



# Complete Women Care, Inc.

Comprehensive Medicine • Skilled Doctors • Women's Intuition

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COMPLETE WOMEN CARE NEWSLETTER

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**At Complete Women Care**  
Our mission is simple. We want to be the best OB-GYN practice in your community.

Our goal is to provide professional care with a warm, personal touch. We are here to help you, make you healthier and to bring a smile to your face. You are our best friend and dear family member.

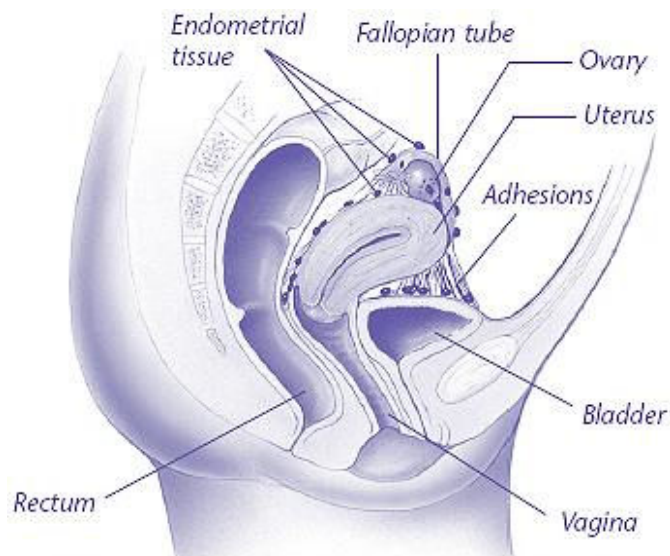
Welcome to Complete Women Care!

## **Complete Women Care**

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## **Endometriosis**



*Female reproductive tract with endometriosis*

### What is endometriosis?

The lining of the uterus is called the endometrium. Sometimes, endometrial tissue grows elsewhere in the body. When this happens, it is called endometriosis. Endometriosis can cause pain before and during the menstrual period. For some women, the pain is mild. For others, it can be severe. Endometriosis also may lead to infertility.

When endometrial tissue is found in other areas of the body, it looks and acts like tissue in the uterus. It most often appears in places within the pelvis:

- Ovaries
- Fallopian tubes
- Surface of the uterus
- Cul-de-sac (the space behind the uterus)
- Bowel
- Bladder and uterus
- Rectum

Endometrial tissue may attach to organs in the pelvis or the peritoneum (the tissue that lines the inside of the pelvis and abdomen). In rare cases, it also may be found in other parts of the body. Endometrial tissue that grows in the ovaries may cause a cyst to form.

Endometrial tissue outside the uterus responds to changes in hormones. It breaks down and bleeds like the lining of the uterus during the menstrual cycle. The breakdown and bleeding of this tissue each month can cause scar tissue, called adhesions. Adhesions can cause pain.

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Sometimes adhesions bind organs together.

### Who is at risk?

Endometriosis is most common in women in their 30s and 40s, but it can occur any time in women who menstruate. Endometriosis occurs more often in women who have never had children. Women with a mother, sister or daughter who have had it are more likely to have it themselves. Endometriosis is found in about 3/4 of women who have chronic pelvic pain.

### Symptoms

The main symptom of endometriosis is pelvic pain. Pain will occur with sex, during bowel movements or urination, or just before or during your menstrual cycle. Menstrual bleeding may occur more than once a month. Although these symptoms may be a sign of endometriosis, they could also be a sign of other problems.

There is no certain cause of endometriosis. For most women, a small amount of blood and cells flow through the fallopian tubes into the abdomen during their periods. For women with endometriosis, the cells in the blood that flows through the tubes attach to other places and grow. Endometrial cells also may be carried through blood and lymph vessels.

The amount of pain does not always tell you how severe your condition is. Some women with slight pain may have a severe case. Others who have a lot of pain may have a mild case. Many women with endometriosis have no symptoms. In fact, they may first find out that they have endometriosis if they are not able to get pregnant. Endometriosis is found in about 1/3 of infertile women. Women often find that symptoms are relieved while they are pregnant. In fact, many of the drugs used to relieve symptoms of endometriosis are based on the effects of hormones produced during pregnancy.

