

Uterine Fibroid

What is a uterine fibroid?

A uterine fibroid is a noncancerous growth of the uterus. It grows slowly in or from the wall of the uterus. Sometimes it grows in the cervix.

The uterus is the muscular organ at the top of the vagina. Babies grow in the uterus, and menstrual blood comes from the uterus. The cervix is the lower part of the uterus that opens into the vagina.

A uterine fibroid may be as small as a pea or as large as a grapefruit. As the fibroid grows, the uterus may become deformed or displaced. When the uterus is deformed or blocked by a growth, the resulting pressure may cause symptoms in the bladder or intestine. In very rare cases a rapidly growing fibroid may become cancerous.

Other terms for a uterine fibroid are fibromyoma, leiomyoma, or myoma.

How does it occur?

The cause of uterine fibroids is not known, but it may be related to changes in the levels of the hormones estrogen and progesterone and in proteins called growth factors. For example, pregnancy, use of birth control pills, and some hormone therapies may speed the growth of fibroids. It also appears that women may inherit the tendency to develop fibroids.

Fibroids rarely occur in women younger than 20. They occur most often in women in their childbearing years. When a woman goes through menopause, the fibroids usually shrink.

What are the symptoms?

Often there are no symptoms. When there are symptoms they may include:

- Painful menstrual periods
- Heavy menstrual bleeding
- More frequent or uncomfortable urination
- Pain during sex
- Backache
- Constipation
- Pelvic pain or pressure
- Infertility
- Miscarriage

How is it diagnosed?

Uterine fibroids are usually found during routine pelvic exams. An ultrasound scan can be used to see them, measure their size, and follow their growth.

How is it treated?

If a fibroid is not causing any symptoms or other problems, it usually does not need treatment.

Your healthcare provider may recommend treatment based on:

- How much blood you lose and pain you have during menstrual periods
- If the fibroid is getting bigger and how fast it is growing
- Where the fibroid is
- Whether they are making it hard for you to get pregnant
- Your age and physical condition

For a fibroid that needs treatment, your provider may suggest embolization of the uterine artery, a myomectomy, or hysterectomy (removal of the uterus).

- **Embolization of the uterine artery** is a way to block the blood supply to the fibroid. It is done by guiding a thin, flexible tube (catheter) up a blood vessel in your groin to the uterine artery. Arteries providing blood to the fibroid are then blocked using gelatin microspheres. Sometimes metal coils are also used to block the blood flow. This may help to shrink the fibroids and can help stop heavy bleeding.
- A **myomectomy** is a procedure done to remove a fibroid without removing the uterus. There are several ways a myomectomy may be done.
 - **Hysteroscopy:** Your provider guides the hysteroscope, which is a thin tube with a tiny camera, through the cervix and into the uterus. He or she uses a laser or electrocautery to remove fibroids that are inside the uterus.
 - **Laparoscopy:** Your provider makes a small cut in your abdomen and inserts a scope into it. A tool for removing fibroids is inserted through another cut in your abdomen.
 - **Abdominal myomectomy:** Your provider makes a larger cut in your abdomen to reach the uterus and remove fibroids.
- **Hysterectomy:** The uterus and fibroids may be removed together if you have severe symptoms that do not respond to other treatments and you do not want to have future children. A hysterectomy may also be the treatment of choice if you have a rare type of cancer associated with rapidly growing fibroids.

Another possible treatment is dilatation and curettage (D&C). For a D&C your provider opens the cervix and scrapes or suctions tissue from the uterus. This procedure does not remove the fibroid and the abnormal bleeding may come back.

Before you have a myomectomy or hysterectomy, you may be given a medicine for 2 to 3 months to shrink the fibroid. For some women this will make the operation easier to perform. If you are close to menopause, your provider may prescribe this medicine for you to take until you are in menopause, and you may not need any

other treatment. The medicine can keep your body from making hormones that cause fibroids to grow and cause problems.

How long will the effects last?

Small fibroids that don't get bigger usually have no lasting effects. If you have symptoms caused by large or growing fibroids, you will probably keep having symptoms until the growths are treated, or until they begin to shrink and go away after menopause.

Even if fibroids are removed, you may get more fibroids.

