

DISPEL THE MYTHS ABOUT 'FIBROIDS' RAKSHA JOSHI MD

You went to visit your gynecologist for your yearly examination; you had no concerns and felt that you were in good health. Your gynecologist examined you and said that you have 'fibroids' in your uterus. Another common scenario – you had an ultrasound (sonogram) done for some reason and you are told that there are fibroids in your uterus. You are stunned and scared to death and straightaway think that you have been handed a 'verdict' that means you have to undergo major surgery and have a 'hysterectomy' (removal of the entire uterus), thus losing your childbearing ability and your 'woman-ness' in some ways. I narrate these scenarios because it happens everyday in most gynecologists' offices. Please do not scare yourself to death if you have been informed that you have 'fibroids'.

Let us talk about 'fibroids', noting some well known facts about fibroids

- first and foremost fibroids are extremely common, they occur in one quarter to half of all women; in other words, out of 100 women 25 to 50 will have fibroids.
- fibroids are benign growths from the muscle of the uterus, i.e. they are not cancer
- the chances of fibroids becoming cancer are extremely rare (less than one in 200)
- most fibroids do not cause any symptoms and may remain in a woman's uterus her whole life without her even knowing that they are there
- having fibroids does not mean that you can never become pregnant
- having fibroids does not mean that you will definitely have a miscarriage if you become pregnant
- having fibroids does not mean that you will always need to have a cesarean delivery, and you can never have a normal vaginal delivery if you are pregnant
- other names that your doctor may use that may scare you are 'myomas' 'leiomyomas' they both mean fibroids so do not be confused
- dark colored women especially black women are more likely to have fibroids than white or Caucasian women
- very little is known to us about why fibroids arise
- we do know that they grow in the presence of the female hormones estrogen and progesterone and shrink during the menopause and after it when levels of these hormones decrease

Some women will experience various symptoms from having fibroids. The type of symptoms and the severity of symptoms depend upon the size of the fibroids, the number of fibroids and most importantly where in the wall of the uterus they are located e.g. if a myoma is located near the cavity and inner lining of the uterus the woman is more likely to have symptoms of bleeding heavy than if the fibroid(s) are located near the outer surface of the uterine muscle wall.

Common symptoms are as follows

- **menstrual symptoms** such as heavy bleeding during menses, longer duration of menses, painful cramps during menstruation, bleeding in between menses (an indication that a fibroid may be near the inner lining of the uterus or in the cavity)
- **pressure symptoms** such as heaviness in the pelvis, feeling as if the urinary bladder is full all the time, frequent urination, feeling that the rectum is full all the time (if a fibroid is located near the outer surface of the uterus on the back wall of the uterus)
- **increasing girth of the lower abdomen** a woman may feel that she has to wear a larger size trousers (pants) or skirt or feel that the lower part of the abdomen protrudes out

- **pregnancy related** rarely fibroids will grow and cause pain during pregnancy due to a condition common in pregnancy called 'red degeneration'. Most fibroids do not change in size nor do they cause any additional symptoms during pregnancy. Even more rarely do they cause infertility (inability to become pregnant) or miscarriages. Infertility or miscarriages happen with fibroids that are located near or in the cavity of the uterus or if they block the opening of the fallopian tube(s)
- **pain** is rare with fibroids but may occur if the fibroids are undergoing 'red degeneration' or are infected or if are very large and stuck in the pelvic cavity or if they twist their stem which attaches them to the inside of the cavity or the outer surface of the uterus

Remember that most fibroids do not cause any symptoms at all.

Most fibroids are detected by your doctor on a pelvic examination but some may be detected by many types of imaging studies such as ultrasound (sonogram), CT (computerized tomography) scan, MRI (magnetic resonance imaging) scan. Fibroids can be seen by looking into the cavity of the uterus during a 'hysteroscopy' (hysteros=uterus, scopy=to look), laparoscopy (laparos=abdomen, scopy=to look), or by an x-ray procedure called hysterosalpingography.

How are fibroids treated?

Remember, most fibroids do not need any treatment. Only fibroids that cause significant symptoms as noted above need any treatment.

If the woman is near menopause and is experiencing heavy bleeding, the physician may elect to bring the menopause forward by using medication such as Leuprolide injection, or may use the depot provera injection to stop bleeding and also shrink the fibroids.

If a woman needs surgery to treat fibroids, such surgery may remove only the fibroids called 'myomectomy' or 'hysterectomy' to remove the entire uterus. Doing a hysterectomy or myomectomy depends upon the size, severity of symptoms, location and childbearing interests of the woman. If a myomectomy is done, the myomas will grow again in about 2 to 4 out of 10 women.

Newer non surgical procedures such as 'killing' the fibroids by cutting off their blood supply using uterine artery embolization procedure or freezing the fibroids by cold probe (cryosurgery) or 'killing' the fibroids by using focused ultrasound of very high frequency are methods which are still in the experimental and early treatment stages and are not commonly used yet.

In the future, there is significant potential for non-surgical and medical (oral medication to shrink the fibroids) types of treatment and there is constant research being done in these areas.

So, you see; knowing that you have fibroids is not the end of the world.

If you have any questions, do not hesitate to speak with your doctor.

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