

How are uterine fibroids treated?

The treatment for uterine fibroids depends on the size, location and severity of your symptoms. If you do not have symptoms, your doctor may decide that there is no need to treat the fibroids. However, your physician will likely recommend yearly visits to have them checked.

If you develop symptoms, there are a number of treatment options available. **Medical therapy** uses drugs to provide control of symptoms. These drugs include non-steroidal anti-inflammatory (NSAIDs), birth control pills and hormone therapy. There are two options for **surgical therapy**—myomectomy and hysterectomy. A myomectomy is a surgical technique which removes the fibroids from the wall of the uterus. A hysterectomy is a surgical procedure which removes the entire uterus. Uterine fibroid embolization (UFE) is a *non-surgical*, minimally invasive procedure performed by an interventional radiologist that is designed to preserve your uterus. The procedure prevents blood flow to the fibroids, causing them to shrink over time.

If you have uterine fibroid embolization questions, please call Mercy Medical Center Interventional Radiology (515) 247-3618.

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PLEASE CALL MERCY
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UTERINE FIBROIDS



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7560-004-3pnl-492 02/01/06



Uterine fibroids are very common and, for many women, cause symptoms that affect the quality of their life. This brochure provides answers to questions about uterine fibroids and treatments that are available.

What are uterine fibroids?

Uterine fibroids are non-cancerous tumors that form in the uterus, that tend to form in women age 35 and older. Though most uterine fibroids do not cause symptoms, some women may experience severe problems.

There are three different types of uterine fibroids—intramural, subserosal and submucosal.



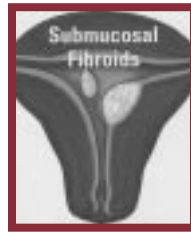
Intramural fibroids are the most common type and grow in the muscular wall of the uterus. Because they grow in the uterine wall, they make it feel larger than normal.

These fibroids can cause pelvic pain, increased menstrual bleeding, back pain or pressure.



Subserosal fibroids are the second most common type and grow on the outer surface of the uterus. Because they are on the outer wall, these fibroids usually don't

affect menstrual flow, but they can cause pelvic pain, back pain or pressure.



Submucosal fibroids grow on the inner surface of the uterus and can cause heavy or prolonged periods, even if the fibroids are very small.

Typically, women who have uterine fibroids have more than one that range widely in size. Some are no bigger than a pea, while others can be the size of a melon or larger. Once fibroids are diagnosed, the extent of the condition is determined by comparing the size of the uterus to a typical size during pregnancy.

What causes uterine fibroids?

It is unknown why uterine fibroids develop, but medical researchers associate the condition with genetics and hormones. Women of African-American descent are twice as likely as women of other races for developing uterine fibroids. Natural hormone fluctuation during pregnancy and menopause can affect the size of uterine fibroids. During pregnancy, fibroids tend to increase with the increase in estrogen. After delivery, the fibroids usually shrink to pre-pregnancy size. During menopause, uterine fibroids tend to shrink with the decrease in estrogen.

What are typical symptoms?

A uterine fibroid may start to grow while a woman is in her 20s. However, most

women do not begin to have symptoms until they are in their late 30s or early 40s. Depending on the size, location and number of fibroids, a woman may experience the following symptoms:

- Heavy, prolonged menstrual periods and unusual monthly bleeding, which can clot and cause anemia
- Increased menstrual cramping
- Pain, pressure or discomfort in the pelvis
- Pain in the back, sides or legs
- Pain during sexual intercourse
- Blockage of urine flow from the kidney to the bladder
- Urinary frequency due to pressure on the bladder
- Constipation and/or bloating due to pressure on the bowel
- Abnormally enlarged abdomen

How do I know if I have uterine fibroids?

Uterine fibroids are typically diagnosed during a gynecologic internal examination. This pelvic exam allows the physician to check the size of your uterus. If it feels enlarged, your physician may send you for an ultrasound. This exam can detect if fibroids are present, as well as determine their location and size.

The presence of fibroids can also be diagnosed using magnetic resonance imaging (MRI). For submucosal fibroids, your gynecologist may use a small scope placed through your vagina to examine the inside wall of your uterus.