

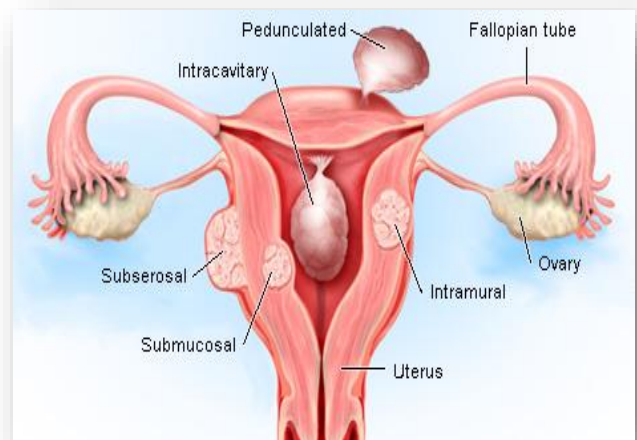
## Uterine Leiomyoma

Uterine leiomyoma's, or fibroids are benign (non-cancerous) tumors that wreak havoc on the uterus. They are made of smooth muscle cells and fibrous connective tissue. They are full of toxins, mucus, and puss. They can grow very large in size or can be small. **Fibroids are the leading cause of hysterectomies in women of reproductive age (15-44).**

Although the exact cause of fibroids is unknown, we do know that fibroids are estrogen-dependent. Other risk factors associated with fibroids include early menstruation (starting before age 10), age, obesity, diet (processed soy, refined sugar, GMO foods, dairy, meat, and alcohol), heredity, and race. In fact, African-American women are three times more likely to develop fibroids than women of other races and ethnicities. Fibroids in black women are often larger, more numerous, more symptomatic, and develop at younger age.

### Types of Uterine Fibroids

- *Intramural Fibroids*- are the most common type of fibroid. These types appear within the lining of the uterus (endometrium). Intramural fibroids may grow large and stretch your womb.
- *Subserosal Fibroids*-form on the outside of your uterus, which is called the serosa. They may grow large enough to make your womb appear bigger on one side.
- *Pedunculated Fibroids*-When subserosal tumors develop a stem (a slender base that supports the tumor), they become pedunculated.
- *Submucosal Fibroids*-develop in the inner lining (myometrium) of our uterus. Submucosal tumors are not as common as other types, but when they do develop, they may cause heavy menstrual bleeding and trouble conceiving.



## Symptoms of Uterine Fibroids

- Heavy bleeding (which can be heavy enough to cause anemia) or painful periods
- Feeling of fullness in the pelvic area (lower stomach area)
- Enlargement of the lower abdomen
- Frequent urination
- Pain during sex
- Lower back pain
- Complications during pregnancy and labor, including a six-time greater risk of cesarean section
- Reproductive problems, such as infertility

## How are fibroids Diagnosed

- Abdominal or pelvic examination or pelvic ultrasound.
- Imaging
  - Ultrasound*- uses sound waves to get a picture of your uterus to confirm the diagnosis and to map and measure fibroids.
  - Magnetic resonance imaging (MRI)*- uses a large, special magnet to take pictures of the body. An MRI shows fibroids that are not visible on ultrasound. It provides the most detail in terms of the number, size, and exact location of all fibroids in the uterus. It can also show other potential sources of your symptoms and give the doctor a better idea of which treatment is best. MRI is widely regarded as the most effective in fibroid diagnosis because it provides the most information.
  - X-rays*- a quick, painless test that produces images of the structures inside your body.
  - CT “cat” scan*- with this procedure, several X-ray pictures are taken of your body from different angles. This is the only one of the four imaging tests that require some form of radiation, as it allows a doctor to see into the body.
- Surgery
  - Laparoscopy* — the surgeon makes a small cut into the abdomen, after inflating it with a harmless gas; then, using a small viewing instrument containing a light, the doctor can look for fibroids.
  - Hysteroscopy* — the surgeon inserts a camera on a long tube through the vagina directly into the uterus to see the fibroids.

## Treatment Options

- Medication

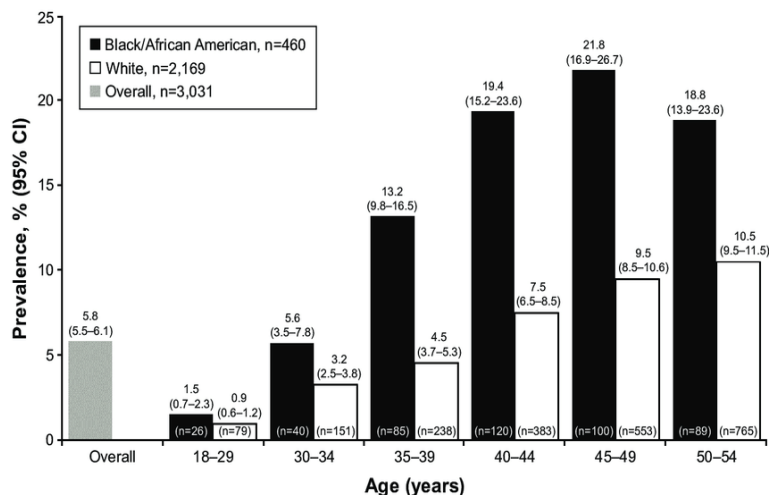
  - Pain Medication*
  - Hormone regulating medication*
  - Intrauterine device (IUD)*
  
