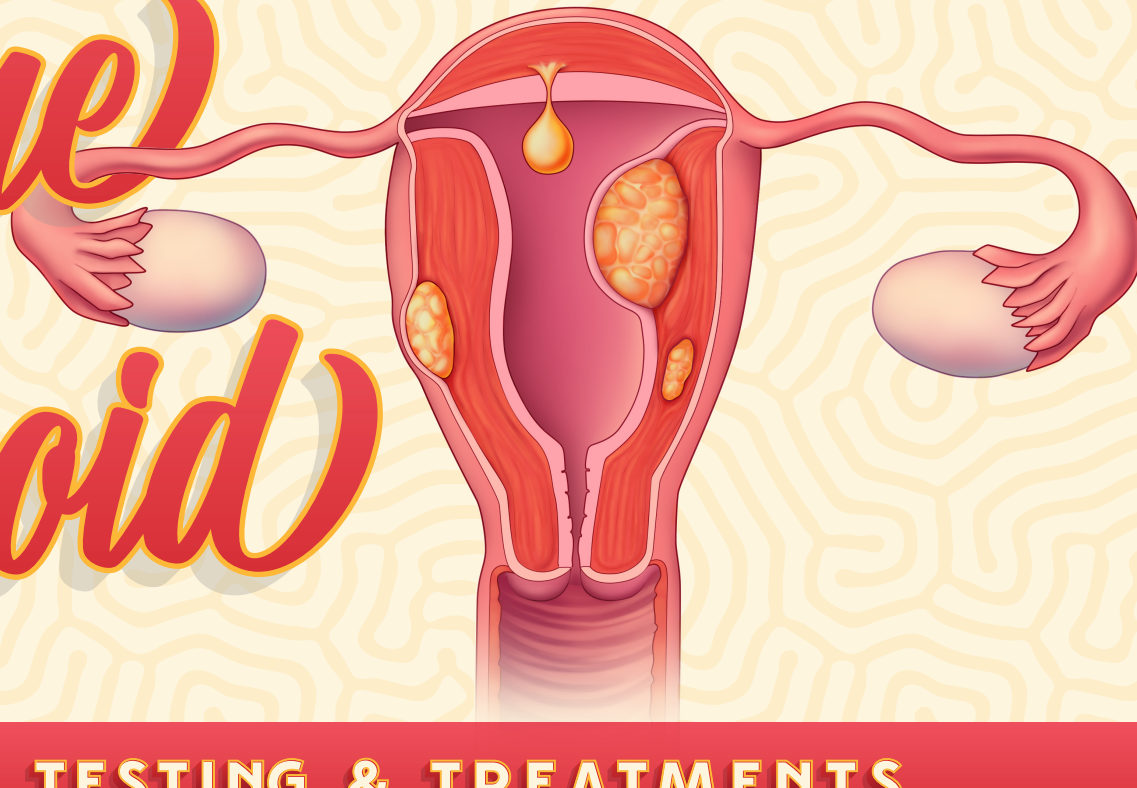


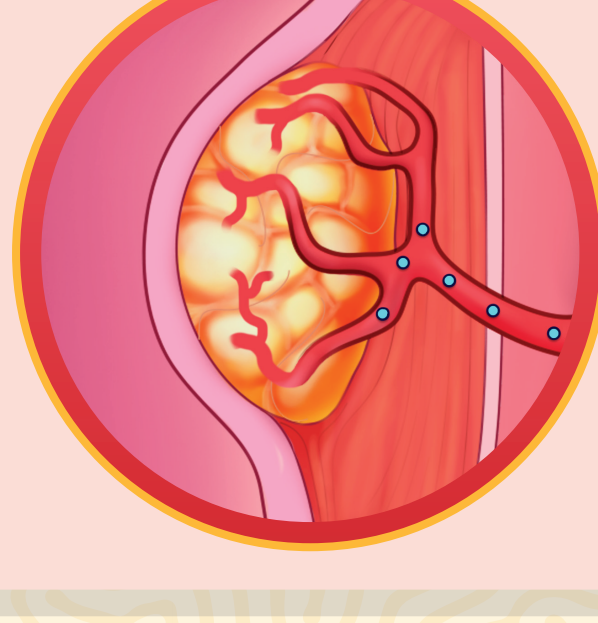
Uterine Fibroid



SYMPTOMS, TESTING & TREATMENTS

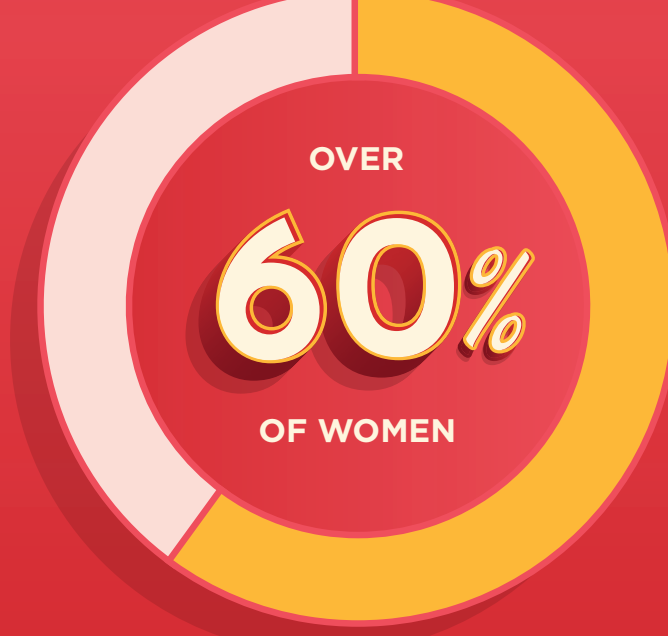
WHAT ARE UTERINE FIBROIDS?

Uterine fibroids are benign tumors that originate from the uterine muscle tissue. Fibroid growth is dependent on estrogen and progesterone