

## Fibroids and Infertility

by Madeline Drexler

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### Fibroids strike one in four women-causing pain and even infertility

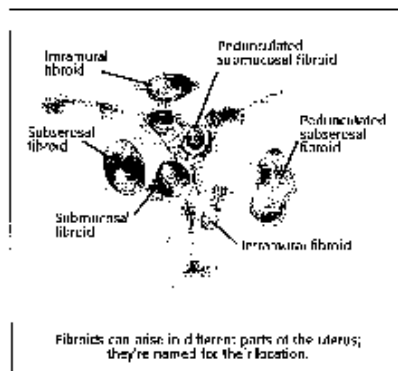
Here, the latest on treating these tricky **tumors**.

Fibroid tumors are the number one cause of hysterectomy in the United States. And if that statistic doesn't alarm you, it should - your chance of developing one of these pesky pelvic growths at some point in your reproductive life is surprisingly high. If you're in your twenties, your odds are one in five; after age 30, your risk jumps to one in three; and after 40, your chances are nearly one in two.

In most cases, fibroids cause no symptoms and require no treatment, but if these tumors grow large enough or crop up in a sensitive area of the uterus, they can have serious consequences, including heavy bleeding, severe pelvic cramps, back pain and, possible, infertility and miscarriage.

What's even more troubling is that the traditional treatment option (major surgery to remove the growths or the entire uterus, eliminating any chance of pregnancy) can be more miserable than the fibroids themselves, particularly for a woman at the height of her reproductive life.

Fortunately for the estimated 15 million women who currently suffer from fibroid tumors, there are now a number of newer, safer and less-invasive procedures that involve shorter hospital stays and recovery times and, most important, may allow a woman to preserve her fertility by keeping her uterus healthy and completely intact.



## TUMOR TALK

Despite their off-putting name, fibroid tumors are not cancerous. Also known as leiomyomas or myomas, fibroids are bundles of muscle and connective tissue that can grow inside or outside the uterus or even within the uterine wall itself. Although doctors don't quite understand what causes fibroids to form, a recent study links the growths to a diet high in red meats and low in green vegetables. Doctors also suspect a genetic connection since fibroids tend to run in families. What is clear is that these growths are stimulated by estrogen.

Although fibroids can swell to the size of a large cantaloupe - and, in some cases, stretch the uterus to the girth of a five-month pregnancy amazingly, many women have no idea that these tumors are lurking inside them. In fact, the majority of the growths are detected during annual gynecological checkups, when a doctor feels the mass during a physical exam.

If the fibroids aren't causing any discomfort, doctors typically take a watch-and-wait approach. But once fibroids trigger bleeding, pressure or pain, it's time to take action. Typically, the first line of defense is to try nonsteroidal anti-inflammatory drugs (such as Motrin) or birth-control pills to control symptoms. If these measures don't do the trick, a synthetic hormone called a gonadotropin-releasing hormone agonist is the next step. These prescription compounds, such as Lupron, shrink fibroids by reducing estrogen levels in the blood. But since long-term use produces menopauselike symptoms (e.g., hot flashes, mood swings, and cessation of periods) and raises a woman's risk of osteoporosis, younger patients can't stay on theregimen for more than six months. And once the hormones are stopped, the fibroids typically grow back.

The only permanent solution for fibroids is hysterectomy (no uterus, no fibroids), but this route has obvious downsides.

The most common alternative to a hysterectomy is a myomectomy. This less dramatic, one to two hour long procedure entails cutting the fibroids out of the uterus through an abdominal incision or via the vagina and cervix. If the fibroids are small enough, and located on the inner lining of the uterus, a myomectomy can often be performed with a hysteroscope (a thin probe with a tiny camera attached), resulting in minimal cutting, bleeding and postsurgery scarring.

Long-term studies show that 40 to 60 percent of patients who previously had problems with pregnancy and try to get pregnant after myomectomy are successful. But the procedure is far from perfect: it can cause internal scar tissue that blocks passageways in the reproductive anatomy, resulting in infertility. What's more, fibroids recur 30 percent of the time and 20 to 25 percent of women eventually need another surgery - usually a hysterectomy.

## NEW TECHNOLOGIES, NEW OPTIONS

One of the most promising new alternatives is a nonsurgical technique called uterine artery embolization. In this 60 to 90-minute procedure, done with local anesthesia and sedation, an interventional radiologist inserts a catheter through a quarter-inch incision in the groin, then directs it into the two arteries that supply the uterus and the fibroids with blood. Small synthetic particles, each the size of a grain of sand, are then injected through the catheter into the arteries, causing the blood to clot and cutting off the blood supply to the fibroid but leaving the uterus unharmed. "Eighty percent of patients will have significant improvement in fibroid-related symptoms," says Scott C. Goodwin, M.D., chief of vascular and interventional radiology at the UCLA Medical Center, who in 1996 pioneered the technique in the U.S. Over the next few weeks, the fibroids shrivel up; although they never disappear entirely, they essentially turn into tiny scars. After the procedure, patients may feel sharp cramping for a few days, but bleeding and complication are rare and recovery usually takes about a week or two, says Dr. Goodwin.

So far, more than 2,000 women have undergone the procedure in the U.S., with the pace picking up dramatically in the past year. Many doctors still consider the procedure experimental, however because long-term studies are lacking. And, although Goodwin and other physicians have had patients go on to have normal pregnancies, it's not clear whether the technique reliably preserves a woman's fertility. In 1 to 2 percent of patients, the procedure damages the blood supply to the ovaries, compromising conception.

#### **ZAPPING TUMORS IN A SINGLE BOUND**

Although not yet as widely available as embolization, another newer, kinder, tumor solution is a high-tech procedure called myolysis. First performed in 1990 by Herbert A. Goldfarb, M.D., of Montclair, New Jersey, the 45 to 90 minute surgery involves destroying fibroids by zapping them with electricity. Before the procedure, patients need to take gonadotropin-releasing hormones for three months to suppress estrogen production and preshrink the fibroids.

During the procedure, which is performed under general anesthesia, a surgeon makes a half-inch incision by the belly button and two quarter-inch incisions in the abdomen. Then, with the help of a laparoscope, the surgeon targets each fibroid with a electric current or a high-intensity laser beam, both of which destroy the blood vessels that feed the tumors on contact. "So far we've performed the procedure on 500 patients, and 95 percent of them have had significant relief of symptoms, fibroid shrinkage and no need for hysterectomy," says Dr. Goldfarb.

The surgery does have potential complications, the most worrisome being fallopian-tube scarring, which can interfere with pregnancy. Some doctors advise women who want to become pregnant to do so as soon as possible after myolysis; others discourage the procedure in women who want children.

The good news is that, like all of the other new uterus-saving surgeries now being performed, myolysis means that a diagnosis of fibroids need not strike fear and dread in young women. If you've diagnosed with fibroids, discuss all of your treatment options with your doctor. If she isn't up to speed on the latest fertility-sparing technologies, seek a second or third opinion.

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