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FIBROIDS

Fact Sheet

What are fibroids?

Fibroids, also known as myomas, are abnormal, but usually benign (non-cancerous), fibrous growths or tumors that frequently arise within the muscle and connective tissues of the uterus. Fibroids can occur as a single growth or multiple growths and vary in size from as small as a pea, to the size of a grapefruit, and they can be found on the surface of the uterus, within the walls or inside the cavity (where the baby grows). They typically grow larger over time.

Who is affected by fibroids?

A fibroid is the most common growth found inside a woman's uterus. Fibroids occur in approximately 20 percent of pre-menopausal women. African-American women are three times more likely than Caucasian women to have fibroids.

What are the consequences of fibroids?

Depending on size, number and location, fibroids can cause no symptoms or they can be responsible for changes in the menstrual cycle, pain in the abdomen or lower back, pain during sex, difficult or frequent urination, constipation, miscarriage, infertility or anemia (due to excessive menstrual bleeding). Fertility problems are attributable to fibroids that block the fallopian tubes or prevent implantation of a fertilized egg in the uterus.

Are there different types of fibroids?

There are three different types of fibroids:

- **Submucosal fibroid** – grows from the uterine wall into the uterine cavity, sometimes distorting it. This may lead to pain, abnormal bleeding, or infertility.
- **Subserosal fibroid** – grows from the uterine wall to the outside of the uterus and can cause pressure on the bladder, bowel and intestine. These fibroids can cause bloating, abdominal pressure, cramping and pelvic pain.

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- 2 -

- **Intramural fibroid** – remains confined within the uterine wall and causes symptoms similar to the submucosal and subserosal fibroids.

How are fibroids diagnosed?

Many fibroids are diagnosed during routine pelvic exams, but in order to rule out other uterine conditions which can be mistaken for fibroids (e.g., ovarian tumors, bowel masses or early pregnancy), several diagnostic tests can be performed.

- **Ultrasound** – high frequency sound waves are used to create a picture of the pelvic region. In a specialized ultrasound called sonohysterogram or saline infused sonography, a small amount of saltwater solution may be infused into the uterus, through the vagina and cervix, to improve visibility. Ultrasound can be performed without anesthesia, and is an office procedure.
- **Hysterosalpingography (HSG)** – using a special dye, an x-ray is taken of the inside of the uterus and tubes to outline abnormalities. No anesthesia is used. HSG is performed in a radiology suite.
- **Diagnostic hysteroscopy** – the uterine cavity is viewed using a telescope-like instrument called a hysteroscope which is inserted in the uterus through the vagina and cervix. Hysteroscopy can be performed as an office procedure under a local anesthetic, or as an outpatient surgical procedure using local or general anesthesia. Once diagnosed, fibroids can sometimes be removed using a hysteroscope (see myomectomy description below).

What treatment options exist for fibroids and polyps?

Drug therapy is one way to deal with the symptoms associated with fibroids. Treatment involves long-term use of hormone therapy that can shrink the fibroid and minimize symptoms. The fibroids usually regrow and the symptoms often return after treatment is discontinued. In addition to being costly, hormone therapies can have adverse side effects, such as those associated with induced menopause (i.e., hot flashes, insomnia, depression).

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Surgical Options

Myomectomy is a surgical procedure that removes only the fibroid, leaving the uterus intact. Drug therapies are often recommended as a pre-surgical treatment to shrink fibroids before removal. Myomectomy can be performed either through an open incision in the abdomen or through less-invasive techniques:

Laparoscopic Myomectomy – fibroid is removed using a laparoscope inserted through the abdomen. A surgical instrument called a tissue morcellator may be used to cut up and remove the fibroids through a tiny incision.

Hysteroscopic Myomectomy – fibroid is removed using a telescope-like instrument called a hysteroscope, which is inserted through the vagina and cervix into the uterus. With this approach, the fibroid can be removed intact or a targeted electric current is used to shave away or vaporize the fibroid.

Uterine Artery Embolization is an investigational, nonsurgical method of treating uterine fibroids. During an embolization the blood supply to the fibroids is blocked so that over time the fibroid shrinks. This procedure is performed by a physician who specializes in Radiology

Hysterectomy, surgical removal of the uterus. It is the only way to guarantee that fibroids will not recur. However, a hysterectomy is major surgery, and a woman should consider other less invasive options first. If a woman and her physician decide hysterectomy is the best option, there are less invasive approaches to performing the procedure that may lessen post-operative pain, recovery time, and scarring, compared to the traditional “open” approach.

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