

Fibroid Treatment Options 101: Everything You Need To Know

UTERINE FIBROIDS AND THEIR SYMPTOMS

Uterine fibroids are non-cancerous tumors that develop in the uterus. They may also be referred to as myoma, leiomyoma, leiomyomata, and fibromyoma. These benign tumors develop from normal uterus muscle cells that start growing abnormally. Fibroids can vary in size, ranging from microscopic to several inches. There are several different types of fibroids and it's not unusual to have more than one type.

What Are the Most Common Symptoms of Uterine Fibroids?

HEAVY, PROLONGED OR PAINFUL PERIODS WITH OR WITHOUT CLOTTING

Typically, during your period, the uterine muscles will contract and tighten, causing blood to clot enough to stop menstrual bleeding. However, when fibroids are present in the uterine lining, they can prevent the uterus from fully contracting, causing a continuation in bleeding. The fibroids can also stimulate the blood vessels of the uterus, causing there to be more blood in the uterine cavity, leading to heavy periods.

MODERATE TO SEVERE MENSTRUAL CRAMPS

Uterine fibroids can cause heavy menstrual flow which includes passage of blood clots. When these clots travel from the uterus through the cervix to the vagina, it leads to cramping and pain. Because fibroids are benign (non-cancerous) tumors that can grow on the inside, outside or the wall of the uterus, the pressure caused by their growth can increase menstrual cramping.

IRREGULAR MONTHLY BLEEDING OR SPOTTING, BLEEDING BETWEEN PERIODS, UNPREDICTABLE MENSTRUAL CYCLES

Fibroids could cause irregular bleeding if they grow into the uterine lining.

PAIN DURING SEX AND LOSS OF LIBIDO

Large fibroids can produce pressure in the uterus and can cause intercourse to become painful. When benign fibroid tumors grow near the cervix at the end of the vaginal tract, they can make sex very uncomfortable. Loss of libido is a frequent complication for women with fibroids or adenomyosis.

PELVIC PRESSURE; DISTENDED AND BLOATED ABDOMEN

While the uterus is typically the size of a small pear, weighing not more than a quarter of a pound, it can become enlarged by the fibroids growing inside. This growth can create a sensation of fullness in the abdomen. As the fibroids enlarge the uterus, it can extend above the pelvic bone and cause anything from a small paunch to a very distended abdomen, sometimes even giving the appearance of pregnancy. In fact, gynecologists often determine the size of a uterus enlarged by fibroids by referencing a comparably sized pregnant uterus (# of weeks gestational size).

LOWER BACK PAIN AND PAIN IN THE BACK OF THE LEGS

As fibroids grow in size, they can apply pressure on the neighboring organs and cause pain in the pelvic area. This pain may radiate to the lower back, and some women also feel the pain extending into their legs.

ANEMIA (LOW BLOOD COUNT) THAT CAN LEAD TO A LACK OF ENERGY AND FATIGUE

Menorrhagia, prolonged or profuse menstrual bleeding, which is a symptom of both fibroids or adenomyosis, can sometimes cause a woman to become anemic. With heavy menstrual bleeding persisting over time, the body may not be able to make new blood cells fast enough to replace those that have been lost. In such instances, some women with fibroids may need to take iron pills to compensate for the loss of blood.

WEAK BLADDER CONTROL, FREQUENT URINATION BECAUSE OF BLADDER PRESSURE

Uterine fibroids can cause compression of the bladder, leading to a reduced capacity, leading in turn to having to urinate more frequently. This can be disruptive to sleep and daytime activities. Occasionally, compression of the bladder can result in stress incontinence.

CONSTIPATION

Another possible effect of uterine fibroid tumor growth can be the increased pressure on the bowels. When the fibroid growth is located towards the back, pressure applied to the rectum can cause constipation.

INFERTILITY

Infertility caused by fibroids is thought to represent only 2-3% of all infertility cases. Fibroids can potentially block the cervix or opening to the fallopian tubes causing infertility.

Fibroid Treatment Options

HORMONE TREATMENT

DESCRIPTION: Medications reduce bleeding and decrease fibroid tumor size.

ADVANTAGES: No procedure necessary. Preserves uterus.