How can I take care of myself?

- Take acetaminophen or ibuprofen for cramps and body aches. Don't take aspirin because it may increase the bleeding. Nonsteroidal anti-inflammatory medicines (NSAIDs), such as ibuprofen, naproxen, and aspirin, may cause stomach bleeding and other problems. These risks increase with age. Read the label and take as directed. Unless recommended by your healthcare provider, do not take for more than 10 days for any reason.
- Rest in bed when symptoms are worst.
- Eat foods high in iron. Ask your healthcare provider if you should take iron pills. (If you bleed a lot during your periods, you may need more iron.)
- Put a heating pad at a low setting on your abdomen to help relieve cramps or pain.
- Follow your healthcare provider's recommendations for treatment with medicine and for follow-up visits to see if the fibroid is growing.
- Call your healthcare provider if:
 - Pain or heavy bleeding keeps being a problem.
 - Your abdomen is getting bigger.
 - You feel pressure in your pelvis.
 - Sexual intercourse is painful.
 - You have to urinate often.
 - You notice your symptoms are getting worse.

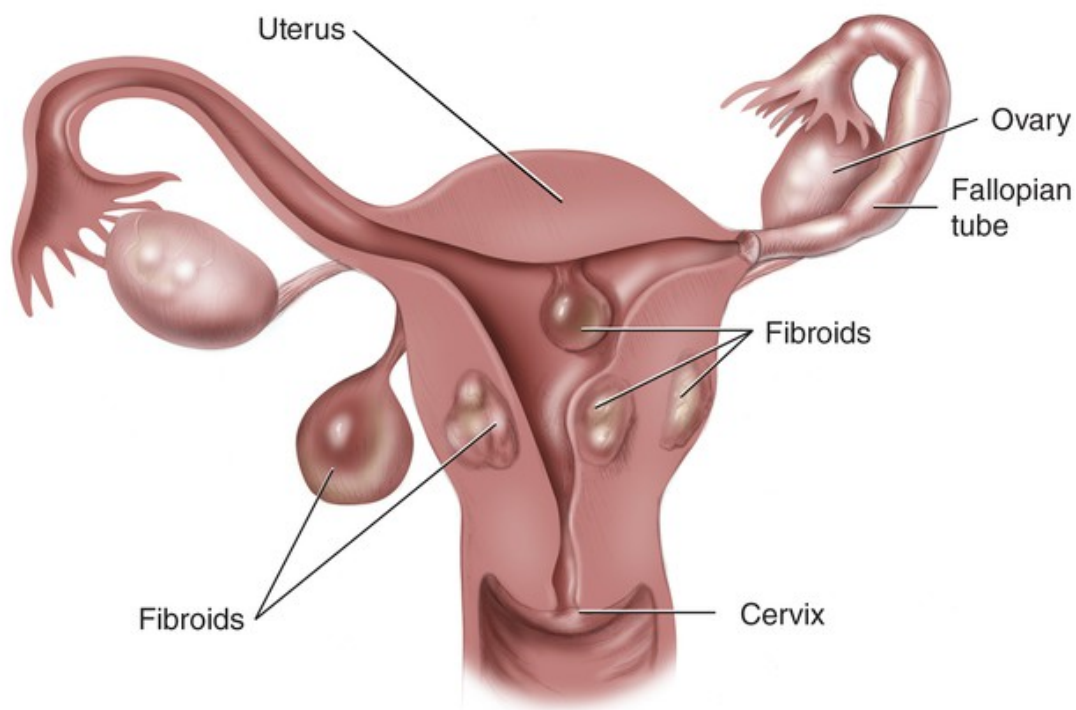
What can I help prevent uterine fibroids?

No sure way is known to prevent fibroids from developing or coming back.

Developed by RelayHealth.

