



FIGHTING FIBROIDS

UTERINE FIBROIDS MAY AFFECT 80 PERCENT OF US BY AGE 50. TO HELP YOU SIFT THROUGH ALL THE AVAILABLE TREATMENTS, WE'VE BROKEN DOWN THE OPTIONS, FROM CONVENTIONAL TO CUTTING-EDGE

BY HILARY BEARD

ILLUSTRATION BY SAMANTHA HAHN

At 26 Tasha Mitchell stopped taking birth control pills to get a break from the side effects she had been enduring since her teens. "I just wanted to get off it once and for all," she says. "I just wanted to be natural."

But two to three months after Tasha stopped, her menstrual cycle failed to normalize. Her period became very heavy and lasted for two weeks, and she experienced spotting between cycles. Her gynecologist encouraged her to stay on the Pill to regulate her flow, but Tasha was adamant about ditching her prescription. For six weeks she saw an acupuncturist, who improved her cycle somewhat but then sent her back to the doctor to find out if she had uterine

HEALTHY & HAPPY

fibroids, benign knots of muscle tissue that can grow just within, on or outside the uterus and normally occur during a woman's childbearing years.

Since she had butted heads with her first gynecologist, Tasha found a new one, who discovered a fibroid two centimeters long inside her uterus. This physician recommended a myomectomy, a surgical procedure to remove the fibroid, and put her back on the Pill to regulate her cycle. But Tasha's period only got heavier. "I'm not gonna lie; I thought I was going to die," she says.

One day on the train to work, she felt so weak that she went to the emergency room and was shocked when she was admitted to the hospital. In just one month Tasha's fibroid had more than doubled in size, and her heavy periods had left her with blood iron levels so low that surgery was not safe. She needed iron shots and an injection of Lupron Depot, a medication often administered before fibroid surgery that can shrink the tumors and halt menstruation by bringing on temporary menopause. Tasha's doctor also prescribed six weeks of bed rest so her body could recover.

"Having the surgery was the easiest part," Tasha says of her unusually straightforward procedure. "They didn't have to cut—they dilated the cervix and removed the fibroid that way." After that operation she went home and was back at work in two weeks. Today Tasha's menstrual cycle is normal, and she has a 1-year-old son.

FIBROIDS' ASTONISHING IMPACT

Also called uterine leiomyomas, fibroids vary in size from microscopic to that of a grape, a lemon, a cantaloupe or even a watermelon. Some women never even know they have them; others experience heavy bleeding, cramping, abdominal pressure and swelling, frequent urination, painful intercourse, fatigue, miscarriages and infertility. "Heavy and more frequent bleeding is the number one issue," says M. Natalie Achong, M.D., of the Yale University School of Medicine's department of obstetrics, gynecology and reproductive sciences.

Although Tasha's surgery was uncharacteristically easy, the disruptions she experienced along her journey to diagnosis and

treatment are not uncommon to Black women. A groundbreaking 2013 Mayo Clinic study of women ages 29 to 59 with symptomatic fibroids found that fibroids significantly impact Black women's lives—far more so than previously understood. "If you look at fibroids compared with other diseases, the degree to which fibroids affect your entire life is astounding," says Elizabeth Stewart, M.D., the study's lead author and chair of the division of reproductive endocrinology and infertility at Mayo Clinic and Mayo Medical School. "Women are missing work; it's impacting their career advancement and interfering with their relationships."

While numerous theories exist about why fibroids develop—from high estrogen levels to genetics to environmental chemicals, possibly including hair relaxers—experts say there is no definitive proof of a root cause. Risk factors include age, family history and obesity, as well as eating a lot of red meat and ham, getting your period early and not bearing children. Also not understood: why Black women get fibroids three times more often than White women.

TAKING CHARGE OF OUR HEALTH

Black women's fibroid troubles tend to begin during our twenties as opposed to the thirties and forties, when White women typically experience them. This imperils our plans to have kids. "There's a whole emerging cohort of women, particularly professional women in their thirties. They know they have fibroids—maybe for ten years, maybe since they were in college or were teenagers—and they're conflicted about what to do," Achong says. "They're having symptoms every month, or maybe even weekly, but they don't know what to do because they're not in a relationship and they want to have children, so they have to keep their uterus." The study also suggests that Black women have a harder time getting a diagnosis, good information about treatment alternatives and a solution, Stewart says.

Understanding our options requires that we adopt a much more hands-on approach than other conditions and diseases demand. Here are the most common medical procedures:

▶ MYOMECTOMY

What is it? The surgery removes fibroids while leaving the uterus intact. An abdominal, or open, myomectomy usually necessitates an eight-inch-long incision along the bikini line; laparoscopic and robotic techniques involve abdominal incisions the size of a quarter; and hysteroscopic methods avoid an abdominal cut by entering the uterus through the vagina and cervix.

Best candidates: Women who want to safeguard their fertility.

Pros: In the best cases, a myomectomy preserves the uterus, even allowing women to become pregnant later.

Cons: Scar tissue may form following the procedure. Some women bleed heavily and uncontrollably during surgery and end up needing a hysterectomy. Fibroids recur 10 to 25 percent of the time.

