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# Issue Brief

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## **Uterine Fibroids: What are They and What Can You Do About Them?**

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Uterine fibroids are benign growths or tumors that occur within the walls of the uterus (the area in a women's body where a baby can grow). Fibroids can be as small as seeds or as large as a grapefruit. When the fibroids are large they increase the size of the uterus, so that the woman may look pregnant and feel pressure on her bladder as if she were pregnant. About 20-40 percent of women of childbearing age will have uterine fibroids.

### **How do I know if I have fibroids?**

Most fibroids do not cause any symptoms, but some women with fibroids can have:

- Heavy bleeding or painful periods
- Bleeding between periods
- Anemia
- A feeling of fullness in the pelvic area (lower abdomen)
- Frequent urination
- Pain during sex
- Lower back pain
- Reproductive problems including: infertility, miscarriage, or early labor

### **How are uterine fibroids diagnosed?**

There are several ways to diagnose uterine fibroids. During a manual abdominal examination by a doctor, uterine fibroids can sometimes be felt. X-rays or CT scans can be used, but more commonly, fibroids are diagnosed with ultrasound, a device that uses sound waves to produce an image of the uterus. Magnetic resonance imaging (MRI) can also be used for diagnosing fibroids.

### **Are some women more likely to get fibroids than others?**

Any woman can get uterine fibroids, but African American women are more than twice as likely to get them (Marshall et al, 1997), and to have them at a younger age. Women who are overweight or obese are also more likely to develop uterine fibroids. Women who have had children are less likely to develop them (National Women's Health Information Center, 2007).

### **Can uterine fibroids turn into cancer?**

Fibroids are not cancerous and having fibroids does not increase your risk of getting cancer.

### **What should I do about my fibroids?**

Most doctors recommend no treatment for fibroids unless you are having symptoms. However, you might want to consider treatment if your fibroids are large, growing rapidly, or could possibly interfere with your fertility.

### **What are the different treatment options?**

#### **Medical Treatments:**

If you and your doctor decide that your uterine fibroids need to be treated, medication is usually the first option. If you are experiencing pain, over-the-counter anti-inflammatory drugs, such as ibuprofen (Motrin) or other painkillers such as acetaminophen (Tylenol) may be recommended. Stronger painkillers can be prescribed if needed. Oral contraceptives (birth control pills) or progestins can help control heavy bleeding

resulting from fibroids but they do not reduce the size of the fibroids.

Drugs called gonadotropin-releasing hormone agonists (GnRHa) can be prescribed to decrease the size of the fibroids, such as Lupron and Synarel. An injection lasts for six months, by decreasing the hormones estrogen and progesterone, which usually cause the fibroids to shrink but often also cause menstruation to stop. The potential side effects are typical of menopause: hot flashes, depression, insomnia, decreased sex drive, and joint pain. These medications are effective, but are generally only prescribed for one year because of possible risks. When the therapy is stopped, the fibroids often grow back. Sometimes these drugs are used prior to surgery to shrink the fibroids and make them easier to remove surgically (Mayo Clinic, 2007).

Androgens, the so-called male hormones, can relieve fibroid symptoms. Danazol, a synthetic drug similar to testosterone, can sometimes shrink fibroids. Like GnRHa, this treatment can also stop the menstrual cycle. Other possible side effects include weight gain, depression, anxiety, acne, headaches, unwanted hair growth, and a deepening voice.

### **Surgical Treatments:**

Surgery is considered when symptoms become more severe or when medical treatment stops working. There are many different kinds of surgery for uterine fibroids:

In a myomectomy, the surgeon removes just the fibroids without taking out the healthy uterine tissue. Myomectomies can be major or minor surgery depending upon the surgical approach. An alternative to an incision through the abdomen, is the use of slender instruments (laparoscopes) that are inserted through smaller incisions. A small camera mounted on one of these allows the surgeon to see the area on a monitor. A hysteroscopic myomectomy is used when fibroids are contained inside the uterus and uses a long slender scope (hysteroscope) that is inserted through your vagina and cervix and into your uterus to remove the fibroids.

Surgery is effective for removing fibroids, but the fibroids sometimes grow back. One large study found that 24% of the women needed a

second surgery within five years, and 30% within seven years. (Reed et al, 2006)

A hysterectomy removes the fibroids by removing the uterus, and sometimes the ovaries as well. Women who have had hysterectomies are no longer able to have children. If the ovaries are removed as well as the uterus, this will cause menopause. The incision to remove the uterus is made either through the abdomen or through the vagina. Recovery is usually faster if the surgery is through the vagina. There is no risk of recurrence of uterine fibroids after hysterectomy because there is no uterus.

There are several surgical procedures to destroy fibroids without actually removing them, but much more research is needed to know how safe and effective these procedures are:

- Myolysis. Using a laparoscope, an electric current can destroy the fibroids and shrink the blood vessels that are attached to them. Unfortunately, the safety, effectiveness, and risk of recurrence have not yet been determined.
- Cryomyolysis. Fibroids can be frozen using laparoscopic probes that are cooled by liquid nitrogen. The safety, effectiveness, and risk of recurrence have not yet been determined for this procedure.
- Endometrial ablation. In this procedure, a hysteroscope uses heat to destroy the lining of the uterus. This can cause menopause or a reduction in menstrual flow. Endometrial ablation is not effective for fibroids outside the interior lining of the uterus.

Focused ultrasound surgery (FUS) is a new treatment option that was approved by the FDA in 2004. FUS uses MRI so the doctor can see the fibroids and uses high-energy sound waves to destroy the fibroids. No incisions are made and the uterus is preserved. The advantage is that it does not cause menopause. However, the long-term effectiveness or the risk of recurrence is not yet known (National Women's Health Information Center, 2007).

### **Other Treatments**

Uterine fibroid artery embolization (UFE) is a surgical procedure involving the injection of

small particles into the arteries that supply blood to the uterus. Cutting the blood flow causes the fibroids to shrink. This procedure has a shorter recovery time than surgery, because no incision is made. However, interrupting the blood supply to your ovaries or to other organs can cause the ovaries to stop working for a short time or permanently. This can cause menopause (National Women's Health Information Center, 2007).

### **Pros and Cons of Hysterectomy**

The advantage of a hysterectomy is that it is often effective at stopping the pain and uncontrolled bleeding, and can therefore improve the quality of life. However, it is an expensive procedure with the potential for serious complications. Many women report that after the surgery they feel less feminine and lose the urge to engage in sexual activity; this is probably more likely if their ovaries are also removed.

Although most women benefit from the lessening of pain and bleeding, one study found that 8 percent of women did not benefit from hysterectomy and some women developed new problems as a result. About 4 percent of the women were readmitted for a surgical complication during their first year.

### **How do I decide between the treatment options?**

Most women do not need treatment for their uterine fibroids. If they have pain or bleeding, they should try medical treatment before trying surgery. Hysterectomy is the treatment that is proven most effective for reducing pain and bleeding, but many women do not need such radical surgery, and if they do, they probably do not need to have their ovaries removed. It is hoped that the newer surgical techniques will prove as effective as hysterectomies with fewer side effects, but more research is needed to determine how safe and effective they are and which patients are most likely to benefit.

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