

Fibroids

by Mary Ellen Wechter, MD, MPH

Uterine leiomyomata, or fibroids, are benign (non-cancerous) tumors of uterine muscle. Fibroids cause heavy menstrual bleeding (periods) and pelvic pressure as well as painful periods and painful intercourse. Some women experience a negative effect on fertility or childbearing, including recurrent miscarriages. Diagnosed by a pelvic exam and an ultrasound, fibroids are the most common reproductive tumor in women, affecting 70-80% of all US women by age 50. They are the most common reason for hysterectomy in the United States.

The good news is that not all fibroids need to be treated. Many women have only mild or even no symptoms. These women, in general, can just “monitor” their fibroids until menopause. Other women are significantly affected by bleeding, pressure, pain, or fertility problems. Nearly one half of women with fibroids will need treatment at some point to restore their quality of life. Besides the presence and type of symptoms, there are several important factors in deciding on a treatment course: the number, location, and size of the fibroids, a woman’s plans for fertility or her desire to keep her uterus, and patient characteristics such as obesity, diabetes, and a history of other surgeries such as a cesarean section. Treatment decisions can be complex and therefore should be individualized during a thorough evaluation and planning session with a doctor.

Many women will first be offered a simple “trial” approach with medication to relieve symptoms. Birth control pills or hormones taken by mouth can help control heavy menstrual bleeding in some women. A progesterone-containing intrauterine device (IUD) can reduce fibroid-related menstrual bleeding by keeping the menstrual lining thin and dry. Medications such as ibuprofen can reduce menstrual cramping and works best if taken on a schedule during the worst few days of cramping.

Fibroid symptoms not relieved by simple measures usually require a procedure or surgery for treatment. Women who have completed childbearing are often best served by a hysterectomy. Having a hysterectomy for fibroids provides the best return to health-related quality of life when compared to the other major treatments techniques. Most hysterectomies today can be performed with laparoscopic, robotic, or vaginal technique allowing women to have a short (<24 hours) hospital stay, faster recovery, less infection risk, minimal blood loss and less pain than traditional surgery. Menstruation stops after hysterectomy but, unless the ovaries are also removed, hormone production continues until natural menopause.

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For women who want to pursue a pregnancy but have severe symptoms, myomectomy is the recommended approach. Depending on the size and number of fibroids, myomectomy can be done with robotic surgery, or with a small abdominal incision (mini-laparotomy), or through intrauterine (hysteroscopic) surgery with no incision at all. Most women considering a myomectomy will benefit having an MRI to examine the uterus in detail, allowing the best plan for surgery.

Some women choose to avoid hysterectomy or myomectomy, even if they are no longer pursuing pregnancy. Others should avoid surgery due to risks such as severe internal scarring or severe medical problems preventing safe anesthesia. In these situations, two radiology procedures are also available for treating fibroids. Uterine artery embolization (UAE) is a procedure that blocks fibroid blood supply by injecting small plastic beads into the main uterine blood vessels. UAE is successful in controlling symptoms for nearly 90% of patients, with recovery in approximately three weeks. A newer technique is MR guided Focused Ultrasound Surgery (MRgFUS) which “melts” parts of the fibroid using ultrasound energy. Recovery from MRgFUS can be as short as several days because no incision is used. Like UAE, nearly 90% of women experience relief of their fibroid symptoms; however, for both treatments, approximately 1 of every 5 women treated will need some additional type of treatment (usually a hysterectomy) in 2 years. MRgFUS is available only in a few centers across the country.

Uterine fibroids are a very important women’s health problem. Unfortunately, many women suffer quietly for years before seeking and receiving helpful treatment. We now have effective, minimally-invasive treatments for women with symptomatic fibroids. Most of these treatments can be done with small or no incisions, reducing pain and recovery time and returning women to the good quality of life they deserve.

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