and is rare before puberty. Fibroid growth increases in prevalence during the reproductive years and often decreases in size after menopause. Uterine fibroids can alter a woman's period and cause a variety of bulk pelvic symptoms.



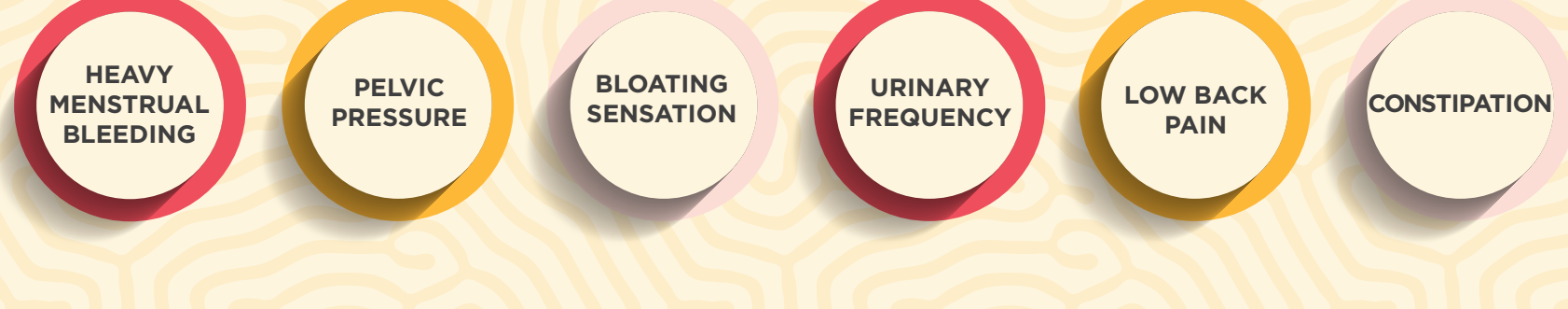
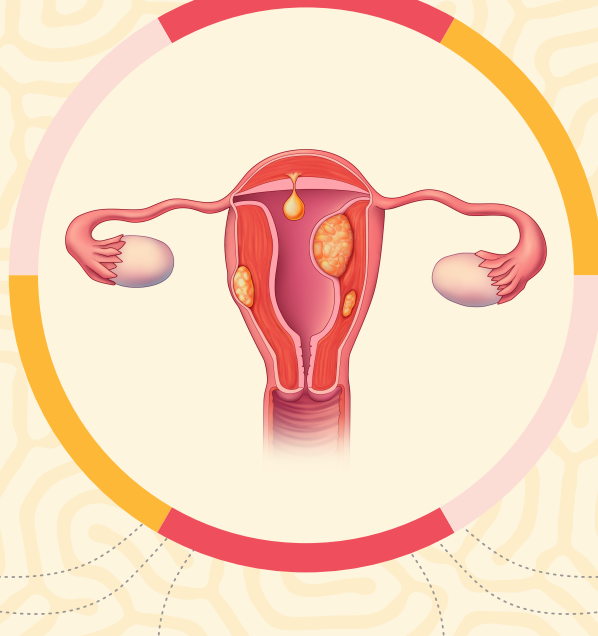
WHO DOES IT IMPACT?

