



Fibroids

Fibroids are benign (not cancerous) tumors made mostly of muscle tissue. They are found in the wall of the uterus and sometimes on the cervix. They can range in size from as small as a pea to more than 6 inches wide. With larger fibroids, a woman's uterus can grow to the size of a pregnancy more than 20 weeks along. About 20-80% of women develop fibroids by age 50.



SIGNS & SYMPTOMS

Some women with uterine fibroids do not have any symptoms. When symptoms occur, they vary due to the number, size, and locations of the fibroid(s). Symptoms include:

- Abdominal swelling, especially if they are large.
- Heavy menstrual bleeding, bleeding between periods or after intercourse, or bleeding after menopause.
- Backache, pain during sex, pain with periods, etc.
- Anemia from excessive bleeding.
- Pelvic pressure.
- Passing urine often from pressure on the bladder.
- Chronic constipation from pressure on the rectum.
- Infertility. The fallopian tubes may be blocked or the uterus may be distorted. This is rare.
- Miscarriage. If the fibroid is inside the uterus, the placenta may not implant the way it should.



DIAGNOSIS

Fibroids are diagnosed with a medical history and a pelvic exam. Your doctor can also do other tests, such as an ultrasound and hysteroscopy to confirm their presence, location and size.



CAUSES & RISK FACTORS

The exact cause is not known, but fibroids need estrogen to grow. They may shrink or go away after menopause.

Reasons a Woman is More Likely To Get Fibroids

- She has not been pregnant.
- She has a close relative who also had or has fibroids.
- She is African American. The risk is three to five times higher than it is for Caucasian women.



TREATMENT

“Watchful waiting.” Your doctor will “watch” for any changes and may suggest “waiting” for menopause, since fibroids often shrink or disappear after that time. If you have problems during this “waiting” period, you may decide that you do not want to “wait” for menopause, but choose to have something done to treat your fibroids. Problems include: too much pain, too much bleeding, an abdomen that gets too big, the need to take daily iron to prevent anemia, and other abdominal issues.



Medication. One type is called GnRH agonists. These block the production of estrogen by the ovaries. This shrinks fibroids in some cases, but is not a cure. The fibroids return when the medicine is stopped. Shrinking the fibroids might allow a minor surgery (with less blood loss) to be done instead of a major one. GnRH agonists are taken for a few months, but not more than six, because their side effects mimic menopause and may lead to osteoporosis. In some cases, GnRH agonists can be used longer. This uses low dose estrogen to make side effects milder.



Surgery. Methods include:

- **Myomectomy.** The fibroids are removed. The uterus is not. This can be done using a laparoscope and a laser (laparoscopy). The fibroids could also be cut out using a resectoscope (hysteroscopy). Fibroids can be removed under direct vision during abdominal surgery (laparotomy). Myomectomy methods may allow fibroids to grow back. The more fibroids there are to begin with, the greater the chance they will grow back.
- **Procedures to destroy the uterine lining.** These do not remove fibroids or the uterus, but stop or lighten menstrual flow from then on. The uterine lining can be destroyed using a laser, heat or intense cold.
- **Uterine artery embolization.** A catheter is inserted in a large blood vessel in the groin and sent to the level of the uterine arteries. A substance is given that blocks blood flow to the uterine arteries that nourish the fibroids. This treatment shrinks the fibroids.
- **Hysterectomy.** This surgery removes the uterus and the fibroids. This method is advised when the fibroid is very large or when other treatments don’t stop severe bleeding. A women can no longer get pregnant after the surgery. This treatment is also advised if the fibroid is cancerous. This rarely occurs.

TRIAGE QUESTIONS

Do you have severe abdominal pain?

NO
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YES ➡ **GET EMERGENCY MEDICAL CARE**

Do you have any of these problems?

- Heavy menstrual bleeding. Is a pad or tampon saturated in less than an hour?
- Bleeding between periods, after intercourse, or after menopause.
- Paleness, weakness, fatigue.

NO
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YES ➡ **SEE DOCTOR**

Does pain occur in any of these conditions?

- During sexual intercourse.
- With your menstrual periods.
- In the lower back, not due to a strain or any other problems.

NO
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YES ➡ **SEE DOCTOR**

Do you feel pressure on your bladder or rectum or do you pass urine often?

NO
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YES ➡ **SEE DOCTOR**

USE SELF-CARE



SELF-CARE

- Take medications as advised.
- Maintain a healthy body weight. The more body fat you have, the more estrogen your body is likely to have. This promotes fibroid growth.
- Do regular exercise. This may reduce your body’s fat and estrogen levels.



FOR MORE INFORMATION:

Office on Women’s Health
womenshealth.gov