

health

THE TRUTH ABOUT FIBROIDS

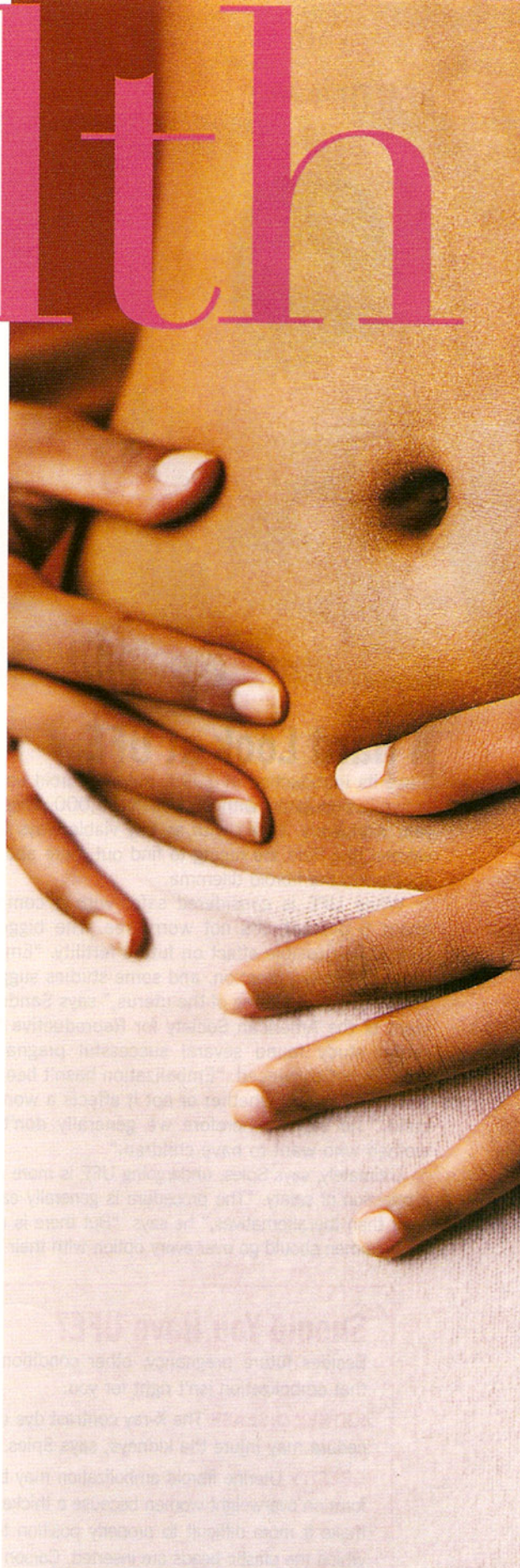
OUR GUIDE TO THE LATEST IN TREATMENT

Kimberly Reid had always had fairly regular periods. But over the course of a year and a half, the 34-year-old realized her four-to-five-day periods had become two-week marathons. More troubling, Reid's heavy bleeding left her perpetually exhausted. "Lab tests showed I was severely anemic from the blood loss," says Reid, a consultant from Boulder, Colorado, "so my doctor put me on hormones to stop my period." The following week an ultrasound revealed two large fibroids and a few smaller ones. Several doctors suggested she have a hysterectomy. At first Reid was tempted to comply, even though she hadn't started a family yet. "My biggest concern was stopping my symptoms," she says. Then she remembered how her mother and aunt had dealt with their fibroids. "They both had hysterectomies, and following the surgeries they went through weeks of pain and then premature menopause," says Reid. "I didn't want to go that route."

After researching her options, Reid chose a relatively new treatment called uterine fibroid embolization (UFE), in which small plastic beads are injected into the arteries that feed fibroids. Once deprived of blood, the tumors gradually shrink and may die. "Embolization is minimally invasive, and most patients can go back to work in a week," says James Spies, M.D., an associate professor of radiology at Washington, D.C.'s Georgetown University Medical Center who has done the procedure more than 840 times.

A year later Reid's periods are back to normal. She's not sure if she will be able to have children ("I was told that having a UFE could cut my chances of conceiving," she says) and she suffers from painful ovulation, but she's thrilled with her results: "My only regret is that I didn't have it done sooner." ▸

BY LINDA KNITTEL





Three years ago Kimberly Reid's periods were so heavy due to fibroids that she considered having a hysterectomy. Today, after undergoing a minimally invasive procedure, she reports that her fibroid symptoms have disappeared.

A Hard Look at UFE

Since its introduction in 1995, uterine fibroid embolization has rapidly grown in popularity, with 25,000 to 30,000 procedures conducted each year worldwide. Faced with so few viable ways to treat fibroids, many women like Reid are racing to find out more about UFE, hoping it is a solution to the fibroid dilemma.

