

# Uterine Fibroids

## ***Kirsten Nelson, M.D.***

### **M**Y DOCTOR TELLS ME I HAVE UTERINE FIBROIDS. WHAT ARE THEY?

Uterine fibroids, also known as leiomyomas, are benign (noncancerous) growths of the muscular wall of the uterus. Fibroids are a very common condition, affecting 20-40 percent of women over 35 and up to 50 percent of African-American women in this age group. Fibroids are often multiple and can grow over time as they are exposed to estrogen, a hormone produced by the ovaries. Since fibroid growth is influenced by hormones, fibroids can grow more rapidly in women who are pregnant or who are taking hormone therapies and tend to shrink once a woman goes through menopause.

### HOW ARE FIBROIDS DIAGNOSED?

Fibroids are typically discovered by your physician during a pelvic examination. Once a fibroid is suspected, the diagnosis is usually confirmed by an imaging test to make sure no other serious conditions are present. This may be performed by an ultrasound (sonogram) of the pelvis, which is similar to that used to evaluate babies during pregnancy. Other diagnostic tests include CT scans and MRIs. If you are suffering from heavy menstrual bleeding, your doctor may perform an endometrial biopsy where a small piece of tissue lining the uterus is removed in a procedure similar to a PAP smear to make sure that no cancer is present.

### DO I NEED TO DO ANYTHING ABOUT IT?

While many women have fibroids, only a small percentage (10-20 percent), have symptoms related to their fibroids requiring treatment. The most common symptoms include heavy

menstrual bleeding, pelvic and back pain and pressure, pain during sexual intercourse, pressure on the bladder creating a feeling to need to urinate, and pressure on the bowel leading to constipation. Only women who have symptoms related to fibroids need further evaluation and treatment.



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### WHAT ARE MY TREATMENT OPTIONS?

Your doctor can prescribe certain medications to help control the growth of your fibroids, however these are often unsuccessful. Depending on the location of the fibroids within the uterus, a small percentage can be removed by a procedure called hysteroscopy where a doctor removes the fibroid with an instrument placed through the vagina and cervix into the uterus. For many years, the only other treatment option available was surgery. Surgical treatments include hysterectomy, where the entire uterus is removed, or myomectomy where the fibroids are removed leaving the remainder of the uterus intact. Recently, a new treatment has become available called uterine artery embolization, which is performed in the hospital by a doctor called an Interventional Radiologist. Interventional Radiologists are board certified physicians who specialize in minimally invasive, targeted treatments performed using imaging for guidance. Their procedures have less risk, less pain and less recovery time compared to open surgery.

## HOW IS A UTERINE ARTERY EMBOLIZATION PERFORMED?

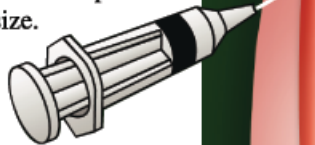
A uterine artery embolization is performed in the hospital by a physician using special x-ray guidance to treat the blood vessels supplying the fibroid from the inside. During the procedure, you will be given medication through an IV to help you relax. The doctor will then numb the skin in the groin above the femoral artery. Next, the doctor will place a thin, hollow tube called a catheter inside the pelvic blood vessels and inject x-ray dye, called an angiogram, which will let him/her identify the arteries supplying the uterus. The catheter is then placed inside these arteries and an embolization is performed where small particles of plastic are injected to stop the blood flow to the uterus. When the doctor injects the x-ray dye, you may feel a warm or hot flush in your pelvis but it is not painful. After the embolization is complete, the catheter is removed and either a special “plug” or stitch is placed in the artery to stop the bleeding or pressure is held until the bleeding stops. This is all performed through a very small, two to three millimeter nick in the skin. The procedure takes about an hour to perform. Patients typically spend the night in the hospital and are discharged the morning following the procedure. Another imaging test is usually performed six months after the procedure to see how the fibroids have decreased in size.

## IS UTERINE ARTERY EMBOLIZATION SAFE AND WHAT ARE THE RISKS INVOLVED WITH THE PROCEDURE?

Uterine embolizations have been performed for the treatment of fibroids since 1995. However, Interventional Radiologists have been performing uterine embolizations for over 20 years to treat uterine bleeding after childbirth or uterine surgery. About 14,000 procedures are performed per year in the US and uterine artery embolization is widely available and covered by most major insurance companies. In general, uterine artery embolization is a very safe procedure. However, like any procedure, there are always certain risks involved, no matter how careful the doctor is. It is not uncommon for a patient to experience pelvic pain and cramping or nausea in the first 12-24 hours after the procedure. This is usually well controlled with IV or oral pain medication. Patients may also run a low-grade fever which is typically treated with Tylenol. Sometimes, a small blood clot called a hematoma can form underneath the skin where the catheter is placed into the artery. This usually resolves by itself over the course of a few weeks without any additional treatment. Occasionally if a fibroid becomes detached, it can become lodged in the uterine cavity and a procedure called a D&C (dilation and curettage) may be needed to remove the tissue. Rarely, the shrinking fibroids may become infected. This can usually be treated with antibiotics but in extreme cases the uterus must be removed to get rid of the infected tissue. The rate of patients requiring a hysterectomy as a result of a uterine artery embolization is about 1%-much less than those patients who have a myomectomy.

## WHAT CAN I EXPECT FROM UTERINE ARTERY EMBOLIZATION?

According to recent surveys of women undergoing uterine artery embolization, 90% report being “very satisfied” with the



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results and would recommend the procedure to a friend or family member. The most dramatic results are seen in patients with symptoms of heavy menstrual bleeding, with 90 to 95 percent of patients reporting complete relief or significant improvement, even on their first menstrual cycle after the procedure. For patients with symptoms of pelvic or back pain or pressure, urinary frequency, or constipation—referred to as “bulk” symptoms—80 to 85 percent report improvement. When compared with patients undergoing myomectomy, the surgical removal of fibroids from an abdominal incision, both groups reported similar improvement in their symptoms. However the group undergoing uterine artery embolization spent less than half the time in the hospital, required less time off from work, or had less complications related to the procedure.

*Dr. Nelson specializes in minimally invasive vascular procedures at Savannah Vascular & Cardiac Institute located at 4750 Waters Avenue and may be reached at (912) 352-8346 or find her at [www.savannahvascular.com](http://www.savannahvascular.com)*