the abdomen or occasionally a laparoscopy (slender camera inserted through the naval) can be used to remove the fibroids. The surgery frequently causes bleeding. Fibroids can recur in 25–50 percent of cases.
- Myolysis uses an energy source, such as an electric current or laser, to destroy the fibroid. A related technique, cryomyolysis, destroys the fibroid with cold.
- Hysterectomy (removal of the uterus) is considered when other treatments have failed or when the fibroids are very large and are causing pressure on the internal organs. It is only performed when pregnancy is no longer desired. Performed through the abdomen or through the vagina, hysterectomy is a permanent cure for fibroids and most women are very satisfied with the surgery. Complications include bleeding, infections and blood clots. For further information see [Understanding Hysterectomy](#).

Fibroids, Pregnancy and Infertility

Fibroids do not require any special treatment during pregnancy. The vast majority of fibroids (about 80 percent) either get smaller or do not grow during pregnancy. Still, pregnant women with fibroids need to be watched more closely and may need to have more frequent ultrasounds.

Women with fibroids who are having difficulty getting pregnant or are having miscarriages may benefit from a myomectomy, which has a success rate of 40–60 percent. The newer technique of uterine artery embolization may also improve fertility. Pregnancy after uterine artery embolization has a higher risk of placental problems and the need for Cesarean section.

Final Word

Fibroids are very common and usually don't cause problems. When they do cause symptoms, a range of medications and surgical treatments can either control the symptoms or remove the fibroids. Talk to your healthcare provider to discuss the best options for you.

Mini-glossary

- Fibroids: benign growths in the uterus
 - Hysterectomy: removal of uterus
 - Hysteroscopy: surgery where a camera is inserted into the uterus through the vagina
 - Laparoscopy: surgery where a slender camera is inserted through the naval
 - Myomectomy: surgery to remove fibroids
 - Myolysis: surgery to destroy fibroids
 - Ultrasound: a procedure allowing a view of the uterus
 - Uterine fibroid embolization: radiological procedure to shrink fibroids
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Futher Information

Women's Health Matters

www.womenshealthmatters.ca/centres/pelvic_health/fibroids/index.html

Mayo Clinic

www.mayoclinic.com/invoke.cfm?id=DS00078



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