FIBROIDS JUNE, 1985

Fibroids are benign growths of the same smooth muscle tissue as the uterus plus some fibrous connective tissue, hence the name "fibroid." Starting wtihin the uterine wall, fibroids often occur many at the same time, and usually move to either the lining of the uterus, or to the outer surface of the uterus. They sometimes grow out from the uterus on a stalk, and if the stalk twists, the blood supply can be cut off, causing pain or vaginal discharge. They can be anywhere from the size of a pea to that of a full term fetus. When they occur in multiples, they can give a uterus the appearance of a lumpy potato. They usually grow slowly.

They may or may not produce symptoms.

Inside the uterus, the fibroids, particularly the larger ones, give the endometrial lining more surface area. This can account for an increase in the growth of the endometrium, and cause longer, heavier, clottier and sometimes more painful periods. They can also cause very heavy uterine bleeding and discharge. Some women also suffer repeated miscarriages, because the fibroids fill the uterus and irritate the uterine lining.

Although it is unusual, fibroids can cause further problems. They sometimes grow large enough to press against the bladder, which can create the annoyance of having to urinate more frequently. Otherwise, they can press against the colon, interfering with normal bowel movement, or press against nerve endings, causing pain and creating an overall feeling of fullness in the abdomen. Medical texts tend to dramatize such occurrences, which are, in real life, rare. Most medical texts feature a picture of a woman from a poverty situation who probably has not had regular medical care, who has a fibroid weighing 70 - 80 pounds. However, when fibroids cause severe symptoms, or become so large that a woman's abdomen visibly extends, she will often want to have them surgically removed.

Fibroid growth is believed to be stimulated by hormones. (See last five pages) When a woman is having menstrual periods, they can grow a little larger each cycle. Birth control pills and menopausal estrogens can also accelerate their growth, and during pregnancy, hormone levels are higher and the fibroids grow faster. With menopause, fibroids often shrink and even disappear. Doctors assume that when a woman stops ovulating, she no longer produces estrogen. However, estrogen continues to be produced throughout our lives, whether or not an egg is released each month, but in much lower levels.

Fibroids may be discovered during a routine pelvic exam. Because fibroids keep growing, ask your practitioner how many you have and how big they are. If they have grown no further when you have a follow up exam six months later, a yearly check up will be sufficient. Many doctors will advise an x-ray to confirm the existence of fibroids or a D & C (dilation and curretage) to rule out cancer. If the fibroids have grown very fast, some recommend immediate surgical removal to be sure the woman does not have a rare malignancy called Sarcoma, cancer of the connective tissue.

In many cases no treatment is necessary, but if you have excessive bleeding, pain, urinary difficulties or problems with pregnancy, you may want to consider the alternative treatments at the end of these pages or you may want to have the fibroids removed. Very occasionally this can be done during a D & C, but usually a myomectomy (which removes fibroids and leaves the uterus intact) is necessary. This is major surgery with a higher complication rate than hysterectomy. Myomectomy may cause internal scarring, which can lead to painful intercourse, backaches and abnormal uterine bleeding. If you are pregnant, myomectomy can cause miscarriage. Removal of the fibroids in a myomectomy usually enables a woman to successfully carry a pregnancy, although cutting the uterus results in scar tissue which sometimes inhibits dilation of the cervix udring labour. For this reason, some doctors recommend cesarean deliveries. Many women have gone against this advice and have had successful vaginal births after uterine surgery.

In approximately 10 percent of cases, the fibroids will return.

Many physicians recommend hysterectomy as a treatment for fibroids in women who are past childbearing age or who do not want more children. This surgery may be unnecessary, particularly for women nearing menopause, when the natural decline in estrogen levels usually shrinks fibroids.

Hysterectomy is technically less difficult than myomectomy and, if a woman is over thirty, she is not always offered myomectomy as an option. While hysterectomy successfully removes fibroids, it also removes the uterus and sometimes the ovaries.

A new technique called "hysteroscopic resection" in which the fibroid is shaved off, is reportedly safer and has fewer complications than myomectomy. It is experimental, however,.

If your doctor suggests any surgical treatments, be sure to get a second opinion.

You may also be able to reduce large fibroids by eliminating your intake of synthetic estrogen in birth control pills or estrogen relacement therapy.