Fast Facts

Uterine Fibroids

-Exact cause is unknown

-Thought to develop from stem cells in the smooth muscular tissue of the uterus

-Single cell repeatedly divides, resulting in a firm, rubbery mass

-Noncancerous and doesn't increase the risk of developing uterine cancer

-Can grow slowly, rapidly, or not at all

-Can appear during pregnancy and disappear or shrink in size after

-Classified by location: Intramural (inside the muscular uterine wall), Submucosal (on the inner lining of the uterine cavity), and Subserosal (on the outside of the uterus)

-Most don't interfere with getting pregnant, but submucosal can cause infertility and pregnancy loss due to their location

-All fibroids put you at risk for complications during pregnancy

Symptoms	Treatment	Prevention
-No symptoms for most	-Wait and see approach for those	-Not a definite way to
women	with no symptoms	prevent them
-Heavy menstrual bleeding	Medications:	Lifestyle Choices that can
-Periods that last longer	-Gonadotropin-releasing hormone	help:
than a week	(GnRH) agonists	-Eating a healthy diet
-Pelvic pain/pressure	-Progestin-releasing intrauterine	-Exercising regularly
-Frequent urination	device (IUD)	-Maintain a normal weight
-Difficulty emptying the	-Non-hormonal medication to stop	-Don't consume excessive
bladder	heavy bleeding	amounts of alcohol
-Constipation	-Over-the-counter pain relievers	
-Backache		Note: Taking hormonal
-Leg pain	Procedures:	contraceptives might help
	- MRI-guided focused ultrasound	because they regulate your
Fibroid Outgrows Blood	surgery (FUS)	menstrual cycle by
Supply (emergency):	-Uterine artery embolization	regulating your hormones,
-Sudden, sharp pain in the	-Myolysis/Cryomyolysis	which are thought to play
lower abdomen	-Laparoscopic Myomectomy (with	a role in preventing
-Significant amount of	or without morcellation)	fibroids
vaginal bleeding	-Hysteroscopic myomectomy (for	
	submucosal fibroids)	
	-Endometrial ablation	
	Surgery:	
	-Open Myomectomy	
	-Hysterectomy	

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