DISADVANTAGES: Symptoms return when treatment stops. Recommended for a maximum of six months, otherwise may lead to early menopause-like symptoms, including osteoporosis (bone loss).

UTERINE FIBROID EMBOLIZATION (UFE)

DESCRIPTION: Nonsurgical procedure that blocks the blood flow to fibroids, causing them to shrink. Performed by an interventional radiologist.

ADVANTAGES: Very small incision; no general anesthesia required. Less than one week recovery. Very few major complications. Preserves uterus.

DISADVANTAGES: Mild fatigue and low-grade fever may occur, but can be treated and typically pass quickly. Over 90% success rate and recurrence is uncommon.

MYOMECTOMY – HYSTEROSCOPIC – LAPAROSCOPIC, INCLUDING ROBOTIC – LAPAROSCOPICALLY ASSISTED ABDOMINAL MYOMECTOMY (LAAM)

DESCRIPTION: Surgical removal of fibroid tumors

ADVANTAGES: Relieves symptoms and preserves uterus. Minimally invasive myomectomy procedures leave smaller scars than open procedures and have quicker recovery.

DISADVANTAGES: Risks associated with surgery and general anesthesia. Recovery varies from two days to eight weeks. Fibroids may recur, requiring additional procedures. May not be recommended depending on location, size, and number of fibroids.

HYSTERECTOMY – VAGINAL – LAPAROSCOPIC, INCLUDING ROBOTIC – ABDOMINAL

DESCRIPTION: Surgical removal of the uterus.

ADVANTAGES: Permanently relieves symptoms.

DISADVANTAGES: Loss of fertility. Risks associated with surgery and general anesthesia. Two-to-six-week recovery. Hormonal changes if ovaries are removed. Longer-term side effects, both physical and psychological have been reported.

How to Discuss Your Options

If you have been diagnosed with uterine fibroids or adenomyosis, your doctor should discuss all the fibroid treatment options with you. There are several factors that will determine which is the best course of treatment for you, including your age, your risk factors, your medical history, and how severe your symptoms are.

Treatment usually starts with “watchful waiting” and progresses to pharmaceutical therapy that may have some side effects, but usually does not interfere with daily living. However, many patients may require additional fibroid treatment to manage more severe symptoms. Your physician should discuss with you the pros and cons of minimally invasive, uterus-sparing therapies, as well as surgical interventions, such as hysterectomy and myomectomy. Your physician may need to refer you to other physicians who specialize in some of the minimally invasive therapies. These specialists may include a practice that specializes in performing Uterine Fibroid Embolization (UFE), or a highly skilled laparoscopic/hysteroscopic gynecologic surgeon who performs myomectomies or hysterectomies.

Questions You Should Ask About Fibroid Treatments:

- How do you typically treat symptomatic fibroids? Why?
- What are my surgical options and my non-surgical options including drug therapy – specific to my condition for treating my uterine fibroid tumors?
- What are the advantages and disadvantages of each of the fibroid treatments?
- Have all the necessary diagnostic tests been performed specific to my condition?
- If I want to keep my uterus, what alternatives to hysterectomy are available?

Questions You Should Ask About Surgical Options:

- Why do you think that the surgery is my only option?
- Do you specialize in any particular treatment? If so, how many of those surgeries or procedures have you performed?
- What is the risk of my fibroids growing back with each procedure?
- Will my ovaries be removed? If so, why?
- Will my cervix be removed? If so, why?
- What are the risks associated with surgery?
- Will I experience earlier menopause? Can the symptoms of menopause be treated?
- Will I need to take hormone replacement therapy? If not, what symptoms will I experience?
- What are the limitations of surgery?

Get The Best Care by Being an Informed Patient

Not all uterine fibroids are alike. No two patients are alike either. And that means that treating them will not look the same for everyone. It is all but impossible to self-diagnose and very difficult to choose the most appropriate treatment option without additional information. We work hard to combine medical knowledge and experience in gynecology and interventional radiology with your specific situation to give you meaningfully specific advice about the different options for you, your needs, and your symptoms.

In the end, the key to choosing the right treatment for uterine fibroids or adenomyosis is to get the right diagnosis and familiarize yourself with your treatment options. Remember, asking questions and being an informed patient will help you ensure that you get the best care for you.