Uterine fibroids

What are fibroids?
Fibroids, also known as leiomyomas, are tumors that grow in the wall of the uterus. These tumors are usually noncancerous, but on rare occasions can resemble a uterine cancer known as a leiomyosarcoma.

Although the majority of fibroids are benign, they can still be problematic. Symptoms include heavy and/or painful bleeding, bladder or rectal pressure, and frequent urination. Fibroids can also be associated with infertility and pregnancy complications.

How common are fibroids?
Uterine fibroids are very common, occurring in nearly half of women in their reproductive years and up to two-thirds of women by the time they go through menopause. While many fibroids cause no problems and require no treatment, some can cause serious quality-of-life issues for some women.

What causes fibroids?
The exact cause of fibroids is unknown, but the hormones estrogen and progesterone seem to play a role in their growth and development.

In addition to a woman’s age, there are other risk factors for developing fibroids. If a woman’s mother had fibroids, she is more likely to develop them herself. African-American women are more likely to have fibroids that cause symptoms, and women who are overweight or who have never had children appear to be at a higher risk as well.

What are the symptoms of uterine fibroids?
There are not many symptoms involved with uterine fibroids, however some of the symptoms may include:
- Heavy, prolonged menstrual periods and unusual monthly bleeding.
- Pelvic pain and pressure.
- Pain in back and legs.
- Pain during sexual intercourse.
- Bladder pressure leading to a frequent urge to urinate.
- Pressure on the bowel, leading to bloating and constipation.
- Abnormally enlarged abdomen.

How are fibroids treated?
Not all fibroids need to be treated. In general, fibroids should only be treated when they are causing the symptoms described above. Some symptoms, such as heavy or painful bleeding, can be treated with hormonal therapy, but fibroids are most commonly treated with one of the following procedures:

- A hysterectomy is the complete removal of the uterus. The most common reason hysterectomies are performed is to treat a fibroid problem. With less invasive procedures such as vaginal or laparoscopic hysterectomy, pain and surgical risk are reduced, and patients usually leave after spending less than one day in the hospital. However, a hysterectomy is still a major surgical procedure and requires general anesthesia.
- A myomectomy is the surgical removal of fibroids from the uterus. This is the most popular option for women who are planning to become pregnant in the future. This procedure is also performed with a minimally invasive approach. Patients’ blood loss is significantly reduced with a laparoscopic surgery, and these procedures can be performed as outpatient surgery. Patients can often go home the same day.
- A **uterine fibroid embolization (UFE)** is a nonsurgical procedure that blocks the blood flow to fibroids, which causes them to shrink. This procedure has no blood loss and only takes a few hours with minimal recovery time. No general anesthesia is needed, and the procedure does not leave any scars. A UFE is preferred for women who are not planning a future pregnancy but who have not yet reached menopause.

**How do I determine which procedure is best for me?**

The first step is to schedule an evaluation with UK HealthCare’s uterine fibroid program. Our specialists will work with you to determine which treatment option is right for you. To make an appointment for an evaluation, call **859-323-0005**.

**UK Women’s Health Obstetrics & Gynecology**
UK Good Samaritan Hospital
Medical Office Building
125 E. Maxwell St., Suite 140
Lexington