



## WHAT ARE UTERINE FIBROIDS?

Fibroids are overgrowths of bundles of muscle that come from the muscular layer of the uterine wall. They are hormone sensitive growths within the uterus that can be found anywhere from the inside of the cavity, to poking outside of the uterus, or even coming from the cervix. Fibroids can be numerous or grow in isolation (just one fibroid). The other name for fibroid is leiomyoma.

## HOW COMMON ARE FIBROIDS?

They are extremely common – it is estimated that over 50% of women at the age of 50 have at least 1 fibroid, however they may or may not have any symptoms related to fibroids. Some populations are particularly prone to fibroids, such as women of African heritage.

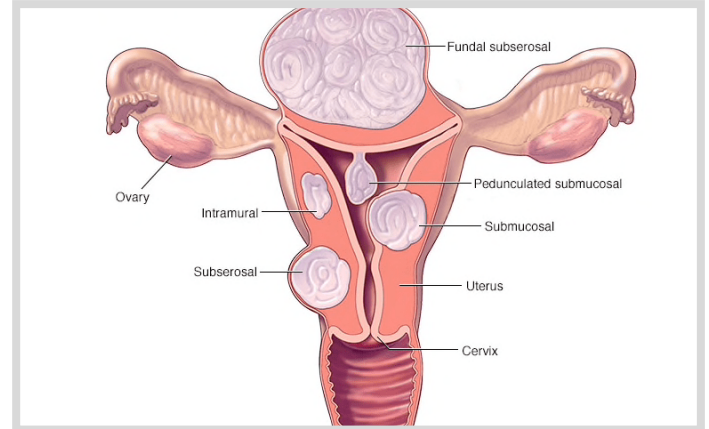
## WHAT ARE THE SYMPTOMS OF FIBROIDS?

While some women may not even know they have fibroids, typically the following symptoms are described by patients:

- Very heavy periods
- Infertility or recurrent miscarriage
- Bloating or bulk symptoms from an enlarged uterus
- Pelvic pain (less commonly due to fibroids)

## ARE FIBROIDS DANGEROUS?

Fibroids are considered benign (non-cancerous), even though they can be quite large or may have a tendency to grow quickly. The likelihood that a fibroid is cancerous is extremely low, especially in younger women.



## HOW ARE FIBROIDS DIAGNOSED?

Usually a pelvic ultrasound is all that is required to make a diagnosis. This may involve a saline infusion ultrasound, or sonohysterogram, however this will depend on the location and size of the fibroid. Occasionally, an MRI is required to get more details about the fibroid(s) and the exact location relative to the uterus.

## HOW ARE FIBROIDS MANAGED?

There are many options for managing fibroids, depending on the symptoms they are causing and every individual woman's plans for fertility. Many medical options can treat bleeding symptoms very well, and bulk symptoms to some extent. Sometimes, depending on the size and other factors, surgery may be the best option which can be approached either vaginally (hysteroscopic myomectomy), through a large incision either up and down (midline) or like a c-section, or it may be possible to perform surgery with multiple small incisions (laparoscopy). Every case is different and requires a tailored approach.

## WHAT ARE THE MEDICAL OPTIONS FOR FIBROIDS?

There are many medical options for endometriosis, each with its own unique benefits and limitations.

- **NSAIDs (non-steroidal anti-inflammatories)**

These are medications like ibuprofen and naproxen, which decrease inflammation and pain, and can help relieve period pain (dysmenorrhea) and also decrease bleeding at the time of the period. While they help with symptom control, they do not address the underlying fibroids. Main side effects include stomach upset.

- **Tranexamic acid (Cyklokapron®)**

Tranexamic acid is a pill taken three times daily on days of heavy menstrual bleeding only. It decreases the amount of bleeding by half by acting on coagulation factors. It is non-hormonal, and is generally very well tolerated. Side effects include headache, fatigue and muscle cramps.

- **Birth control pill, patch, or ring**

Taking birth control works very well to decrease and even eliminate bleeding, and are effective as contraception as well. Main side effects include abnormal spotting (improves with time), mood changes, and possibly water retention.

