

Uterine Fibroids

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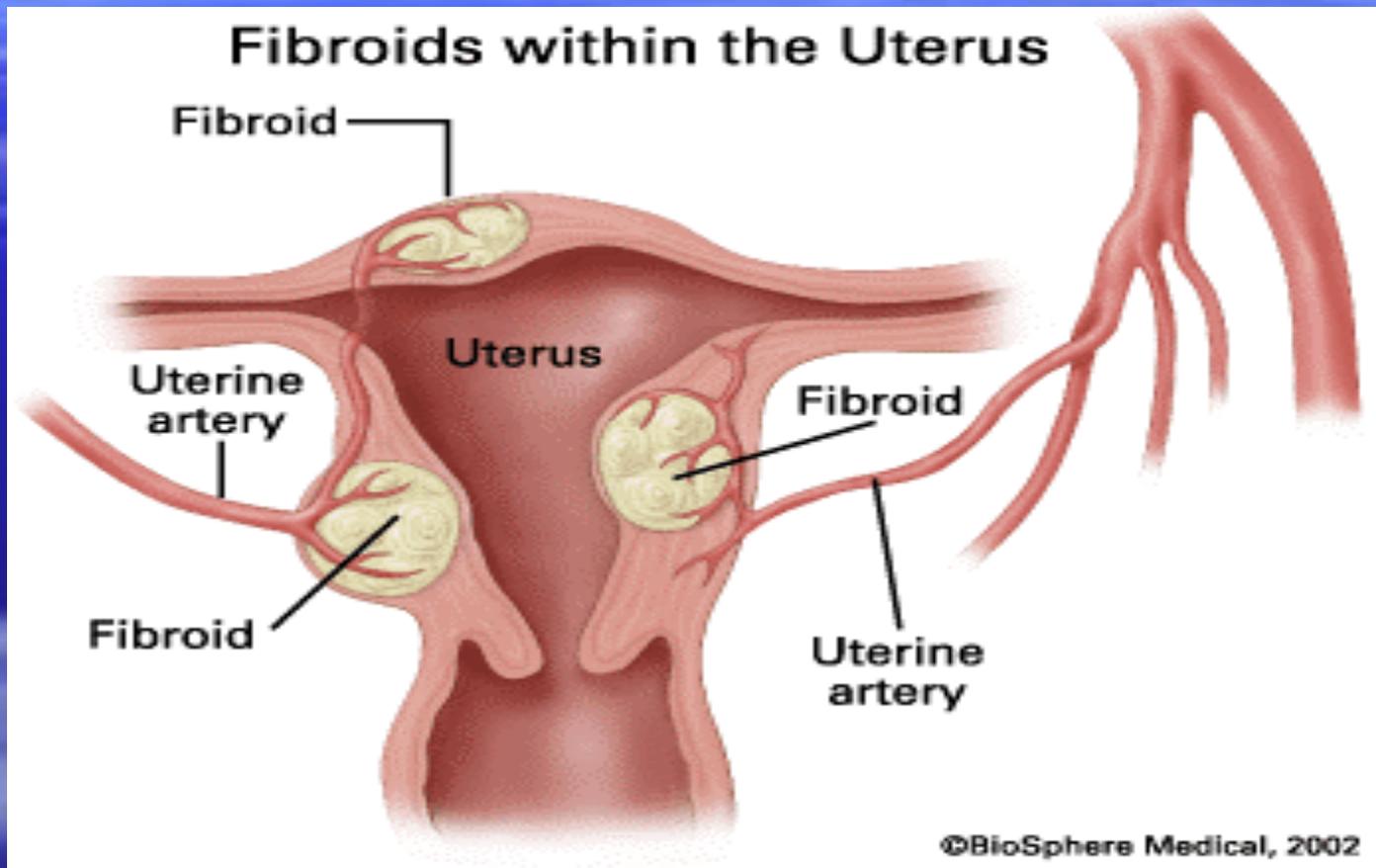
- Also known as
 - Myomas
 - Fibromyomas
 - Fibroid tumors
 - Leiomyomas
 - "Fireballs"



Female Reproductive System



Fibroids within the Uterus



History

- Hippocrates 460-375 BC
 - "uterine stones"
- Galen 130-200 AD; ancient physician
 - "scleromas"
- Virchow 1854; German pathologist
 - Noted their composition - smooth muscle cells
- Rokitansky 1860; physician and pathologist
 - Coined the term "fibroid"

History

- 1803 Mrs. Jane Todd Crawford
- President Lincoln's cousin
- At 56 years old, had abdominal distention such that she looked pregnant with twins
- Laxatives and enemas were given
- Underwent first surgery for fibroids in Danville, Pennsylvania

People with Uterine Fibroids

- Condoleezza Rice
 - Secretary of State
- Jerry Hall
 - Model & wife of Mick Jagger
- Beverly Johnson
 - Supermodel



What Are They?

- Most common non-cancerous tumor in women of child-bearing age
- Almost always benign
- Muscle cells that grow in a whorled pattern

- 50-70% of all women have fibroids by age 50
- Most are small and asymptomatic
- Genetic predisposition in some ethnic backgrounds
- Growth is influenced by estrogen
- Obesity increases risk of fibroids
- Decrease slightly in size after menopause

What's the Problem?