While UFE is considered safe, with a complication rate of only about 5 percent, it's not worry-free. The biggest issue surrounding UFE is its possible effect on future fertility. "Embolization could compromise ovarian function, and some studies suggest that it could negatively affect the lining of the uterus," says Sandra Carson, M.D., president of the American Society for Reproductive Medicine. Although a recent study found several successful pregnancies following UFE, Spies is not convinced. "Embolization hasn't been studied long enough to say for certain whether or not it affects a woman's ability to have a child," he says. "Therefore we generally don't recommend UFE to women who want to have children."

Ultimately, says Spies, undergoing UFE is more a matter of choice than a question of safety. "The procedure is generally easier to go through and safer than the alternatives," he says. "But there is no one-size-fits-all solution. Women should go over every option with their doctor."

Should You Have UFE?

Besides future pregnancy, other conditions may indicate that embolization isn't right for you:

KIDNEY DISEASE The X-ray contrast dye used for the procedure may injure the kidneys, says Spies.

OBESITY Uterine fibroid embolization may be harder to perform on overweight women because a thicker thigh area may make it more difficult to properly position the tube through which the plastic beads are inserted, Carson says.

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Fibroid Basics

Uterine fibroids are noncancerous muscular tumors that grow in and around the wall of the uterus. It is possible to have fibroids and no symptoms, but the tumors often trigger prolonged or heavy periods, pelvic pain, constipation, urinary incontinence, fertility difficulties and sexual dysfunction.

Although the exact cause of fibroids remains a mystery, stress, heredity and high concentrations of estrogen appear to play a role in their development. Other risk factors include obesity, diabetes, smoking and a sedentary lifestyle. What *is* known is that Black women are two to three times more likely to develop fibroids than White, Latino or Asian women—and we tend to get them at an earlier age. ▸

WHAT CAN YOU EXPECT FROM UFE?

Specially trained doctors called interventional radiologists do uterine fibroid embolization using conscious sedation. (The patient is tranquilized but awake.) After administering a local anesthetic, the doctor makes a small incision in the groin and inserts a narrow plastic tube, called a catheter, into an artery.

Next a contrast dye is injected so the doctor can guide the catheter with an X-ray or MRI machine. Once the catheter reaches the uterine arteries, tiny plastic beads are injected to decrease the amount of blood flowing through the smaller blood vessels feeding the uterus. Interrupting the blood flow eventually causes fibroids to shrink and in some cases to die. This process begins almost immediately, and often results in sharp pain, which is generally eased with narcotic painkillers. Most patients spend one night in the hospital and another week to ten days recovering at home. During recovery, patients may experience nausea, cramping, fever and quite a bit of pain as the fibroids slowly die.

Other Fibroid Treatments

A number of other options are currently available or in the works

HORMONES Birth-control pills can help regulate the menstrual cycle, control heavy bleeding and temporarily shrink fibroids by decreasing the levels of fibroid-fueling estrogen and progesterone (the other key reproductive hormone). But in some women the Pill may make fibroids grow larger. Sometimes more powerful hormones called GnRH agonists (under the brand names Lupron, Synarel and Zoladex) are used to temporarily stop estrogen production. In fact, Lupron is often prescribed to shrink fibroids before surgical removal. The GnRH agonists can trigger hot flashes and other menopausal symptoms and lead to osteoporosis, so they should not be taken for longer than six months. Once the medication is discontinued, the fibroids will eventually grow back to their original size.

MYOMECTOMY This more aggressive process removes fibroids surgically while leaving the uterus intact, so it is a good option for women who want to maintain their fertility. To remove larger fibroids, doctors usually perform the procedure by a bikini incision just above the pubic bone. Medium-size fibroids can be removed laparoscopically (through tiny incisions in the abdomen), and very small tumors may be removed hysteroscopically through the vagina with no incision. With myomectomy, fibroids may eventually recur, and complications such as urinary-tract infections and the need for a blood transfusion, though rare, do occur.

HYSTERECTOMY This procedure is the surgical removal of the uterus. (See "The Hysterectomy Controversy" below.)

RU-486 (MIFEPRISTONE) The same pill that is used for early medical abortion may prove to be an effective alternative treatment for fibroids, according to a new study. Researchers at the University of Rochester in Rochester, New York, found that in women with large fibroids causing symptoms such as heavy menstrual bleeding, anemia and pelvic pain, a daily dose of 5 or 10 milligrams of RU-486 for six months shrank the tumors to about half their original size. The long-term safety and efficacy of lower doses of mifepristone is currently being studied.

MRI-GUIDED ULTRASOUND SURGERY A pilot study using real-time magnetic resonance imaging to identify the precise locations of fibroids and then deliver focused ultrasound-wave energy to destroy them suggests the procedure is safe and effective. According to researchers, the procedure "melted away" the fibroids in all nine participants with only slight side effects. A follow-up study began last year.

