

# Understanding and Managing **Uterine Fibroids**

What you should  
know about  
treatment options



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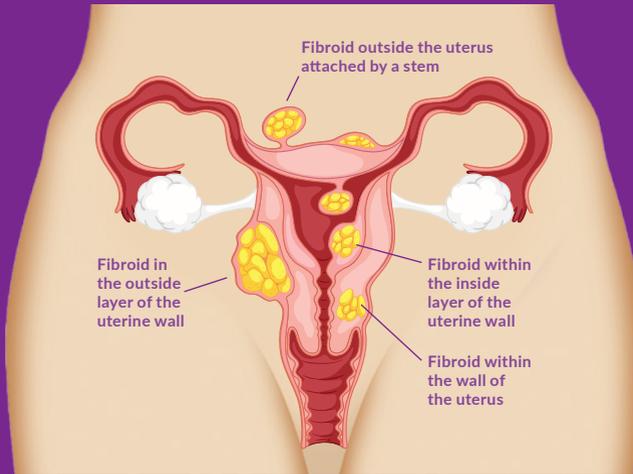
# What are uterine fibroids?

Uterine fibroids (also known as myomas or leiomyomas) are growths that develop in the muscle tissue of the uterus. These growths are benign (not cancerous) and can cause abnormal bleeding, pain and pelvic pressure that may interfere with normal daily activities.

## Where are fibroids found?

Fibroids are most often found in or around the uterus. The main locations of fibroids are shown in the diagram below.

### Location of fibroids



Adapted from The American College of Obstetricians and Gynecologists (FAQ: Uterine Fibroids).

## Common symptoms

Uterine fibroids may lead to one or more of the following symptoms:

- Changes during your period
  - Longer, more frequent or heavy periods
  - Cramps
  - Vaginal bleeding at times other than during your period
  - Anemia from blood loss (Anemia is a condition where your blood has a lower than normal number of blood cells. This may make you feel tired and weak.)
- Pain
  - In the lower belly or lower back
  - During sex
- Pressure
  - Difficulty urinating or frequent urination
  - Constipation, rectal pain or difficult bowel movements
- Enlarged uterus and abdomen
- Miscarriages
- Infertility

The type of symptoms you have is often related to the size, the number and the location of the fibroids. Some fibroids may cause no symptoms at all.

## Symptoms and the location of fibroids

**Excessive bleeding.** When fibroids are in or near the lining of the uterus, you may have symptoms of excessive bleeding.

**Pain.** If you feel severe lower belly or abdominal pain and cramps, you may have a fibroid that is growing quickly. Also, fibroids that are attached to the uterus by a thin stem or thread may twist and cause severe pain.

**Pressure.** If you feel pressure in the pelvis, the fibroid may be pressing on organs in the pelvic area. For example, a fibroid that presses on the bladder may make you urinate more often or feel a sense of urgency when urinating. If you feel pressure in the large bowel or rectum, the fibroid may be pressing on the lower uterus, which may cause painful bowel movements, constipation, hemorrhoids or changes in the shape of stools.

## Causes of uterine fibroids

While the precise cause of uterine fibroids is unknown, there are several possible causes:

- **Genetic changes.** Cells in the wall of the uterus may become genetically altered and produce excessive muscle tissue.
- **Hormones.** Estrogen and progesterone (produced primarily by the ovaries) may stimulate growth of fibroids. Fibroids tend to shrink after menopause due to a decrease in hormone production.
- **Other growth factors.** Substances that help the body maintain tissues, such as insulin-growth factor, may also influence fibroid growth.

## Diagnosis of uterine fibroids

Uterine fibroids are often found during a routine pelvic exam. During the exam, your physician may notice changes in the shape or size of the uterus, which may indicate the presence of fibroids. Sometimes, a pelvic exam alone is not enough to confirm you have fibroids. In this case, your physician may order imaging tests, like ultrasound, to confirm the findings. Your healthcare professional will then help plan a treatment that is right for you.

## What treatments are used in women with uterine fibroids?

Your physician may suggest you take medicines to **reduce the growth of fibroids** or to **reduce the symptoms**. If these treatments are not helpful, your physician may recommend surgery.

If you have no symptoms or if your symptoms are mild, your physician may recommend a “**watchful waiting**” approach with regular follow-up visits.

## Treatment options: medicines

### Contraceptive pills

Contraceptive pills are often prescribed to treat women with heavy periods and fibroids. This method is effective in reducing menstrual bleeding short-term.

### How contraceptive pills work

Oral contraceptives release estrogen and progestin hormones into the body causing thinning of the lining of the uterus. This may lead to reduced menstrual bleeding.

### Side effects of contraceptive pills\*

- Headache
- Nausea
- Breast tenderness
- Breakthrough bleeding

### Progestin therapy

Women with abnormal bleeding associated with uterine fibroids may be prescribed progestin. Progestin is a form of the progesterone hormone that may reduce menstrual blood loss in women with fibroids.