- **Mirena® or Kyleena® IUD (intra-uterine device)**

The Mirena® and Kyleena® deliver a continuous dose of levonorgestrel, a progestin that suppresses endometriosis activity and make periods lighter and less painful. They last for 5 years after insertion and are considered among the best options for contraception. Main side effects include mild pain with insertion (1-2 days), abnormal spotting (improves with time), and possibly acne.

- **Depo-Provera (depo-medroxyprogesterone acetate, DMPA)**

DMPA is an injectable medication given every 12-13 weeks containing a single hormone. This medication is very effective as birth control and works well to control symptoms of fibroids. Main side effects include abnormal spotting (improves with time), possible weight gain, and with long term use it may cause reversible decrease in bone density. However it has not been associated with increased risk of fractures or osteoporosis.

- **Elagolix (Orilissa®)**

This medication is a pill taken twice daily that works on receptors in your brain to simulate menopause. By decreasing your body's hormone levels similar to menopause, the fibroids are starved of the hormones they need, and are effectively suppressed. This medication is not considered birth control. Main side effects include abnormal bleeding, mood changes, and hot flashes.

- **Leuprolide Acetate (Lupron®)**

Lupron is an injectable medication that works similarly, but more effectively, than elagolix. Injections are given every 12 weeks (a 4 week formulation also exists), and it also causes a reversible, medical menopause. This medication is not considered birth control. Main side effects include abnormal bleeding, mood changes, difficulty sleeping, and hot flashes. Oftentimes, a small dose of hormone replacement therapy (called "add-back") is given to counteract the side effects of Lupron, especially if it will be used for more than 6 months. Lupron is considered the best medical option to cause fibroids to shrink, however they typically grow back within months after stopping the medication. Lupron can be useful prior to surgery to improve anemia, and shrink fibroids to make the operation easier.

## WHAT DOES SURGERY FOR FIBROIDS MEAN?

Surgery for fibroids will depend primarily on the size, number, and location of fibroids. As mentioned, the surgery can be approached in several ways including vaginally, through a large abdominal incision, or through laparoscopy. The goal is to remove as much or all of the fibroids, while keeping the uterus in the best shape possible.

## WHAT ARE THE RISKS OF SURGERY?

### ● General Anesthesia

All laparoscopy is done with general anesthesia, which means being put to sleep and using a breathing tube to help you breathe.

### ● Infection

Generally a small risk for this kind of surgery, however antibiotics may be given intravenously while you are asleep, according to the surgeon's discretion

### ● Bleeding

All patients must be aware of a risk of excessive bleeding and potentially requiring a blood transfusion before surgery. While this is considered a low risk surgery for transfusion, we require signed consent or refusal for blood products prior to surgery.

### ● Blood clots

Walking after surgery is very important to decrease this risk. Additionally, you may be given a dose of anticoagulation during surgery to reduce this risk.

This may seem like an intimidating list – while surgery usually goes very well, without any complication, it is important to be aware of all the risks involved.

### ● Injury to other organs

Other organs or structures may be injured during surgery including, but not limited to:

- Bowel (small and large intestine)
- Bladder
- Ureters (connecting tubes from kidneys to bladder)
- Blood vessels
- Nerves

If an injury occurs and is identified at the time of surgery, any necessary repairs will be done at the same time.

### ● Obstetrical complications

It is important to realize that scarring on the uterus may complicate future pregnancies in two major ways. Note that these risks are very much case dependent:

- Abnormal placentation – There is a risk that the placenta implants in the scar of the fibroid and becomes completely stuck to the uterus. What this means is that after the baby is born, the placenta may not separate, requiring an emergency hysterectomy.
- Uterine rupture – Once there is a scar on the uterus, there is an increased risk of that scar opening up during pregnancy, particularly if labour occurs. Depending on the exact case, your doctor may recommend you deliver only by C-section in future pregnancies.

If you would like to discuss with us further, ask your family doctor to send a referral to: **514-856-5607**

Or visit [www.muhc-obgyn.com](http://www.muhc-obgyn.com)



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