- Surgery

  - Hysterectomy* - a surgical procedure to remove part or all of the womb (uterus).
  
  - Myomectomy*- a surgical procedure to remove uterine fibroids.
  
- Womb saving natural alternative

  - Yoni steaming*-an ancient practice that uses herb infused steam to cleanse, detox, heal, and strengthen the reproductive organs.
  
  - Clay detox and womb wrap*-a method of detoxification that improves blood circulation and tones the abdomen. It also helps relieve PMS symptoms, spiritual womb distress, and reduce cellulite.
  
  - Womb stimulation*-an abdominal massage that is used to stimulate flow and energy to the womb space. It helps strengthen the abdominal muscles, relieve back pain, reduce menstrual cramps, boost fertility, and helps eliminate toxins from the body.
  
  - Womb Clearing*-the process of healing negative imprints left on the womb due to trauma.
  
  - Diet modification*
  
  - Exercise.*

## Data and Statistics

- Incidence of uterine fibroids by age 35 is 60% among African-American women, increasing to 80% by age 50.
  
- More than 200,000 hysterectomies—the surgical removal of the uterus—are performed each year for uterine fibroids in the United States.



- Seventy-seven percent of women of childbearing age could have the condition without knowing it.
- African-American women are three to five times at greater risk than white women.

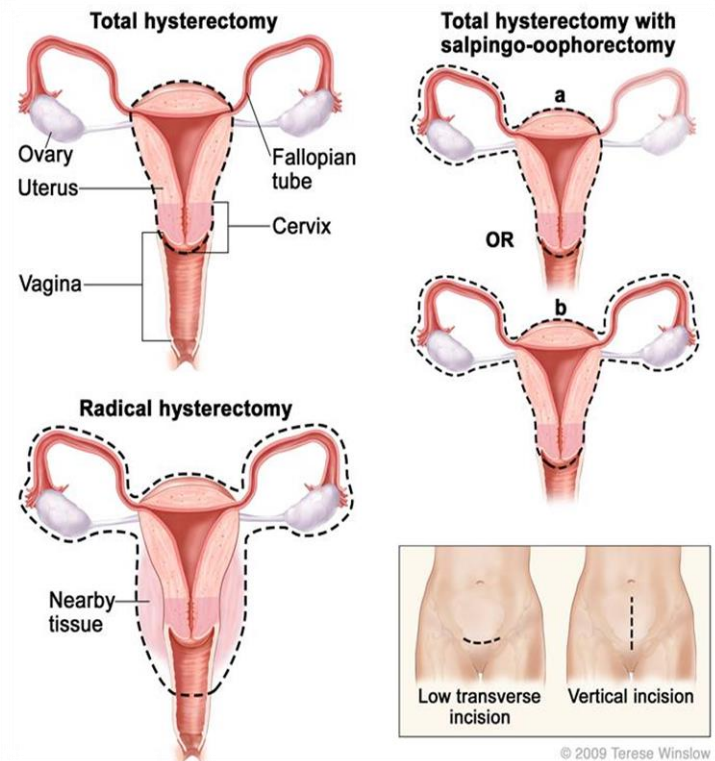
## Hysterectomies in Women of Reproductive Age

### Hysterectomy

The United States performs more hysterectomies than any other country in the world. In fact, they are the second most frequently performed surgical procedure (after cesarean delivery) for women in the United States who are of reproductive age. A hysterectomy is a surgical procedure that removes part or all of a woman's uterus—the organ that houses the baby during pregnancy. The age when a woman is most fertile and can become pregnant is known as reproductive age. Reproductive age ranges from 15-44 years old. In recent years, the rates of hysterectomies in this population group has dramatically increased.