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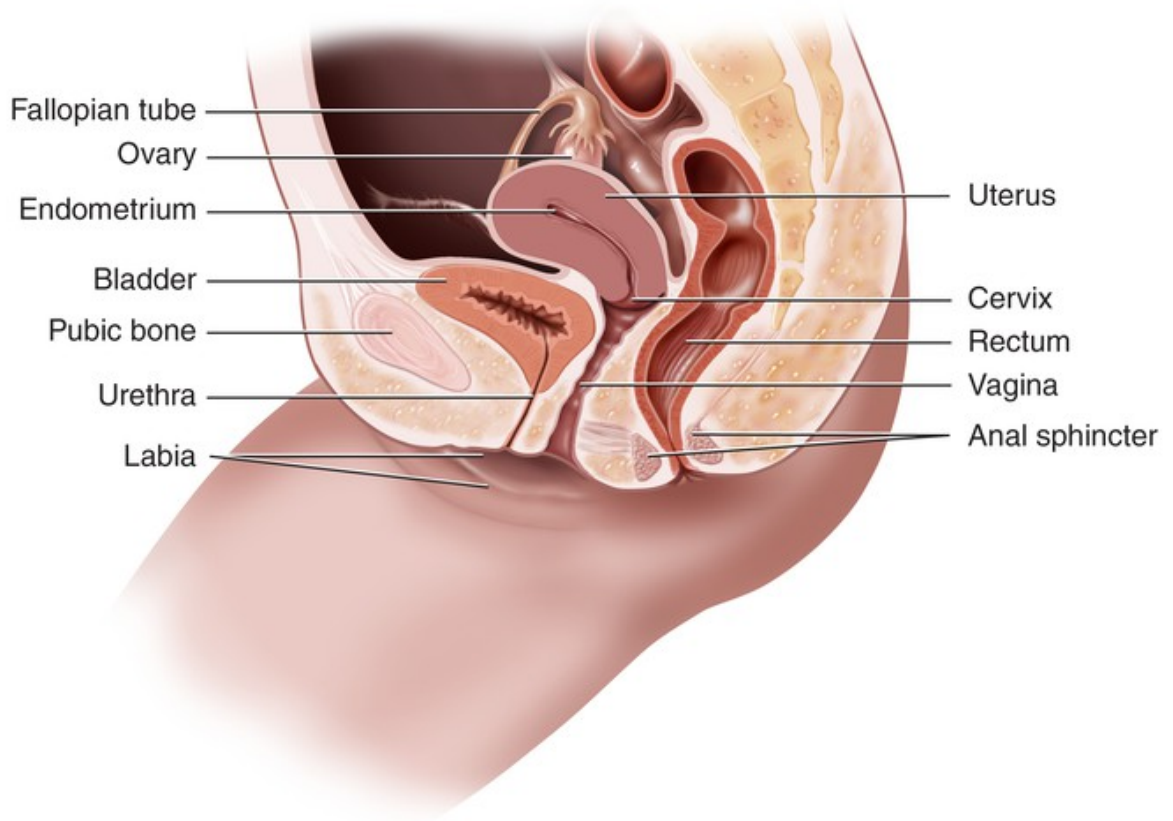
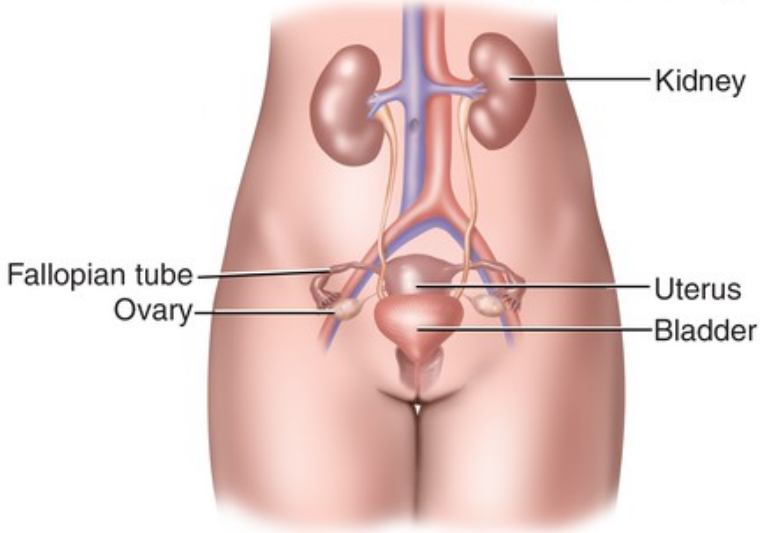
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Female Pelvis

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