### Diagnosis

If you have symptoms of endometriosis, your doctor may do a physical exam, including a pelvic exam. If other causes of pelvic pain can be ruled out, your doctor may treat endometriosis without doing any further exams or surgery.

Endometriosis can be mild, moderate or severe. The extent of the disease can be confirmed by looking directly inside the body. This can be done by laparoscopy. Sometimes a small amount of tissue is removed during the procedure. This is called a biopsy. The tissue then will be studied in a lab. You will be given general anesthesia for these procedures.

Endometriosis also can be treated during a laparoscopy. If endometrial tissue is found during the laparoscopy, your doctor may decide to remove it right away.

### Treatment

Treatment for endometriosis depends on the extent of the disease, your symptoms and whether you want to have children. It may be treated with medication, surgery or both. Although treatments may relieve pain and infertility for a time, symptoms may come back after treatment.

#### Medications:

Some examples of medications include:

- Non-steroidal anti-inflammatory drugs
- Hormones (progestin, gonadotropin-releasing hormone)
- Oral contraceptives (birth control pills)

Pelvic Training may also be a non-surgical option.

#### Surgery:

In most severe cases of endometriosis, surgery is often the best choice for treatment. Surgery most often is done by laparoscopy. During laparoscopy, endometriosis can be removed or burned away. Not all cases can be handled with laparoscopy. Sometimes a procedure called laparotomy may be needed. Discuss with your doctor which method may be best for you.

After surgery, you may have relief from pain. Symptoms may return, though. Many patients are treated with both surgery and medications to help extend the symptom-free period. Symptoms return within 1 year in about 1/2 of women who have had surgery. The more severe the disease, the more likely it is to return.

If pain is severe and does not go away after treatment, a hysterectomy (surgery to remove the uterus) may be an option. Endometriosis is less likely to come back if your ovaries also are

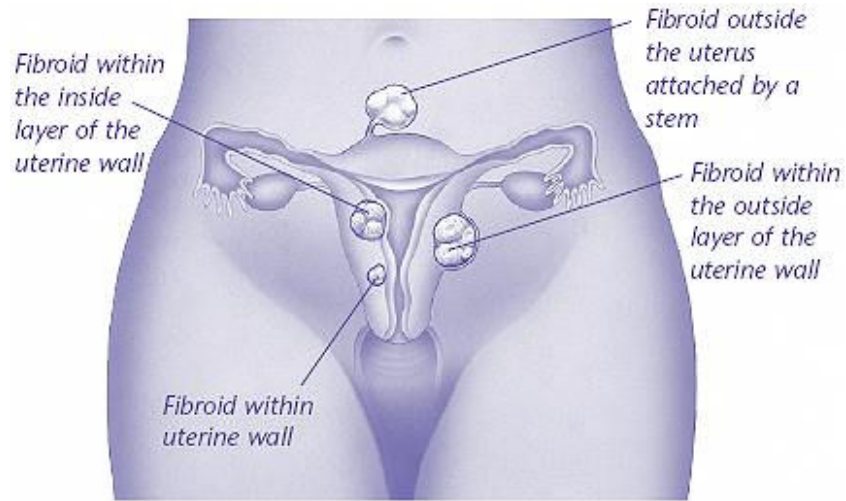
removed. After this procedure, a woman will no longer have periods or be able to get pregnant. There is a small chance that your symptoms will come back even if your uterus and ovaries are removed.

### Coping

Endometriosis is a long-term condition. Many women have symptoms that occur off and on until menopause. Keep in mind that there are treatment options. A woman can work with her doctor to decide which treatment is right for her. It also may help to talk with other women who are coping with endometriosis.

Though endometriosis can cause pain and infertility, it can often be treated with success. You may need more than one kind of treatment. If you have any symptoms of endometriosis, please call any of our offices to set up an appointment with one of our physicians.

## **Uterine Fibroids**



*Fibroids may be attached to the outside of the uterus or be located inside the uterus or uterine wall.*

Uterine fibroids are benign (not cancer) growths in the uterus. They are the most common type of growth found in a woman's pelvis. In some women, fibroids remain small and do not cause symptoms or problems. However, in some women, fibroids can cause problems because of their size, number, and location.

