

Greenwich Hospital

What are Uterine Fibroids?

PATIENT/FAMILY INFORMATION SHEET

What are uterine fibroids?

Uterine fibroids are common, non-cancerous or benign growths that develop in the wall of the uterus. About 30 percent of women of childbearing age and 20 to 40 percent of women over the age of 35 are diagnosed with uterine fibroids.

Uterine fibroids can range in size from as small as a pea to as large as a cantaloupe. In many cases, there is more than one present. The smaller fibroids often do not cause symptoms and do not require treatment other than regular observation by the doctor.

There is no known cause for uterine fibroids. However, scientists feel that genetic, hormonal, and environmental factors may contribute to fibroid growth.

What are the symptoms of uterine fibroids?

Symptoms vary according to location, size, and the number of fibroids present. These symptoms include:

- Heavy, prolonged menstrual periods, sometimes passing clots
- Irregular monthly bleeding
- Pelvic pain, pressure, and/or heaviness
- Lower back pain
- Pain in the back of the legs as the fibroids press on nerves
- Pain during sexual intercourse
- Bladder pressure causing a constant urge to urinate
- Pressure on the bowel causing constipation, gas and bloating
- Distended abdomen

How are uterine fibroids diagnosed?

Sometimes women do not have symptoms associated with uterine fibroids and as a result, are unaware that they even have them. Women may discover that they have fibroids during routine gynecological exams. The gynecologist may detect fibroids depending upon their size through a physical exam of the woman's abdomen and pelvic area.

If uterine fibroids are suspected, diagnostic tests may be ordered, such as:

- X-rays
- CT scan, which takes x-rays of the body from many different angles to provide a more complete image than regular x-rays.
- Ultrasound, which uses sound waves to create diagnostic pictures
- Magnetic resonance imaging (MRI), which uses magnets and radio waves to create diagnostic pictures

What are the treatment options for uterine fibroids?

➤ **DRUG THERAPY:** Drug therapy may be tried first, which may include:

- Birth-control pills
- Hormone therapy

Symptoms may be controlled using drug therapy with some patients and they may not require further treatment therapies. Hormones are generally used short term due to side effects of menopausal symptoms, erratic or no menstruation, and bloating.

➤ **SURGERY:** Depending upon the severity of symptoms, surgery may be recommended. The surgeon may chose to remove only the fibroid(s) depending upon size, and whether or not the woman plans on having children. A hysterectomy, or removal of the uterus, may be recommended if the fibroid(s) is large, if bleeding is heavy, or if the woman is past menopause.

➤ **UTERINE FIBROID EMBOLIZATION:** Uterine fibroid embolization is another treatment therapy. This treatment involves blocking the arteries that supply the fibroids, thereby causing them to shrink. This is performed by a specially trained doctor called an interventional radiologist (For more information, see the Patient Education Fact Sheet for Uterine Fibroid Embolization).

Choice of treatment depends on individual circumstances. Speak with your gynecologist to determine what treatment options are best for you.

Sources: National Library of Medicine @ www.nichd.nih.gov Retrieved 01/06.
Society of Interventional Radiology @ www.sirweb.org Retrieved 01/06.

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