



FREQUENTLY ASKED QUESTIONS

FAQ074

GYNECOLOGIC PROBLEMS

Uterine Fibroids

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What are uterine fibroids?

Uterine fibroids are benign (not cancer) growths that develop from the muscle tissue of the **uterus**. They also are called leiomyomas or myomas. The size, shape, and location of fibroids can vary greatly. They may be inside the uterus, on its outer surface or within its wall, or attached to it by a stem-like structure. A woman may have only one fibroid or many of varying sizes. A fibroid may remain very small for a long time and suddenly grow rapidly, or grow slowly over a number of years.

Who is most likely to have fibroids?

Fibroids are most common in women aged 30–40 years, but they can occur at any age. Fibroids occur more often in African American women than in white women. They also seem to occur at a younger age and grow more quickly in African American women.

What are symptoms of fibroids?

Fibroids may cause the following symptoms:

- Changes in **menstruation**
 - Longer, more frequent, or heavy menstrual periods
 - Menstrual pain (cramps)
 - Vaginal bleeding at times other than menstruation
 - Anemia** (from blood loss)
- Pain
 - In the abdomen or lower back (often dull, heavy and aching, but may be sharp)
 - During sex
- Pressure
 - Difficulty urinating or frequent urination
 - Constipation, rectal pain, or difficult bowel movements
 - Abdominal cramps

- Enlarged uterus and abdomen
- Miscarriages
- Infertility

Fibroids also may cause no symptoms at all. Fibroids may be found during a routine **pelvic exam** or during tests for other problems.

What complications can occur with fibroids?

Fibroids that are attached to the uterus by a stem may twist and can cause pain, nausea, or fever. Fibroids that grow rapidly, or those that start breaking down, also may cause pain. Rarely, they can be associated with cancer. A very large fibroid may cause swelling of the abdomen. This swelling can make it hard to do a thorough pelvic exam.

Fibroids also may cause infertility, although other causes are more common. Other factors should be explored before fibroids are considered the cause of a couple's infertility. When fibroids are thought to be a cause, many women are able to become pregnant after they are treated.

How are fibroids diagnosed?

The first signs of fibroids may be detected during a routine pelvic exam. A number of tests may show more information about fibroids:

- **Ultrasonography** uses sound waves to create a picture of the uterus and other pelvic organs.
- **Hysteroscopy** uses a slender device (the hysteroscope) to see the inside of the uterus. It is inserted through the vagina and cervix (opening of the uterus). This lets your health care professional see fibroids inside the uterine cavity.
- **Hysterosalpingography** is a special X-ray test. It may detect abnormal changes in the size and shape of the uterus and fallopian tubes.
- **Sonohysterography** is a test in which fluid is put into the uterus through the cervix. Ultrasonography is then used to show the inside of the uterus. The fluid provides a clear picture of the uterine lining.
- **Laparoscopy** uses a slender device (the laparoscope) to help your health care professional see the inside of the abdomen. It is inserted through a small cut just below or through the navel. Fibroids on the outside of the uterus can be seen with the laparoscope.

Imaging tests, such as magnetic resonance imaging and computed tomography scans, may be used but are rarely needed. Some of these tests may be used to track the growth of fibroids over time.

When is treatment necessary for fibroids?

Fibroids that do not cause symptoms, are small, or occur in a woman who is nearing **menopause** often do not require treatment. Certain signs and symptoms may signal the need for treatment:

- Heavy or painful menstrual periods that cause anemia or that disrupt a woman's normal activities
- Bleeding between periods
- Uncertainty whether the growth is a fibroid or another type of tumor, such as an ovarian tumor
- Rapid increase in growth of the fibroid
- Infertility
- Pelvic pain

Can medication be used to treat fibroids?

