



FIBROID TREATMENT CENTER

FIBROIDS OVERVIEW

Fibroids are growths of the uterus, or womb. They are also called uterine leiomyomas or myomas. The uterus is made of muscle, and fibroids grow from the muscle. Fibroids can bulge from the inside or outside of the uterus. Fibroids are not cancerous and are not thought to be able to become cancerous. Fibroids are very common. Approximately 80 percent of women have fibroids, although not all of these women have bothersome fibroid symptoms. Treatments are available for women who have fibroid-related problems like heavy menstrual bleeding, pain or pressure in the pelvis, or problems with pregnancy or infertility.

FIBROID CAUSES

The cause of fibroids is unknown. Fibroids seem to respond to the female hormones estrogen and progesterone; some women have specific genes that may predispose them, and their families, to fibroids, and lifestyle and reproductive factors influence fibroids. Some fibroids grow with time and others shrink. Fibroids can also have growth spurts where they grow quickly over a short period of time.

FIBROID SYMPTOMS

Fibroids can range in size from microscopic to the size of a grapefruit or even larger. The majority of fibroids are small and do not cause any symptoms at all. However, some women with fibroids have very heavy or long menstrual periods or pelvic pressure or pain that interferes with their life.

Fibroids are more likely to cause symptoms if the fibroids are large, if there are many fibroids, or if the fibroid is located in certain places in the uterus. Fibroid symptoms tend to get better when a woman no longer has menstrual periods, at menopause.

Increased menstrual bleeding — Fibroids can increase the amount and number of days of menstrual bleeding. Women who have excessive menstrual bleeding are at risk for a low blood count (iron deficiency anemia).

Pelvic pressure and pain — Larger fibroids can cause a sense of pelvic pressure or fullness in the abdomen, similar to the feeling of being pregnant. Sometimes women can even look pregnant when they are not due to the fibroids. Fibroids can also cause other symptoms, depending upon where they are located in the uterus. As an example, if a fibroid is pressing on the bladder, the woman may feel like she needs to go to the bathroom frequently. Similarly, a fibroid pressing on the rectum can cause constipation.

Problems with fertility and pregnancy — Most women with fibroids are able to become pregnant without a problem. However, certain fibroids that distort the inside of the uterus can cause trouble becoming pregnant or with miscarriage. Women with fibroids and reproductive problems should go through a basic infertility evaluation before concluding the fibroids are responsible for the problem. Most women with fibroids have a completely normal pregnancy without complications. However, women with a large fibroid (greater than 5 to 6 cm) might have an increased risk of specific pregnancy complications.

FIBROID DIAGNOSIS

A doctor or nurse may suspect fibroids if your uterus is enlarged or has an irregular shape. A pelvic MRI is needed to confirm that fibroids are present. Ultrasound uses sound waves to create a picture of the uterus.



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Women who have no symptoms from their fibroids do not need to have treatment. Women with significant symptoms may try non-invasive or surgical treatment. The best treatment depends on which symptom is most bothersome. The size, number and locations of fibroids also factor into most treatment decisions.

MEDICAL FIBROID TREATMENT

Medical treatments are those that use a medicine to reduce the heavy menstrual bleeding, which is common in women with fibroids. Medical treatments might be recommended before surgical treatments if symptoms are minor. However, for many patients, hormonal treatments will provide limited success, and the symptoms often return after treatment is stopped.

Hormonal birth control — Hormonal methods of birth control include the pill, skin patch, vaginal ring, shot, hormonal IUD, and implant. These treatments reduce bleeding, cramps, and pain during your menstrual period. It might take three months for bleeding to improve after you start taking hormonal birth control.

Antifibrinolytic medicines — Antifibrinolytic medicines can help to slow menstrual bleeding quickly. These medicines work by helping blood to clot. Antifibrinolytic medicines do not shrink fibroids or correct anemia. Tranexamic acid (Lysteda®) is approved by the United States Food and Drug Administration for the indication of heavy menstrual bleeding.

The advantages of antifibrinolytic medicines over other medical treatments are that:

- The medicine slows bleeding quickly (within two to three hours)
- You need to take the medicine only during your period
- The medicines do not affect your chances of becoming pregnant

Side effects can include headache and muscle cramps or pain. You should not take antifibrinolytic medicines with hormonal birth control unless your doctor or nurse approves; there may be an increased risk of blood clots, stroke, and heart attack when taken together.

