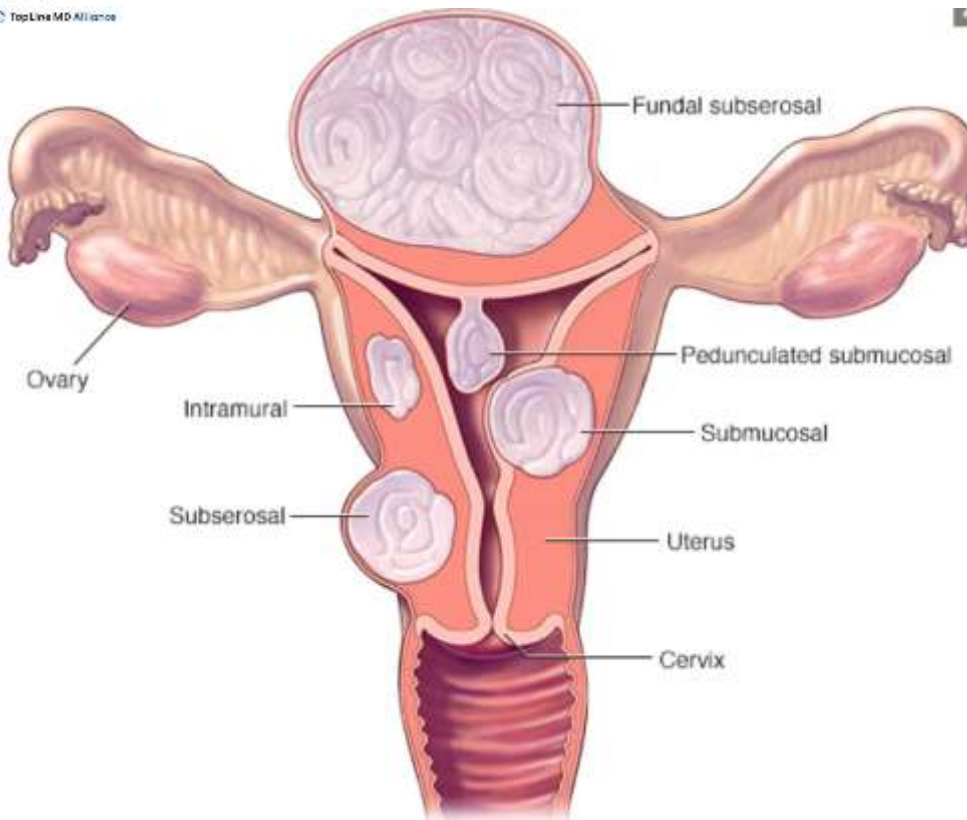


FIBROIDS



Fibroids are benign growths (not cancer) that develop in the muscular wall of the uterus. Uterine fibroids are very common.

How Common are they?

20 to 40 % of women above the age of 35 develop fibroids. As high as 80% of African American women can have fibroids present within the uterus.

What Symptoms Do they Cause?

- Abnormal bleeding, Heavy Menstrual Bleeding
- Anemia due to heavy bleeding
- Pelvic pain, back pain,
- Pelvic Pressure
- Pain During intercourse
- Difficulty urinating or emptying bowel

- Infertility
- Pregnancy complications such as preterm labor.

How do you Diagnose Fibroids?

- Physical Exam, Ultrasound of your Pelvis, CT scan and sometimes MRI is used.

What are my NON-Surgical Treatment Options?

Treatment is based on factors such as Age, the size of the fibroids, the desire for future pregnancy, and the severity of symptoms.

1) **Iron Tablets** to help improve symptoms of anemia 2) **Hormonal Tablets** that may help stabilize or sometimes shrink fibroids. 3) **Ibuprofen** or other non-steroidal inflammatory medications (NSAIDs) for pain relief.

What are my SURGICAL treatment options?

Minimally invasive surgery can be performed to remove the fibroids in women seeking future fertility (MYOMECTOMY) or a total hysterectomy can be performed in women that do not desire future fertility. Usually the Ovaries are left behind and do not typically cause a woman to enter menopause. Some women may require traditional surgical techniques (Open) to remove the enlarged Uterus or Fibroids. Alternative therapies also include interventional radiology assisted procedures such as Embolization.

TREATMENT	DESCRIPTION	ADVANTAGES	DISADVANTAGES	IMPACT ON FERTILITY
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FIBROIDS THAT DO NOT CAUSE ISSUES – DO NOT NEED ANY TREATMENT
(Lack of heavy menstruation, painful menstruation or bulk associated symptoms)



Medical therapies

Pain Medications (Ibuprofen, Tylenol)	Reduces pain during menses	Non-Hormonal, short acting	Does not eliminate fibroids, GI side effects	No Impact
Hormonal Treatment (E/P)	Reduces pain and heavy menstruation	Non-Surgical Option	Does not eliminate fibroids, prevents pregnancy, risks of hormonal therapy	Prevents Pregnancy
GnrH Agonist or Antagonists	Shuts down signaling from your brain and puts your body in a pseudo-menopausal state	Decrease blood loss, operative time, and recovery time	Long-term treatment associated with higher cost, menopausal symptoms, hot flashes, headache, fatigue bone loss; increased recurrence risk with myomectomy, suicidal ideation, liver issues, increase glucose, hair loss	Negatively affects pregnancy
IUD (Mirena) ³³	Treats abnormal uterine bleeding, likely by stabilization of endometrium	Most effective medical treatment for reducing blood loss; may decrease fibroid volume	Irregular uterine bleeding, increased risk of device expulsion	Yes, if discontinued after resolution of symptoms
Tranexamic acid	Antifibrinolytic therapy	Reduces blood loss from fibroids;	Does not decrease fibroid volume; medical contraindications	Yes

Myomectomy	Removal of fibroids but leaving uterus behind	Resolution of symptoms with preservation of fertility	Recurrence rate of 15% to 30% at five years, depending on size and extent of tumors; scarring ; need for cesarean section;	Yes
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Hysterectomy	Surgical removal of the uterus (transabdominally, transvaginally, or laparoscopically)	Definitive treatment for women, decreased pain, blood loss	Surgical Risks, Permanent solution.	Yes
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Uterine artery embolization.

Block blood flow to uterine vessels causing fibroids to shrink/die

Minimally invasive; avoids surgery; short hospitalization

Recurrence rate > 17% at 30 months; postembolization syndrome which includes foul discharge, increased vaginal discharge, pelvic pain, persistence of symptoms, need for hysterectomy in the future.

Unknown, possibly.