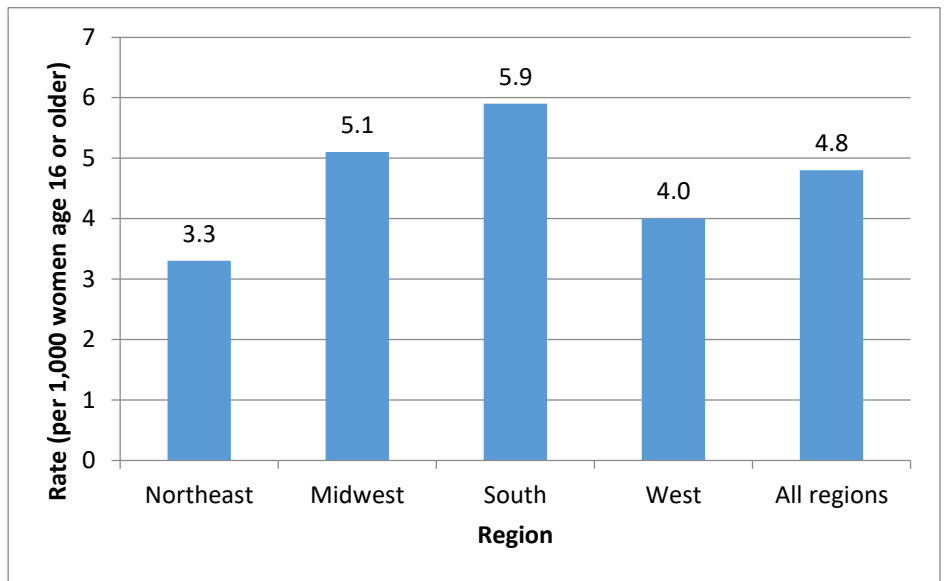
### Types of Hysterectomy

- *Partial Hysterectomy*—removes the body of the uterus while the cervix is left in place.
- *Total or Simple Hysterectomy*—removes the entire uterus and cervix
- *Bilateral Salpingo-Oophorectomy*—removes the uterus, cervix and fallopian tubes.
- *Radical Hysterectomy*—removes the uterus, cervix, ovaries, fallopian tubes and possible upper portions of the vagina and affected lymph glands.



## Overview and Key Trends

- Thirty-seven percent of hysterectomies with oophorectomy are performed on women aged 15-44 years' old.
- Approximately 600,000 hysterectomies are performed annually in the United States.
- 1 in 3 women will have a hysterectomy by age 60.
- Hysterectomies cost about \$5 billion per year.
- The rates are highest in the southern regions of the United States



- The majority of hysterectomies are for benign or non-life threatening conditions.

(Hysterectomy rates by geographic region, United States, Women's Health 2014).

## Primary Causes of Hysterectomy Uterine fibroids- benign tumors of the uterus\*

- Endometriosis-endometrial tissue that grows outside the uterus
- Pelvic support problems (such as *uterine prolapse*)
- Abnormal uterine bleeding
- Chronic pelvic pain
- Gynecologic cancer

\*most common reason for hysterectomy

## Hysterectomy & Reproductive Age

Hysterectomies are a common procedure among women of reproductive age. A women's age, diet, and race are leading risk factors for this procedure because it can contribute to the growth of uterine fibroids. Additionally, her reproductive health specifically sexually transmitted infections can also be a causative factor for a hysterectomy. Having a hysterectomy during reproductive age can cause cardiovascular disease (i.e. heart attack and stroke), early

### Further Information

The American College of Obstetricians and Gynecologist. (2015). Hysterectomy. Retrieved from <http://www.acog.org/Patients/FAQs/Hysterectomy>.

Office of Women's Health. (2014). Hysterectomy. Retrieved from <https://www.womenshealth.gov/publications/our-publications/factsheet/hysterectomy.html>.

menopause, sexual dysfunction (i.e. lack of lubrication and/or lubrication, and hormone deficiencies. Although a woman may need to have a hysterectomy, thirty percent of all hysterectomies are medically unnecessary. Therefore, it is very important that women explore other options prior to having a hysterectomy. Alternative options to a hysterectomy include a hysteroscopy, myomectomy, uterine artery embolization, medical/hormonal management, endometrial ablation.

## References

Alexander, L., LaRosa, J., Bader, H., Garfield, S., and Alexander, W. (2014). *New Dimensions in Women's Health Sixth Edition*. Burlington, MA: Jones and Bartlett Learning.

Centers for Disease Control and Prevention. (2015). *Women's Reproductive Health*. Retrieved from <http://www.cdc.gov/reproductivehealth/womensrh/index.htm>.

National Women's Health Network. (2016). *Hysterectomy*. Retrieved from <https://www.nwhn.org/hysterectomy>.

Wilde, S., & Scott-Barrett, S. (2009). Radiological appearances of uterine fibroids. *The Indian journal of radiology & imaging*, 19(3), 222–231. <https://doi.org/10.4103/0971-3026.54887>

Zimmermann, A., Bernuit, D., Gerlinger, C., Schaefers, M., & Geppert, K. (2012). Prevalence, symptoms and management of uterine fibroids: an international internet-based survey of 21,746 women. *BMC women's health*, 12, 6. <https://doi.org/10.1186/1472-6874-12-6>.