Health Basics A-Z

Uterine Fibroids

What are uterine fibroids?
Uterine fibroids are noncancerous growths of the uterus (womb) that most often appear during a woman's childbearing years. They are also called fibromyomas, leiomyomas or myomas. About 20 percent to 80 percent of women develop fibroids by the time they reach age 50. African-American women, however, are three times more likely to develop uterine fibroids than Caucasian women. Most often, they occur in women ages 40 and older, but may also occur in women under age 35 and those in their early 20s. Ranging in sizes undetectable to the human eye to those grown large enough to give a woman the appearance of being pregnant. The growth of uterine fibroids may also distort the inside as well as the outside of the uterus. The fibroids develop from the smooth muscular tissue of the uterus and are caused by the repeated reproduction of a single cell. The single cell's repeated reproduction eventually forms a pale, rubbery mass called a fibroid.

What are the symptoms of uterine fibroids?
Although most uterine fibroids cause no symptoms, and are often discovered during a routine pelvic examination, the following symptoms may indicate their presence.

- Heavy, prolonged monthly periods, sometimes with clots
- Anemia (fatigue due to low red blood cell count)
- Pain or pressure between the hip bones or in the back of the legs
- Pain during sexual intercourse
- Frequent need to urinate
- Constipation or bloating
- Palpable mass in the abdomen
- Feeling full when eating

If a woman experiences any of the above symptoms, she should see her doctor to confirm, through tests, whether or not she has uterine fibroids.

What are the treatment options for uterine fibroids?
Treatment options for uterine fibroids range from watchful waiting (for those women who have fibroids with no or few symptoms); administration of medications that work to shrink fibroids,

relieve fibroid symptoms or help control menstrual bleeding without reducing fibroid size; minimally invasive, non-surgical procedures, such as uterine fibroid embolization (UFE) and high intensity focused ultrasound (HIFU, a relatively new procedure with limited availability in the U.S.) to surgical procedures, such as endometrial ablation (removal of the lining of the uterus to reduce bleeding), myomectomy (removal of fibroids and leaving the uterus in place) and hysterectomy (removal of the uterus and sometimes the ovaries).

Recently, the Food and Drug Administration approved a new combination oral medication to treat heavy menstrual bleeding related to uterine fibroids in premenopausal women.

Quick Tips
Before deciding on any uterine fibroid treatment option, first do your research.

Understand Your Options: Women should understand what each treatment option involves and how it will impact on her life.

Talk to Others: Speak to other women who have the condition and consult with a gynecologist and other health care professionals who treat uterine fibroids.

Ask Questions: Women need to ask doctors the right questions before choosing any treatment option:

- How often is the procedure successful?
- How many of these procedures have you performed?
- What results should I expect?
- What are typical complications and how often do they occur?
- Typically, how do patients feel during and after the procedure?
- How long should I expect to stay in the hospital?
- What kind of follow-up care is typical and who manages it?
- How does this procedure affect a woman’s ability to get pregnant?
- Will my insurance cover the procedure?

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