

FIBROIDS ARE A PAIN!

Fibroids, also known as leiomyomas or myomas, are benign tumours that grow in the uterus: sometimes - but not always - causing pain, pressure, and extended menstrual periods. They are made of the same smooth muscle as the uterus, but are surrounded by a band of tissue. Their size varies; the doctor may tell you that you have a fibroid the size of a lemon or a grapefruit, or a ten- or twenty-week pregnancy. The risk of cancer occurring in fibroids is minimal, estimated as between 0.002% and 1%. After menopause, fibroids may shrink and cease to be a problem; if a woman decides to take hormone therapy, they may continue growing.

The cause of fibroids is a mystery. Some health professionals believe the cause is genetics; others are convinced that hormone imbalance and /or suppressed emotional stress are the reasons. In eastern medicine, the cause is thought to be a blockage of life force energies.

Whatever the cause, fibroids are very common. They occur in 25 to 40 percent of women in their childbearing years, and by menopause (average age 51 years), 40% of women will have been diagnosed with them. These women may be faced with difficult treatment choices, which will depend on their age and level of discomfort. To begin with, symptoms and pain levels vary dramatically from one woman to another. Some women find out that they have fibroids during a pelvic or ultrasound examination, yet have no symptoms. Others have excruciating pain as well as other symptoms, which vary depending on the location of the fibroids.

What are some types and symptoms of Fibroids?

Location	Symptoms
Outer wall of the uterus	-Uterus grows in size -Painful intercourse -Pain in the back, groin and down the thighs -Pressure on other organs leading to constipation, urinary incontinence or difficulty passing urine -Abdominal bloating and pain with menstrual periods
Inside the uterine wall, bulging into the uterine cavity	-Severe period pain and heavy bleeding -Longer menstrual periods which may lead to anemia, weakness, anxiety and fear.
Inside the uterine wall	Depending on the direction of growth, symptoms similar to above fibroids
Outside the uterus and attached to the uterus by stalks	-Nausea, vomiting, cramps -If stalk is twisted - acute pain which requires emergency surgery

What can I do to prevent the fibroids?

Can you prevent or control the growth of fibroids, and perhaps avoid surgery?. Dr Allan Warshowsky describes a fibroid healing plan in his book "Healing Fibroids" (2002) that aims to balance the hormones. Both his method and another described by Dr Susan Lark in her book "Fibroid Tumors & Endometriosis" (1995) deal with nutrition and supplements, exercise, and stress management and psychological issues. Both books offer excellent information on holistic healing. While having a holistic approach to dealing with fibroids does not mean that other treatments can always be avoided, it is nevertheless a healthy and worthwhile approach to caring for the whole person.

What are some treatment options?

Medical Treatments

Medical treatments target hormone levels. The first course of action for heavy bleeding with fibroids is the birth control pill. For women without risk factors, the pill can be prescribed up to 55 years of age. Many women take pain killers for the pain. There is some evidence to show that taking NSAIDS (Non-Steroidal Anti-Inflammatory Drugs), either over the counter or prescription strength, may reduce bleeding. However, they are not usually effective if the bleeding is caused by structural changes in the

uterus: i.e. fibroids stopping uterine contraction. For women in pain, surgery may be the ultimate solution.

Surgical Treatments

If medical intervention hasn't helped, your doctor may suggest surgery. There are several surgical options available to treat fibroids; the one that is offered to you will depend on where the fibroids are in your uterus.

Myomectomy . In this operation an incision is made in the abdominal wall (laparotomy) so the gynaecologist can see and touch the uterus. The fibroids are removed. and the uterus is then sewn up. This procedure is often done when the fibroids may be interfering with fertility.

Hysteroscopic Resection . When the fibroid is bulging into the uterine cavity, a hysteroscope can be used. With this instrument the doctor can see what is happening in the uterus. If the fibroid is attached to a stalk, it is cut off. When the fibroid is in the wall a resectoscope can be used. With this instrument the fibroid is shaved and removed in thin layers. Often during the procedure the uterus contracts and pushes more of the fibroid up to the surface of the cavity, which allows more to be removed.

Hysterectomy. This is the only procedure that will provide a certainty that the bleeding will be gone and the fibroids won't grow back. If other treatments have not worked, or if the woman's health is being weakened through anaemia, haemorrhage or pressure on other organs, then removal of the uterus may be the only option. It is the last resort.

Destruction of the Fibroids

Uterine Artery Embolisation . This procedure is performed by radiologists in the Diagnostic Imaging Department. A thin tube (catheter) is put into an artery in the groin and threaded through into the blood vessel supplying the fibroids. Small plugs are injected through the catheter to block the artery and cut off the fibroids' blood supply. The fibroids then shrink. There is some pain after the one- to two-hour procedure, so patients are admitted to hospital overnight, where they will be hooked up through an intravenous tube to a Patient Controlled Analgesia pump (PCA pump).

What should you do if you have fibroids?

If you have been told that you have fibroids or that your fibroids are growing, you should think about your options by asking the following questions:

- where are the fibroids?
- how big are they?
- what symptoms are you experiencing?
- are there emotional issues (past or present) to be explored?
- is your nutrition or exercise lacking?
- what do you want to happen?
- what therapy is your doctor suggesting, and why?

There are of course many other questions; some will be specific to you. Ask all that occur to you. When you have enough information, you will be able to identify the changes you want to make. Fibroids don't have to be a pain forever.

Where can I learn more?

- To learn more,, contact your doctor or speak to a nurse 24 hours a day, seven days a week by calling: Alberta Health Link toll free at 1-866-408-LINK (5465). Mandarin Health Link Calgary at 403-943-1554, Cantonese Health Link Calgary at 403-943-1556
- If you want a free consultation from the Women's Health Resources, you can contact Irene M. Jackson in Calgary at 403-944-2262 or email irene.jackson@albertahealthservices.ca

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