### Types of Fibroids

Uterine fibroids are growths that develop from the muscle tissue of the uterus. They are also called leiomyomas or myomas. The size, shape and location of fibroids can vary greatly. They may be present inside the uterus, on its outer surface or within its wall, or attached to it by a stem-like structure. Fibroids can range in size from small, pea-sized growths to large, round ones that may be more than 5–6 inches wide. As they grow, they can distort the inside as well as the outside of the uterus. Sometimes fibroids grow large enough to completely fill the pelvis or abdomen.

A woman may have only one fibroid or many of varying sizes. Whether fibroids will occur singly or in groups is hard to predict. They may remain very small for a long time, suddenly grow rapidly, or grow slowly over a number of years. If you have uterine fibroids or have had them in the past, you should be checked by your doctor on a regular basis.

### Causes

Fibroids are most common in women aged 30–40 years, but they can occur at any age. Fibroids occur more often in African American women than in Caucasian women. They also seem to occur at a younger age and grow more quickly in African American women.

It is not clear what causes fibroids. Some research suggests that they develop from misplaced cells present in the body before birth. The female hormones estrogen and progesterone appear to be involved in their growth. Levels of these hormones can increase or decrease throughout a woman's life. For instance, menopause causes a decrease in estrogen. Fibroids often shrink when a woman enters menopause. Hormonal drugs that contain estrogen, such as birth control pills, may cause fibroids to grow.

## Symptoms

Fibroids may cause the following symptoms:

- Changes in menstruation
  - Longer, more frequent, or heavy menstrual periods
  - Menstrual pain (cramps)
  - Vaginal bleeding at times other than menstruation
  - Anemia (from blood loss)
  
- Pain
  - In the abdomen or lower back (often dull, heavy and aching, but may be sharp)
  - During sex
  
- Pressure
  - Difficulty urinating or frequent urination
  - Constipation, rectal pain, or difficult bowel movements
  - Abdominal cramps
  
- Enlarged uterus and abdomen
- Miscarriages
- Infertility

These symptoms also may be signs of other problems. Therefore, you should see your doctor if you have any of these symptoms.

Fibroids also may cause no symptoms at all. Fibroids may be found during a routine pelvic exam or during tests for other problems.

## Complications

Although most fibroids do not cause problems, there can be complications. Fibroids that are attached to the uterus by a stem may twist and can cause pain, nausea, or fever. Fibroids that grow rapidly, or those that start breaking down, also may cause pain. Rarely, they can be associated with cancer. A very large fibroid may cause swelling of the abdomen. This swelling can make it hard to do a thorough pelvic exam. Fibroids also may cause infertility, although other causes are more common. Other factors should be explored before fibroids are considered the cause of a couple's infertility. When fibroids are thought to be a cause, many women are able to become pregnant after they are treated.

## Diagnosis

The first signs of fibroids may be detected during a routine pelvic exam. A number of tests may show more information about fibroids:

- Ultrasonography uses sound waves to create a picture of the uterus and other pelvic organs.
- Hysteroscopy uses a slender device (the hysteroscope) to see the inside of the uterus. It is inserted through the vagina and cervix (opening of the uterus). This permits the doctor to see fibroids inside the uterine cavity.
- Hysterosalpingography is a special X-ray test. It may detect abnormal changes in the size and shape of the uterus and fallopian tubes.
- Sonohysterography is a test in which fluid is put into the uterus through the cervix. Ultrasonography is then used to show the inside of the uterus. The fluid provides a clear picture of the uterine lining.
- Laparoscopy uses a slender device (the laparoscope) to help the doctor see the inside of the abdomen. It is inserted through a small cut just below or through the navel. The doctor can see fibroids on the outside of the uterus with the laparoscope.

Imaging tests, such as magnetic resonance imaging (MRI) and computed tomography (CT) scans may be used but are rarely needed. Some of these tests may be used to track the growth of fibroids over time.

## Uterine Fibroids and Pregnancy

A small number of pregnant women have uterine fibroids. If you are pregnant and have

fibroids, they likely will not cause problems for you or your baby.

