

## **Uterine Fibroids**

Uterine fibroids are easily found among women aged 35-49, which are benign neoplasm in the pelvis. Studies showed that over 30%-40% of women aged 40-50 might have uterine fibroids. The pathogenesis is still unknown, but it is closely related to female hormones.

Fibroids are usually asymptomatic. If patients stay healthy, no treatment is needed. Yet, some patients may suffer from menorrhagia, pelvic pain or distension discomfort in lower abdomen, even infertility. Large fibroids may cause compression and pressure effect on other organs, which lead to urinary frequency, constipation and infarct.

Most of the patients do not require treatment if fibroids are asymptomatic. Medications may help to relieve its symptoms, like medications for heavy menses and pain killers for pelvic pain.

Surgery is the main treatment for uterine fibroids, including myomectomy (removal of fibroids) and hysterectomy (removal of the uterus and fibroids). Myomectomy can keep the uterus with aiming for control of symptoms and future pregnancy. However, the risk of recurrent fibroids that leading to re-operation is about 30% in next 10 years.

Hysterectomy is the definitive treatment for removing the uterus and fibroids. It can be carried out with different methods or via different routes: laparotomy (total abdominal hysterectomy), laparoscopic approach (key hole surgery); and vaginal hysterectomy (via vagina). Vaginal hysterectomy and laparoscopic approach will have better recovery than laparotomy. The choice will depend on the patient's condition. Fallopian tubes and ovaries may be removed in the same setting depend on the medical indications. Hence, patient should seek for medical assessment and advice.