- Heavy menstrual bleeding
 - Anemia
- Longer or more frequent menstrual periods
- Painful menstrual periods
- Infertility
- Complications during pregnancy and labor
 - Miscarriage
 - Preterm labor
 - Breech presentation

What's the Problem?

- Fibroids can get very large!
- Enlargement of low abdomen - look pregnant but you're not!





- Pain

- Pelvic pressure/
feeling of fullness
- Rectal pain and
constipation
- Bladder pressure and
urinary frequency
- Pain during sex
- Low back pain

Different Locations

- Pedunculated
- Subserosal
- Intramural
- Submucosal



How Are Fibroids Detected?



- Physical exam
- Pelvic ultrasound
- Hysterosalpingogram
- Sonohysterogram
- Incidental finding on...
 - CAT scan
 - MRI

What Can Be Done?

- Improve Symptoms
 - Medications - birth control pills
 - Treat anemia - iron
 - IUD (intrauterine device)
 - Endometrial ablation
- These options work best in women with
 - Small fibroids
 - Fibroids that do not distort the endometrium

What Can Be Done?

- Endometrial Ablation
 - Uterine lining is either cauterized or frozen
 - Bleeding is minimized
 - Not effective with large or numerous fibroids
 - Not recommended for women who still want to conceive

What Can Be Done?

- Myomectomy
 - Surgery to remove fibroids
 - Usually done to preserve fertility
 - 50-60% pregnancy rate after surgery
 - Most patients require a cesarean section for delivery
 - Can be performed via
 - an open incision
 - laparoscopically depending on size and number of fibroids
 - vaginally

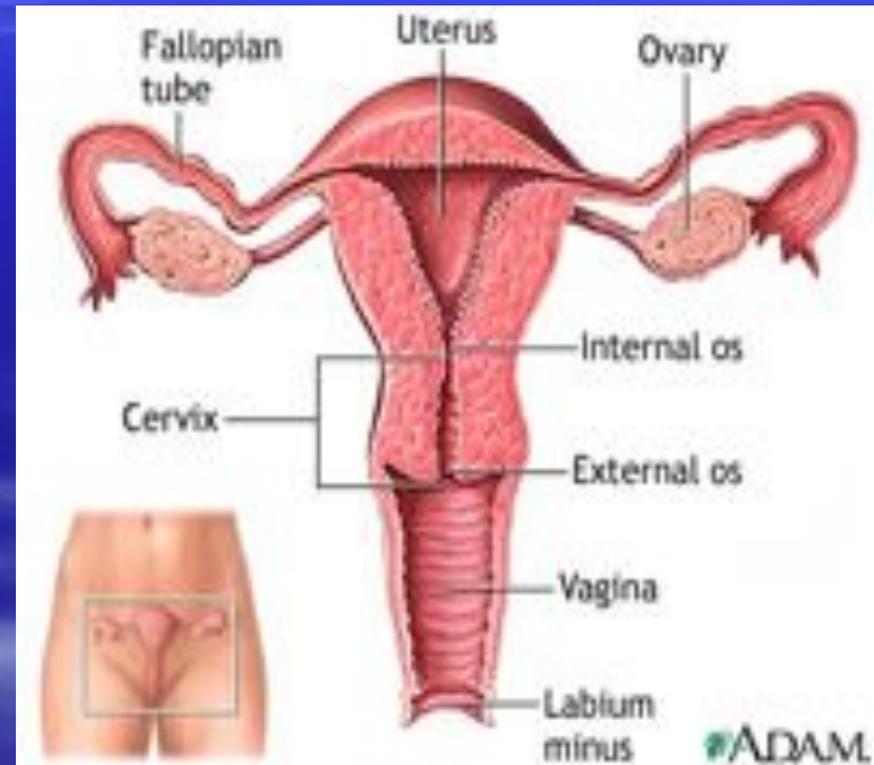


What Can Be Done?

- Uterine Artery Embolization
 - Performed by an interventional radiologist
 - Small incision is made in the groin into which a catheter is inserted
 - Small particles are placed through the catheter to block the blood supply to the uterus
 - Causes the fibroids to shrink
 - Success is variable
 - Can be significant post-procedure pain

What Can Be Done?

- Hysterectomy
 - Removal of uterus
 - With or without cervix
 - With or without ovaries
- 2nd most common surgery on women in US



What Can Be Done?

- Traditional open hysterectomy
 - Open incision - horizontal or vertical
 - Best for very large uterus
- Vaginal hysterectomy
 - No incision
 - Performed through the vagina
- Laparoscopic hysterectomy
 - Single incision
 - Traditional laparoscopy

Traditional Open Hysterectomy



- 5-7 inch incision (horizontal or vertical)
- Hospital stay 2-3 days
- Recovery 4-6 weeks
- Increased blood loss
- Better access for large uterus

Vaginal Hysterectomy

- Minimally invasive
- No outward incision
- Procedure performed through the vagina
- Specimen delivered through the vagina
- Top of the vagina is closed with suture
- Short hospital stay
- Recovery 4 weeks
- Difficult to reach ovaries in some cases
- Best for smaller uterus

Laparoscopic Hysterectomy

- Minimally invasive
- Minimal blood loss
- Shorter hospital stay
- Reduced pain
- Quicker recovery.....2-4 weeks
- For small to moderate size uterus

Laparoscopic Hysterectomy



Your results may vary along with number, size and location of incisions. Consult your surgeon.



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Laparoscopic Hysterectomy

- Single incision scar 6 weeks post operation





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