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FIBROID TUMORS OF THE UTERUS (Myomas; Leiomyomas)

BASIC INFORMATION

DESCRIPTION

- An abnormal growth of cells in the muscular wall (myometrium) of the uterus. The term “fibroids” is misleading. The cells are not fibrous; they are composed of abnormal muscle cells. Uterine fibroids are common and almost always benign (not cancerous).
- There are 3 major types of fibroids (determined by location in the uterus). Subserous appear on the outside of the uterus, intramural are confined to the wall of the uterus, and submucous appear inside the uterus. Rarely, fibroids can involve the cervix.

FREQUENT SIGNS AND SYMPTOMS

- No symptoms (often). May be discovered on a pelvic examination.
- Menstruation is more frequent with possibly heavy bleeding, occasionally with large clots and discomfort.
- Bleeding between periods.
- Feelings of pressure on the urinary bladder or rectum.
- Anemia (weakness, fatigue and paleness).
- Increased vaginal discharge (rare).
- Painful sexual intercourse or bleeding after intercourse (rare).

CAUSES

Exact cause is unknown. Estrogen is required for their stimulation and growth, as fibroids are rare in prepubertal girls or post-menopausal women.

RISK INCREASE WITH

- Use of oral contraceptives and estrogen replacement therapy as these may cause excessive growth or fibroids.
- Genetic factors. Fibroid tumors are 3 to 5 times more common in black women than in Caucasian women.

PREVENTIVE MEASURES

Cannot be prevented at present, but avoiding the use of female hormones may decrease the risk of growth of fibroids.

EXPECTED OUTCOME

- If surgery is not necessary prior to menopause, these tumors usually decrease in size without treatment after menopause.
- Hospitalization, if surgery is necessary. Fibroids are generally removed surgically when they cause excessive bleeding, produce symptoms that interfere with conception or pregnancy or if they become malignant (rare).
- Fibroids can often be removed surgically without removing the entire uterus (myomectomy). The ability to conceive continues as long as the uterus remains.

POSSIBLE COMPLICATIONS

- Heavy bleeding and anemia.
- Complications can occur in pregnancy such as spontaneous abortion (usually associated with the submucous fibroid type), premature labor (usually associated with large fibroids) and placental separation (abruption) may occur when the placenta overlies the fibroid.
- Fibroids may return following surgery to remove them.
- Malignant change in the fibroid tumor (occurs in less than 0.5%). This rare complication is usually signaled by very rapid growth.

GENERAL MEASURES

- Diagnostic tests may include laboratory blood studies; ultrasound; laparoscopy (use of a telescope instrument with fiber optic light to examine the organs inside the abdominal cavity); hysteroscopy (the telescope instrument is inserted through the vagina to look inside the uterus); or hysterosalpingogram (studying the uterus and fallopian tubes by injecting material into the uterus that x-rays can detect).
- Treatment will be individualized depending on symptoms and diagnostic tests, locations and size of the fibroids, your general health and desire for future pregnancies.
- For minimal symptoms, no treatment may be needed and you will be re-examined in 6 to 12 months.
- Hormonal therapy is often considered as the first step in treatment.
- Surgery may be recommended for certain situations and several different surgical procedures are possible. If surgery is recommended, be sure you understand all aspects of it before making a decision.
- Keep a record of dates of bleeding and number of pads used each day.
- Blood transfusions may be necessary to correct anemia.

MEDICATION

- The estrogen in low-dose oral contraceptive pills does not represent a significant risk. High-dose estrogen may cause fibroids to enlarge. If necessary, consider other forms of contraception, such as a diaphragm, cervical cap, intrauterine device (IUD), condom, or a contraceptive foam or jelly.
- Progestin supplementation may be recommended to help minimize uterine bleeding.
- Use nonsteroidal anti-inflammatory drugs (NSAIDs) for pain.
- Iron supplements if you are anemic from excessive blood loss.
- A gonadotropin-releasing hormone (Lupron Depot, Synarel) may be prescribed. It will induce an abrupt, artificial menopause that will stop the bleeding and reduce the size of the fibroid. In general, this therapy is not used for longer than 6 months.

ACTIVITY

No restrictions unless surgery is performed. Then you may need bed rest for a period of time, some restricted activity, and no sexual intercourse for approximately one month.

DIET

No special diet.

NOTIFY OUR OFFICE IF

- You or a family member has symptoms of a fibroid tumor.
- Fibroid tumors have been diagnosed and symptoms become more severe.
- You saturate a pad or tampon more often than once an hour.