Length of recovery: Women who undergo an open myomectomy will need three to four days in the hospital and six to eight weeks at home. Those who opt for a laparoscopic, robotic or hysteroscopic myomectomy will spend a few hours in the hospital followed by up to a few weeks at home. ▶



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▶ UTERINE ARTERY EMBOLIZATION

What is it? A catheter is inserted into a small incision made in the groin and then directed into the uterine artery that nourishes the fibroid. Plastic microspheres are then injected through the catheter to block the blood vessel and thus starve the fibroid of its blood supply.

Best candidates: Women who have completed child-bearing. “Most women come because they want to preserve their uterus, even if they’re not going to have children,” says Carin Gonsalves, M.D., associate profes-

sor of radiology at Thomas Jefferson University Hospital in Philadelphia.

Pros: It takes under an hour and has a low complication rate.

Cons: The surgery may affect a woman’s fertility. Some women in their forties or older may experience premature menopause. Some women may need repeat procedures or a hysterectomy later.

Length of recovery: Many patients are discharged the same day. “In my experience, the recovery has been about five days,” Gonsalves says.

▶ MYOLYSIS (HEAT)/CRYOMYOLYSIS (COLD)

What is it? Hot or cold energy is used laparoscopically to zap fibroids.

Best candidates: Women who have a small number of medium-size fibroids and don’t want to bear children.

Pros: It weakens but spares the uterus.

Cons: Results are mixed. It’s not widely available and insurance may not cover it.

Length of recovery: Patients are discharged the same day. Recovery may take a few weeks.

▶ FOCUSED ULTRASOUND

What is it? The technique converges multiple waves of energy at a single point to destroy the tissue. “It’s like the difference between a light and a laser,” says Stewart. The ultrasound waves penetrate the abdominal wall—no incision is needed and nothing goes inside the body.

Best candidates: Unclear. However, women whose fibroids extend above their navel, who have many small fibroids or whose fibroids have no blood supply should not have the procedure.

Pros: It’s the most minimally invasive technique available.

Cons: The procedure is performed in an MRI machine, which may make some women feel claustrophobic. It’s not widely available and may not be covered by insurance.

Length of recovery: It generally takes less than a week.

▶ HYSTERECTOMY

What is it? The uterus, sometimes along with the ovaries, is removed. “Hysterectomy should not be the first line of treatment,” says Achong. Before a woman undergoes a hysterectomy, experts urge her to ask the following: Am I a candidate for a less invasive surgery? Is there a way to preserve my ovaries and cervix?

Best candidates: Women with excessive bleeding, who no longer want to have kids, who have exhausted their other options or whose fibroids are growing so rapidly that they might actually be tumors.

Pros: It permanently cures all fibroid-related symptoms.

Cons: The surgery causes a loss of fertility, a significant risk of complications and, for some women, sexual dysfunction.

Length of recovery: Expect to stay in the hospital for three or four days, followed by six to eight weeks of recovery at home.

▶ ALTERNATIVE TREATMENTS

Exercise reduces estrogen, which fibroids feed on. Women who eat more greens and less meat seem to have fewer fibroids. Include broccoli, brussels sprouts, cauliflower and other cruciferous veggies, whole grains, flax seed and soy in your diet. Ditch red meat in favor of salmon, mackerel, sardines and other fish rich in omega-3 fatty acids. Drink caffeine in moderation and no more than five glasses of wine weekly. Finally, “Stress is not known to cause fibroids, but fibroids cause stress,” says Birgit Rakel, M.D., director of women’s health at Jefferson-Myrna Brind Center of Integrative Medicine in Philadelphia. Yoga, meditation, hypnosis, Tai Chi and Qi Gong can tame tension.

▶ A NEW POTENTIAL HYSTERECTOMY DANGER

Controversy exists about power morcellation, a technique used to cut tissue—fibroids or the uterus during a hysterectomy—into tiny pieces that can be removed through the small incisions characteristic of minimally invasive procedures. Performed by using an electric device with spinning blades, the surgery can spread uterine and fibroid cells to other organs where they can grow. More worrisome, a very small risk exists that it can disperse the cells of undiagnosed uterine cancers throughout the body, as had reportedly occurred with at least one woman, a 40-year-old Boston anesthesiologist and mother of six who immediately developed stage 4 cancer. Her husband, a cardiothoracic surgeon, has been fighting to have the procedure banned. Scientific literature shows that 0.1 (1 in 1,000) to 0.3 (3 in 1,000) percent of women who had a hysterectomy had undiagnosed uterine cancer. If you’re considering a hysterectomy, reduce your risk by making sure you have normal results from a cervical cytology screening, an endometrial biopsy, a D&C, a pelvic ultrasound or an MRI. If you’re over 45, avoid open power morcellation. Instead ask whether you’re eligible for closed morcellation, in which the tissue to be removed is enclosed and morcellated within a bag.

Hilary Beard won an NAACP Image Award for *Health First! The Black Woman’s Wellness Guide* (SmileyBooks). She is happy with the results of her uterine artery embolization.