THE HYSTERECTOMY CONTROVERSY

More than 200,000 hysterectomies are performed each year to treat fibroids. But women's health advocates and an increasing number of physicians believe that the surgery is rarely warranted for treating the condition. "We have seen thousands of women with fibroids of every size and description in my practice, and we've never had to do a hysterectomy," says Mitchell Levine, M.D., director of the WomenCare organization in Arlington, Massachusetts.

If you choose this method, be sure to find a good surgeon, fully educate yourself on what to expect both during and after surgery, and ask questions. "Any woman younger than 51 undergoing a hysterectomy should talk to her doctor about keeping her ovaries, because many emotional, psychological and sexual changes occur when they are removed," says Linda Bradley, M.D., director of Hysteroscopic Services at the Cleveland Clinic Foundation.

Using her expertise in alternatives to hysterectomy, Bradley has teamed up with supermodel Beverly Johnson and the National Women's Health Resource Center to spread the word about uterine health. After years of battling fibroids, Johnson underwent a hysterectomy that resulted in a long and painful recovery. "We are out to empower women to take responsibility for their health and to make smart and thoughtful decisions about what is best for them," says Johnson. >

What You Can Do to Prevent or Manage Fibroids

The best ways to minimize your chance of developing fibroids include performing regular aerobic exercise at least three times a week, easing stress through such techniques as meditation, yoga or breathing exercises, and reducing the amount of extra estrogen you allow into your body. External sources of estrogen include commercially produced meats, eggs and dairy



Eating a diet rich in green vegetables, whole grains and fruit juices may help alleviate fibroid symptoms.

products. "American women have more female health issues than other cultures who eat more natural foods, Susan Lark, M.D., author of *Fibroid Tumors & Endometriosis Self Help Book* (Celestial Arts) points out. "Women eating a diet that is centered on legumes, seeds and grains have lower circulating estrogen levels, and therefore fewer problems."

Practitioners of alternative medicine as well as of traditional Chinese medicine recommend a primarily vegetarian diet full of leafy green vegetables, artichokes and black radishes to cleanse the body and help regulate hormone levels. "A woman with fibroids should do a modest fast one or two days a month, during which she eats only brown rice and steamed vegetables and drinks only fruit juices," says Regina Lellman, a naturopath in Portland, Oregon. In addition, these women should avoid alcohol, caffeine, saturated fats, white sugar and tobacco because they prevent the liver from filtering estrogen and progesterone out of the body, thus enabling these hormones to actually feed fibroids.

A few key supplements can also help relieve some of the symptoms. Chemical compounds known as bioflavonoids—powerful antioxidants that are particularly abundant in berries, citrus fruits and deeply colored fruits and vegetables—are able to neutralize the effects of some problem-causing estrogens. If you find it difficult to increase the amount of fiber-rich foods you consume, consider taking supplements of fiber and the B vitamins, which work to reduce circulating estrogen levels; vitamin C to ease cramps and lessen bleeding; and iron to help keep anemia at bay.

A trained herbalist can also recommend a number of herbs to help relieve symptoms. Because such remedies can become toxic if used incorrectly, it is best to work with a health practitioner to design a treatment regimen and proper dosages specifically for you. □

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“Avoiding caffeine, alcohol, saturated fats, white sugar and tobacco can help your body flush out fibroid-feeding hormones.”

Resources

For a free copy of *Your Guide to Uterine Health*, call (800) 774-9244 or visit healthywomen.org

Books

Fibroid Tumors & Endometriosis Self Help Book by Susan Lark, M.D. (Celestial Arts)

Healing Fibroids: A Doctor's Guide to a Natural Cure by Allan Warshowsky, M.D. and Elena Oumano (Fireside)

It's a Sistah Thing: A Guide to Understanding and Dealing With Fibroids for African American Women by Monique R. Brown (Kensington)

The First Year: Fibroids by Johanna Skilling (Marlowe & Company)

Uterine Fibroids: What Every Woman Needs to Know by Nelson H. Stringer, M.D. (Physicians & Scientists)

What Your Doctor May Not Tell You About Fibroids by Scott C. Goodwin, M.D., Michael Broder, M.D., and David Drum (Warner Books)

Women's Bodies, Women's Wisdom by Christiane Northrup, M.D. (Bantam)

Web Sites

uterinearteryembolization.com and hers-foundation.com—Hysterectomy Educational Resources and Services

blackwomenshealthproject.org—Philadelphia Black Women's Health Project

drark.com—Dr. Susan Lark

sirweb.org—Society of Cardiovascular and Interventional Radiology

fibroidoptions.com—Georgetown University Hospital, Division of Vascular and Interventional Radiology

fibroids.net—Brigham and Women's Hospital, Center for Uterine Fibroids