### How progestin therapy works

Progestins cause thinning of the lining of the uterus which could potentially lead to reduced menstrual blood loss.

### Side effects of progestin therapy\*

- Bleeding that may be unpredictable
- Possibility of short cycles of bleeding, spotting, or heavy bleeding or no bleeding at all
- Headaches
- Nausea
- Breast tenderness

\* Please consult your healthcare professional regarding other possible side effects.

## Selective progesterone receptor modulators (SPRMs)

SPRMs have been shown to reduce the size of fibroids and the uterus, alleviate symptoms and reduce bleeding. SPRMs have also been shown to reduce fibroid size and improve anemia prior to surgery.

### How SPRMs work

The way SPRMs work is still being studied. These drugs appear to have mixed effects on tissues that are affected by the progesterone hormone.

### Side effects of SPRMs\*

- Hot flashes
- Fatigue
- Nausea
- Transient liver transaminase changes
- Endometrial changes

## Intrauterine system (IUS)

The IUS is a small, T-shaped device that is inserted into and left inside the uterus where it releases a progestin hormone. This may be an effective therapy for reducing menstrual bleeding.

### How the IUS works

The IUS releases a progestin. This causes thinning of the lining of the uterus which could potentially lead to reduced menstrual blood loss.

### Side effects of IUS\*

- Irregular bleeding or spotting for the first 3–6 months
- Headaches
- Nausea
- Depression
- Breast tenderness

## Gonadotropin-releasing hormone (GnRH) agonist therapy

A GnRH agonist is a hormone that has been shown to improve anemia, reduce symptoms of fibroids and reduce fibroid volume when used prior to surgery.

### How GnRH agonist therapy works

Treatment with a GnRH agonist leads to a decrease in estrogen levels. These levels tend to be similar to the levels that women have after menopause.

### Side effects of GnRH agonist therapy\*

- Loss of bone mineral density
- Hot flashes
- Mood swings
- Vaginal dryness
- Smaller breasts
- Headaches

Because of these side effects, GnRH agonists are used only for short periods.

\* Please consult your healthcare professional regarding other possible side effects.

## Treatment options: surgery

In some cases, surgery is the best option for treating uterine fibroids. These procedures can vary greatly, from minor to major surgery. Your healthcare professional will discuss the choices for surgery. The size, location and number of fibroids and your desire to have children in the future are key factors to consider when deciding on the surgical option that is best for you.

Before undergoing surgery, your physician may prescribe medicines such as GnRH agonists or an SPRM. GnRH agonists and SPRMs have been shown to improve anemia and reduce the size of fibroids prior to surgery. Talk with your physician about what options are available to you.

### Myomectomy

This procedure involves removing only the fibroids and leaving the healthy areas of the uterus intact. It can preserve your ability to get pregnant. The procedure can be performed in one of three ways, depending on the size and location of your fibroids.

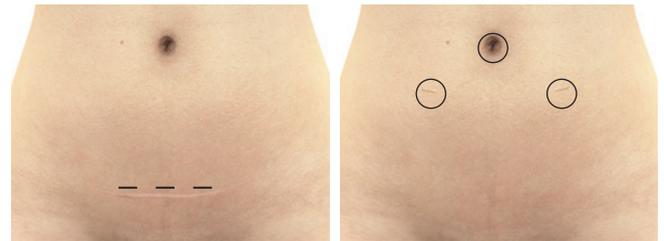
- **Hysteroscopy.** The surgeon inserts a thin telescope with a light through the vagina and the opening of the uterus. The surgeon then uses special instruments to remove the fibroids. Only women with fibroids that expand from the wall of the uterus into the uterine cavity are eligible for this type of myomectomy. Fibroids located within the uterine wall cannot be removed with this technique.
- **Laparotomy.** The surgeon removes the fibroids through a cut in the abdomen.
- **Laparoscopy.** The surgeon uses a long, thin telescope to see inside the pelvic area, and then removes the fibroids using another tool. This procedure usually involves two small cuts in the abdomen.

### Hysterectomy

Hysterectomy is the only proven permanent solution for uterine fibroids. However, hysterectomy is a major surgery, involving surgical removal of the uterus. In severe cases, your physician may also recommend removal of the ovaries and fallopian tubes. If you have not gone through menopause, you may be able to keep your ovaries and fallopian tubes. The ovaries make hormones that help maintain bone density and sexual health even if the uterus is removed.

After a hysterectomy, you can no longer have children. Also, depending on your age, removal of the ovaries can cause menopausal symptoms. Hysterectomy is often performed through an incision in the abdomen, although the uterus may be removed through the vagina or by laparoscopy. In such cases, recovery is shorter.

### Incision sites for hysterectomy



### Minimally invasive procedures

There are some minimally invasive procedures that can treat your uterine fibroids without actually removing them through surgery. There's no single best approach to uterine fibroid treatment.





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