

Uterine fibroids essay sample

[Health & Medicine](#), [Pregnancy](#)



What are they? Uterine Fibroids are the most frequently diagnosed noncancerous tumors of the female pelvis. They are smooth muscle or connective muscle growths in the walls of the uterus. Sometimes, a fibroid is attached to the outside of the uterus by a stalk. Fibroids may grow as a single nodule or in clusters. They range in size from as small as a pea to as large as an orange or small melon. Sometimes fibroids grow large enough to fill the entire abdomen or pelvis.

What causes fibroids? The cause of fibroids is unknown. Fibroids are the most common in women ages 30-40, but they can develop at any age. An estimated 20-30% of all women develop fibroids. The female hormone estrogen seems to increase their growth. Fibroids may increase in size or appear during pregnancy because levels of estrogen are increased. Because estrogen levels fall during menopause, fibroids stabilize during this time. Fibroids are diagnosed 2-3 times more frequently in black women than in white women.

What are the symptoms? Most fibroids do not produce any symptoms. When symptoms do occur, there is a large range including: Changes in the menstrual cycle increase in bleeding longer and more frequent periods cramping bleeding or spotting between periods amenia from blood loss Pain in the stomach or lower back which can range from dull to sharp during sex Pressure difficulty while urinating or an increase in frequency of urination constipation, rectal pain, or difficulty with a bowel movement feeling of fullness in your lower abdomen Problems with pregnancy, labor, and delivery miscarriages trouble getting pregnant premature birth breech birth (baby's position is other than head down) How are they diagnosed? During a routine

pelvic exam, your doctor may be able to detect the first signs of uterine fibroids. There are several tests which help confirm your doctor's diagnosis: Ultrasound creates a picture of the uterus or pelvic organs using sound waves.

Hysteroscopy uses a thin instrument to help the doctor see the fibroids inside your uterus which is inserted through your vagina.

Hysterosalpingography (HSG) is an X-ray which may detect changes in the size and shape of the uterus and fallopian tubes which are unusual.

Laparoscopy uses a small camera to help the doctor see inside your abdomen. A small slit is cut above the navel so your doctor can see fibroids both inside and outside of your uterus.

What are the treatments available? For women who have nonsymptomatic, small fibroids, the best treatment may be watchful waiting. This is because some women never develop any symptoms or problems and therefore no treatment is necessary. There are several treatment options available for fibroids. The type of treatment depends on the fibroid size, location, and whether you are pregnant or trying to become pregnant. These are the treatments currently available: Nonsurgical Treatments Gonadotropin releasing hormone (GnRH) can cause fibroids to decrease in size. This helps to decrease the estrogen levels by blocking the production of estrogen by the ovaries. It may be used before surgery to make the surgery easier, or used instead of an operation.

Your doctor may prescribe pain relief medications such as Ibuprofen (Advil) or acetaminophen (Tylenol).

Birth control pills may also be used as a treatment to decrease estrogen levels.

Surgical Treatments Myomectomy is the surgically removing fibroids, but the uterus is left in place. This means you still may be able to become pregnant after this surgery. A cesarean section (c-section) birth may be necessary after this procedure. Bleeding and infection are the risks of this surgery. Sometimes this procedure can cause a lot of scar tissue to build up on your uterus, making pregnancy possible. In 20-40% of women who have had this surgery, fibroids reoccur and a repeat surgery is necessary. Myomectomy can be done in different ways: Laparotomy is when a small incision is made into the abdomen and then the fibroids are removed through this incision.

Laparoscopy is when a small incision is made through abdomen and a laparoscope (a small camera) assists the doctor to find the fibroids and then remove them.

Hysteroscopy is used by the doctor inserting a thin tube with a laser through the vagina and into the uterus. The tube may have a small scraper to scrape away the fibroids from the uterus wall.

Hysterectomy is the removal of the uterus. Sometimes, the ovaries are removed also. This procedure requires a one week hospital stay and a 6-week recovery period. Since the uterus is removed, you will no longer be able to get pregnant. A hysterectomy may be recommended when pain or

abnormal bleeding persists after other treatments or fibroids are very large (the size of a grapefruit).

Uterine artery embolization leaves the uterus intact in a nonsurgical procedure. This procedure involves placing polyvinyl particles into the uterine artery so the particles flow into the vessels and clog them. This prevents the fibroids from receiving a constant blood supply and overtime, they shrink. With this procedure, almost immediately, symptoms such as heavy bleeding and pain are reduced.

What such I do if I suspect I have fibroids? If you have fibroids, or have had them in the past, regular visits to your doctor are necessary. Frequent checkups and awareness of the signs and symptoms are vital to the management of uterine fibroids.