Nonsteroidal antiinflammatory drugs (NSAIDs) — Nonsteroidal antiinflammatory drugs, such as ibuprofen (sold as Motrin® or Advil®) and naproxen (sold as Naprosyn or Alleve®), can help reduce menstrual cramps. You can buy some NSAIDs (including ibuprofen) without a prescription. NSAIDs are not expensive, have few side effects, reduce pain, and you only need to take them during your menstrual period. You can take NSAIDs in combination with any of the medical treatments discussed here. However, NSAIDs do not reduce bleeding as well other medical treatments do. For women do not get relief with non-prescription NSAIDs, there are other similar medications available by prescription that may be helpful for some women.

Gonadotropin-releasing hormone agonists — Gonadotropin-releasing hormone (GnRH) agonists are a medicine given by injection once every one to three months that can be used to temporarily shrink uterine fibroids and temporarily stop menstrual bleeding. GnRH agonists work by "turning off" the ovaries, causing a temporary and reversible menopause. This treatment is not routinely recommended for longer than six months in a row due to the risk of thinning bones when used for long periods of time. GnRH agonists do not work immediately. They first cause an increase in ovarian hormones that can cause an increase in symptoms for the first few weeks. This "flare" can be a problem for women with heavy bleeding who are severely anemic.

SURGICAL FIBROID TREATMENT

Your doctor might recommend a surgical treatment for fibroids if:

- You have fibroid-related heavy menstrual bleeding, pain, or pressure
- You are trying to get pregnant and fibroids could be interfering

Uterine artery embolization — Uterine artery embolization (also called UAE or uterine fibroid embolization, UFE) is a treatment that blocks the blood supply to fibroids. This causes the fibroid to shrink within weeks to several months after the treatment.



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- The treatment is performed in our office after you are given light anesthesia or sedation. Our doctor will insert a small tube into a blood vessel in the inner thigh. The tube is threaded up to blood vessels near a fibroid. The doctor injects tiny particles into the blood vessel, which stops blood flow to the fibroid.
- To minimize pain after the treatment, women are provided several pain medicines and nausea medicines after the procedure. Pregnancy has not been studied after uterine artery embolization, although it is possible to become pregnant. Some form of birth control is recommended if you do not want to become pregnant.

Myomectomy — Myomectomy is a surgery done to remove fibroids, which can reduce both bleeding and size related symptoms. Most women who have myomectomy are able to have children afterwards. However, there is a risk that fibroids will come back after myomectomy; between 10 and 25 percent of women who have myomectomy will need a second fibroid surgery. For this reason, myomectomy is not the best choice for women who do not want future pregnancies.

There are several ways to perform myomectomy; the "best" way depends on where your fibroids are located and the size and number of fibroids:

- Abdominal myomectomy — This surgery requires an incision (cut) in the lower stomach to remove the fibroids. This is not commonly offered at The Fibroid Treatment Center.
- Laparoscopic or robotic myomectomy — This surgery uses several small incisions in the stomach. A doctor uses thin instruments and a camera (laparoscope) to remove the fibroids. Robotic myomectomy is a variation of laparoscopic myomectomy where the surgical procedure is aided with a surgical robot. This is the most common options at The Fibroid Treatment Center.
- Hysteroscopic myomectomy — If the fibroids are inside the opening of the uterus, a doctor can insert instruments through the cervix to remove the fibroids. This procedure helps more with heavy menstrual bleeding and not with size-related complaints.

Magnetic resonance guided focused ultrasound — Magnetic resonance guided focused ultrasound surgery (MRgFUS or FUS) is a more recent fibroid treatment option. This noninvasive treatment takes place in a MRI machine, which guides the treatment. Multiple waves of ultrasound energy go through the abdominal wall and converge on a small volume of tissue, which leads to thermal destruction of the fibroid. Women do receive sedation during the procedure and it can be performed as an outpatient procedure. Pregnancy is not usually recommended following FUS, although it is possible to become pregnant following treatment.

Hysterectomy — Hysterectomy is a surgery that removes the uterus. The ovaries and cervix are sometimes removed, along with the uterus. Hysterectomy is a permanent treatment that cures heavy menstrual bleeding and the bulk related symptoms of fibroids. However, it is major surgery, and you will need up to six weeks to fully recover. The Fibroid Treatment Center rarely offers this as an option.

WHICH TREATMENT IS RIGHT FOR ME?

There are many treatments for fibroids, and it can be hard to decide which one is right. You should choose a treatment based upon your fibroid-related symptoms. The physicians at The Fibroid Treatment Center can discuss the options for you to help preserve your uterus, and get you back to life quicker, and in better health!