During pregnancy, fibroids may increase in size. Most of this growth occurs from blood flowing to the uterus. Combined with the extra demands placed on the body by pregnancy, the growth of fibroids may cause discomfort, feelings of pressure, or pain. Fibroids can increase the risk of

- miscarriage (in which the pregnancy ends before 20 weeks)
- preterm birth
- breech birth (in which the baby is born in a position other than head down)

Rarely, a large fibroid can block the opening of the uterus or keep the baby from passing into the birth canal. In this case, the baby is delivered by cesarean birth. In most cases, even a large fibroid will move out of the fetus's way as the uterus expands during pregnancy. Women with large fibroids may have more blood loss after delivery.

Often, fibroids do not need to be treated during pregnancy. If you are having symptoms such as pain or discomfort, your doctor may prescribe rest. Sometimes a pregnant woman with fibroids will need to stay in the hospital for a time because of pain, bleeding, or threatened preterm labor. Very rarely, myomectomy may be performed in a pregnant woman. Cesarean birth may be needed after myomectomy. Fibroids decrease in size after pregnancy in most cases.

#### Treatment

Fibroids that do not cause symptoms, are small, or occur in a woman who is nearing menopause often do not require treatment. Certain signs and symptoms may signal the need for treatment:

- Heavy or painful menstrual periods that cause anemia or that disrupt a woman's normal activities
- Bleeding between periods
- Uncertainty whether the growth is a fibroid or another type of tumor, such as an ovarian tumor
- Rapid increase in growth of the fibroid
- Infertility
- Pelvic pain

There are many treatment options for fibroids. The choice of treatment depends on factors such as your own wishes and your doctor's medical advice about the size and location of the fibroids.

#### Medications:

Drug therapy is an option for some women with fibroids. Medications may reduce the heavy bleeding and painful periods that fibroids sometimes cause. But, they may not prevent the growth of fibroids. Surgery often is needed later. Drug treatment for fibroids includes the following options:

- Birth control pills and other types of hormonal birth control methods. These drugs often are used to control heavy bleeding and painful periods. A drawback is that this treatment may cause the fibroids to increase slightly in size. For some women, the benefits of hormonal contraception outweigh the risk of this side effect.
- Gonadotropin-releasing hormone (GnRH) agonists. These drugs stop the menstrual cycle and can shrink fibroids. They sometimes are used before surgery to reduce the risk of bleeding. GnRH agonists have many side effects, including bone loss, osteoporosis, vaginal dryness, and night sweats. For these reasons, they are used only for short periods (less than 6 months). After a woman stops taking a GnRH agonist, her fibroids usually return to their previous size.
- Progestin-releasing intrauterine device. This option is for women with fibroids that do not distort the inside of the uterus. It reduces heavy and painful bleeding but does not treat the fibroids themselves.

In addition to these drugs, many others are being studied for the treatment of fibroids.

#### Surgery:

- Myomectomy is the surgical removal of fibroids while leaving the uterus in place. Because a woman keeps her uterus, she may still be able to have children. Fibroids do not regrow after surgery, but new fibroids may develop. If they do, more surgery may be needed.

Endometrial Ablation destroys the lining of the uterus. It is used to treat women who have heavy menstrual periods. This treatment also is used to treat women with small (less than 3 centimeters) fibroids.

- Uterine Artery Embolization is performed when the blood vessels to the uterus are blocked, stopping the blood flow that allows fibroids to grow. This procedure usually is performed by a specially trained radiologist. In some cases, it is done as an outpatient procedure. In other cases, you may need to spend a night in the hospital.
- Hysterectomy is the removal of the uterus. A hysterectomy may be needed if pain or abnormal bleeding persists, fibroids are very large or other treatments are not possible. If your doctor thinks you need a hysterectomy, she will first rule out other problems with the uterus, such as diseases of the uterine lining. A woman is no longer able to have children after having a hysterectomy.

Finally...

Uterine fibroids are benign growths that occur quite often in women. Fibroids may cause no symptoms and require no treatment. Sometimes, however, they need to be treated. If you have uterine fibroids or have had them in the past, you should be checked by one of our doctors on a regular basis. Getting regular checkups and being alert to warning signs will help you be aware of changes that may require treatment.

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