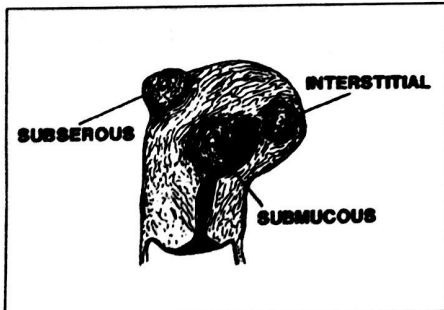


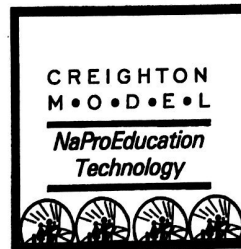
For women with many or large fibroids, or unbearable symptoms, a hysterectomy may be needed.

Specific treatment options should be discussed with your doctor.



The above drawing shows three possible locations of uterine fibroids.

Thomas W. Hilgers, M.D., Dip. ABOG, ABLS, SRS is the director of the Pope Paul VI Institute for the Study of Human Reproduction, an Institute that is dedicated to research, education and service in the areas of human reproduction. He serves as the Institute's senior medical consultant in obstetrics, gynecology, reproductive medicine and surgery. He is board certified in obstetrics and gynecology and gynecologic laser surgery, and is a member of the Society of Reproductive Surgeons. The co-developer of CREIGHTON MODEL FertilityCare System and NaProTECHNOLOGY, he has been named by Pope John Paul II to the Pontifical Academy for Life and with his wife, Susan, to the Pontifical Council for the Family.



Revised: 2004

The symbol on the front cover symbolizes the creation of a new human person. It represents the equation $1 + 1 + 1 = 1$. A man, a woman and God all come together to create the new child.

**FOR MORE INFORMATION,
PLEASE CONTACT:**

www.popepaulvi.com

UTERINE FIBROIDS (Myomas)



A
FERTILITYCare™
EDUCATION
BROCHURE

Thomas W. Hilgers, M.D.

P-BR-72-04

UTERINE FIBROIDS (Myomas)

WHAT ARE FIBROIDS?

Fibroids or myomas are round growths of muscle in the wall of your uterus. They are very common (28% of women experience them) and almost always noncancerous (benign). They start as pea-sized lumps, but can grow steadily over your reproductive years. Many fibroids just need to be monitored. Others may require treatment if they become too large or cause symptoms.

POTENTIAL PROBLEMS

Many fibroids cause no symptoms at all. But a fibroid that grows rapidly in your uterus may cause one or more of the following:

- Abnormal uterine bleeding
- Achiness, heaviness or fullness
- Back pain
- Difficulty getting pregnant
- Difficulty urinating or having bowel movements

Only rarely, if allowed to grow unchecked, will they lead to serious problems such as cancer.

DIAGNOSIS

- During a **pelvic exam** your doctor examines your reproductive organs. The tenderness, texture and overall size of your uterus are checked. Samples of cervical cells may be taken for a closer examination (a Pap Smear) to check for inflammation or cancer. Since fibroids can grow on the back wall of your uterus, your doctor may also do a rectal examination.
- **Abdominal ultrasound** is often used to monitor fibroid growth. Our ultrasound unit uses a transvaginal probe for increased resolution and optimal imaging. It provides an excellent means of detecting and monitoring fibroid growth and necrotic changes that may occur.
- **Hysteroscopy** is used to evaluate fibroids that extend into the uterine cavity. The doctor looks directly at the in-

side of your uterus through a **hysteroscope**, a thin telescope. This is an out-patient procedure, done at the hospital, under a general anesthetic.

- **Laparoscopy** allows the doctors to check for fibroids by providing an outside view of the reproductive organs. A small incision is made below the naval and a laparoscope (another type of telescope) is used. This is often done at the same time as a hysteroscopy at the hospital.

TREATMENT

Treatment of your fibroid(s) depends on their number, size, location and rate of growth. Your treatment decision depends on the severity of your symptoms. Waiting and watching the fibroids with regular pelvic exams and ultrasound may be a good option if they are small.

If fibroids need to be removed, this can be done through the vagina or through an abdominal incision with an abdominal myomectomy. These procedures save your uterus and your ability to have children. Sometimes fibroids can return.