Drug therapy is an option for some women with fibroids. Medications may reduce the heavy bleeding and painful periods that fibroids sometimes cause. They may not prevent the growth of fibroids. Surgery often is needed later. Drug treatment for fibroids includes the following options:

- Birth control pills and other types of hormonal birth control methods—These drugs often are used to control heavy bleeding and painful periods.
- Gonadotropin-releasing hormone (GnRH) agonists—These drugs stop the menstrual cycle and can shrink fibroids. They sometimes are used before surgery to reduce the risk of bleeding. Because GnRH agonists have many side effects, they are used only for short periods (less than 6 months). After a woman stops taking a GnRH agonist, her fibroids usually return to their previous size.
- **Progestin**—releasing **intrauterine device (IUD)**—This option is for women with fibroids that do not distort the inside of the uterus. It reduces heavy and painful bleeding but does not treat the fibroids themselves.

What types of surgery may be done to treat fibroids?

Myomectomy is the surgical removal of fibroids while leaving the uterus in place. Because a woman keeps her uterus, she may still be able to have children. Fibroids do not regrow after surgery, but new fibroids may develop. If they do, more surgery may be needed.

Hysterectomy is the removal of the uterus. The ovaries may or may not be removed. Hysterectomy is done when other

treatments have not worked or are not possible or the fibroids are very large. A woman is no longer able to have children after having a hysterectomy.

Are there other treatments besides medication and surgery?

Other treatment options are as follows:

- Hysteroscopy—This technique is used to remove fibroids that protrude into the cavity of the uterus. A **resectoscope** is inserted through the hysteroscope. The resectoscope destroys fibroids with electricity or a laser beam. Although it cannot remove fibroids deep in the walls of the uterus, it often can control the bleeding these fibroids cause. Hysteroscopy often can be performed as an outpatient procedure (you do not have to stay overnight in the hospital).
- Uterine artery embolization (UAE)—In this procedure, tiny particles (about the size of grains of sand) are injected into the blood vessels that lead to the uterus. The particles cut off the blood flow to the fibroid and cause it to shrink. UAE can be performed as an outpatient procedure in most cases.
- Magnetic resonance imaging-guided ultrasound surgery—In this new approach, ultrasound waves are used to destroy fibroids. The waves are directed at the fibroids through the skin with the help of magnetic resonance imaging. Whether this approach provides long-term relief is currently being studied.

Glossary

Anemia: Abnormally low levels of red blood cells in the bloodstream. Most cases are caused by iron deficiency (lack of iron).

Hysterectomy: Surgery to remove the uterus.

Hysterosalpingography: A special X-ray procedure in which a small amount of fluid is placed in the uterus and fallopian tubes to find abnormal changes or see if the tubes are blocked.

Hysteroscopy: A procedure in which a lighted telescope is inserted into the uterus through the cervix to view the inside of the uterus or perform surgery.

Intrauterine Device (IUD): A small device that is inserted and left inside the uterus to prevent pregnancy.

Laparoscopy: A surgical procedure in which a thin, lighted telescope called a laparoscope is inserted through a small incision (cut) in the abdomen. The laparoscope is used to view the pelvic organs. Other instruments can be used with it to perform surgery.

Menstruation: The monthly shedding of blood and tissue from the uterus that happens when a woman is not pregnant.

Menopause: The time when a woman's menstrual periods stop permanently. Menopause is confirmed after 1 year of no periods.

Pelvic Exam: A physical examination of a woman's pelvic organs.

Progestin: A synthetic form of progesterone that is similar to the hormone made naturally by the body.

Resectoscope: A slender telescope with an electrical wire loop or roller-ball tip used to remove or destroy tissue.

Sonohysterography: A procedure in which sterile fluid is injected into the uterus through the cervix while ultrasound images are taken of the inside of the uterus.

Ultrasonography: A test in which sound waves are used to examine inner parts of the body. During pregnancy, ultrasonography can be used to check the fetus.

Uterus: A muscular organ in the female pelvis. During pregnancy this organ holds and nourishes the fetus.

If you have further questions, contact your obstetrician–gynecologist.

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