

Fibroid awareness month

What you should know

Fibroids are noncancerous masses that grow within the uterus. While fibroids are common — present in over 75% of women — most people don't have symptoms or pregnancy issues from fibroids, and everyone does not need treatment. Black women in the U.S. are up to three times more likely than white women to develop uterine fibroids.

Fibroids are classified in three categories:

Subserosal fibroids grow on the surface of the uterus. They are the least likely to affect getting pregnant since they are outside the womb, or endometrial cavity.

Intramural fibroids grow within the wall of the uterus. They can make it more difficult to get pregnant but only if they get large and start to push into or distort the endometrial cavity.

Submucosal fibroids grow within the endometrial cavity, the space a developing baby would grow. Studies show these fibroids can make it more difficult to get pregnant and may be a risk factor for having a miscarriage, causing problems during pregnancy, or delivery of the baby.

For some people, fibroids can cause heavy or prolonged periods or bulk symptoms if they are large. Bulk symptoms include pelvic pressure or heaviness, urinary frequency, difficulty passing bowel movements, or feeling full constantly.

A greater number of fibroids, larger fibroids, and submucosal fibroids have been shown to have the biggest effect on women trying to get pregnant. Having large or numerous fibroids can cause issues during pregnancy like pain, excessive bleeding, preterm delivery, or needing a cesarean section. Seeing a fibroid specialist can help you understand if your fibroids will be a problem in a future pregnancy and what treatment options are available.

Fibroid treatments include:

Medications can be used to treat heavy periods due to fibroids, and a couple of medications can temporarily shrink fibroids. Most of these medications will prevent pregnancy.

Myomectomy surgery, where the fibroids are removed from the uterus. A myomectomy can be performed through the vagina or abdomen, either laparoscopically or a C-section type of incision. Having the surgery performed vaginally or laparoscopically is safer and less invasive than having it done through a large incision, but the route of surgery depends on the size, location, and number of fibroids.

Uterine fibroid/artery embolization

is a minor procedure that blocks the blood supply to the fibroids. This makes the fibroids smaller and decreases menstrual bleeding.

Radiofrequency fibroid ablation is a surgery where a device is inserted into the fibroid to destroy the tissue with heat. It can be performed through the vagina or laparoscopically. Like embolization, this procedure may affect future pregnancy.

MRI-guided focused ultrasound uses energy through the abdominal wall to thermally destroy the fibroid while preserving the uterus. Only a few centers, nationwide, offer this treatment, so it is not well-studied. Therefore, it's not known how safe it is to get pregnant after this procedure.

Endometrial ablation is a minor procedure to decrease heavy period bleeding using a device inserted through the vagina that burns and destroys the lining of the uterus. Pregnancy is not recommended after this procedure.

The treatments noted here do not remove the uterus, so it's possible for new fibroids to occur in the future. For some patients with significant fibroids, a hysterectomy is the best option. In this surgery, both the uterus and fibroids are removed, which eliminates both fibroids and menstrual bleeding forever. While a hysterectomy does not cause menopause, getting pregnant is impossible after a hysterectomy because the uterus is removed.

While it's possible for some fibroids to affect your ability to get pregnant or cause problems in pregnancy, fibroid specialists can guide you through your treatment options and help you achieve a healthy pregnancy and long-term quality of life.



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