

# Uterine Fibroid Awareness Month

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Ladies, do you suffer from heavy, painful or prolonged menstrual cycles? Do you experience chronic pelvic pain/pressure, frequent urination, urinary urgency, constipation or back pain? Is sex painful? Have you had a miscarriage or had difficulty getting pregnant? If you answered “yes” to any of these questions, you may have uterine fibroids (aka leiomyomata).

Fibroids are benign muscle tumors of the uterus. They are very common, occurring in up to 70–80% of all women. Fortunately, most women with fibroids are asymptomatic and never know they have them. Fibroids typically grow slowly over time, about 1cm per year, and the larger they become, the more symptoms they are likely to cause. Approximately 1 in 4 women with fibroids will eventually develop symptoms, sometimes debilitating ones.

Uterine fibroids are commonly diagnosed by pelvic exam and/or pelvic ultrasound by a gynecologist or primary care physician during an annual well woman evaluation. Many fibroids are also found incidentally in asymptomatic patients being imaged for other reasons. Unless a patient is having symptoms attributable to her fibroids, or the fibroids are believed to be causing infertility, treatment is seldom necessary. However, the best time to seek treatment is as soon as significant symptoms develop because as the fibroids and uterus get larger, fewer treatment options are available.

The traditional, and most common, treatment for fibroids is hysterectomy, or surgical removal of the uterus. Myomectomy, surgical removal of the fibroids from and preservation of the uterus, has been used most often in patients wishing to maintain fertility. However, there are now many less invasive treatment options available including less invasive surgical techniques (robotic, laparoscopic and hysteroscopic surgeries), catheter based and minimally invasive Uterine Fibroid Embolization (UFE) and thermal ablation techniques (Acessa, Sonata, endometrial ablation), all of which offer significantly shorter recovery times than the 4 to 6 weeks required of traditional surgery. Pharmaceutical therapies, both hormonal and non-hormonal, have also progressed, and can be used in many cases to control symptoms caused by fibroids, though in many cases pharmaceutical control is temporary.

Not one treatment option is best for every patient. Multiple factors including the size, number and location of the fibroids in the uterus, the patient’s medical history and desire for future fertility must be considered when choosing the best treatment option for a patient. Unfortunately, many patients are only offered traditional surgery, and are not informed of the less invasive options. Therefore, it is imperative that patients educate themselves and/or find a

provider who is knowledgeable and willing to openly and objectively discuss all the treatment options available. Many patients have more than one reasonable treatment option, and in these cases, it becomes a very personal decision that only the patient should make.

## “It’s Uterine Fibroid Awareness Month!”



July is uterine fibroid awareness month, a time to focus on fibroid awareness, outreach and education. Women should not suffer in silence because they do not like the treatment options provided. They should be empowered by their physician to make educated and informed fibroid treatment decisions. For more information visit <https://www.fibroidfree.com/>