Fibroids are found in over 60% of women by the time they are 50 years of age. Fibroids are benign and do not spread to other regions of the body. Most fibroids do not cause any symptoms and the risk of malignancy for uterine fibroids is very low.



Symptoms

The symptoms and treatment options depend on the size, number, and location of the tumors. The most common symptom is excessive menstrual bleeding. Fibroids can also often cause bulk symptoms including pelvic pressure, bloating, urinary frequency, back pain, and constipation.



HOW ARE UTERINE FIBROIDS DIAGNOSED?

It is important to differentiate between other possible causes of uterine growth and abnormal bleeding. A correct diagnosis will determine the proper treatment for you. Because most women will not exhibit every potential symptom, the diagnosis is usually confirmed by pelvic ultrasound or MRI. Imaging helps determine appropriate treatment options.

ULTRASOUND uses sound waves to get a picture of your uterus to confirm the diagnosis. The technician places the ultrasound device (transducer) over your abdomen, or inside the vaginal canal to get images of your uterus.

MAGNETIC RESONANCE IMAGING, OR MRI, is a noninvasive test that uses a powerful magnet to view the size and location of fibroids and exclude other types of disorders.

TREATMENT OPTIONS

HYSTERECTOMY

Hysterectomy, or surgical removal of the uterus, provides a definitive cure for women with symptomatic fibroids who do not wish to preserve fertility. Hysterectomy can be performed through an abdominal incision or using a less invasive approach with laparoscopic assistance. Recovery ranges from 3 to 6 weeks, depending on the procedure.

MYOMECTOMY

Myomectomy is the preferred surgical procedure for women with submucosal fibroids who wish to preserve their uterus or fertility. This procedure consists of surgically removing the fibroid from the uterus while leaving the uterus intact. Recovery from this procedure is slightly less than that of a hysterectomy.

HORMONE THERAPY

Hormone therapy can be used to temporarily relieve heavy menstrual bleeding and menstrual pain. These treatments can also shrink fibroids, but can't make them disappear completely. Hormones are usually only used for a limited time because of the risk of side effects. Fibroids may regrow once hormonal therapy is stopped.

UTERINE FIBROID EMBOLIZATION

Uterine fibroid embolization (UFE) is an effective minimally invasive alternative to hysterectomy and in select cases, myomectomy. UFE is performed under imaging guidance with intravenous conscious sedation. An interventional radiologist guides a very thin catheter, about the size of a strand of spaghetti, into the specific arteries supplying blood to the fibroid. The doctor then releases small particles into the targeted arteries which causes the fibroid to shrink.

POST TREATMENT

Following UFE, some women may experience discomfort relating to post-embolization syndrome, including pelvic pain, cramping, nausea, low-grade fever, fatigue and discomfort. These symptoms generally resolve with conservative treatment within 2-7 days.

Depending on the location and size of the treated fibroid, some women may also experience some vaginal discharge for 1-2 weeks after the procedure.



IVC® Can Help

At IVC® we specialize in **Uterine fibroid embolization (UFE)** which targets the abnormal blood supply to the fibroid, causing the fibroid to shrink. UFE avoids surgery and can preserve your uterus, control symptoms, while improving quality of life. Approximately 9 out of 10 women who undergo uterine fibroid embolization will experience significant symptomatic improvement. Patients are generally able to resume most daily activities within 1 to 2 days after the procedure.

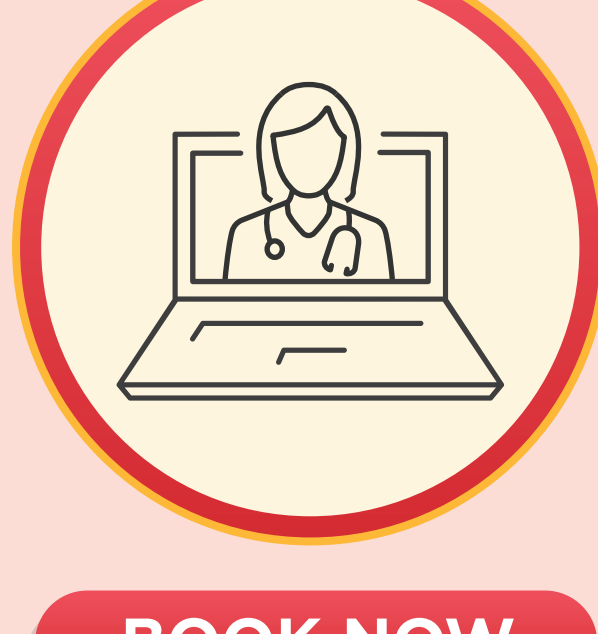


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