From Medications to Uterine Fibroid Embolization

One woman’s search for a solution to her most horrific fibroid symptom

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In 2016, Rose Jackson* noticed that her menstrual flow was becoming heavier. At first, she did not experience any of the pain or cramping that usually signal the presence of fibroids. But eventually, her periods became prolonged, until one day she bled for almost one month—three weeks in succession with only one week off.

Fibroids are muscular tumors that are usually noncancerous. There are various types of fibroids. Most grow in the wall of the uterus; these are called intramural fibroids. Fibroids that develop on the outside of the uterus are called subserosal fibroids. Submucosal fibroids grow into the uterine cavity, while pedunculated fibroids are attached to the uterine wall by a thin stalk and can grow inside or outside the uterus. Whatever their location, all fibroids may cause excessive bleeding, one of the most prevalent symptoms of the condition.

In 2017, Jackson visited a gynecologist for the problem. The doctor prescribed a drug for short-term use to decrease bleeding and recommended that she take birth control pills as a longer-term solution to the problem. However, Jackson was uncomfortable taking oral contraceptives, so she went to see a nurse practitioner at another health facility, where results from a blood test showed that she was severely anemic.

The nurse practitioner immediately sent her to the ER for a blood transfusion, after which Jackson was referred to a gynecologist for an ultrasound, which showed the development of large fibroids in her uterus. The tumors had been causing her excessive bleeding.

While oral contraceptives may result in lighter periods, they will not shrink fibroids. Indeed, many doctors believe that because they contain the hormones estrogen and progesterone, birth control pills can make fibroids grow larger.

Doctors may also prescribe nonsteroidal anti-inflammatory drugs (NSAIDs) for heavy menstrual bleeding. These over-the-counter pain medications, such as ibuprofen and naproxen, can help reduce excessive bleeding as well as pelvic pain and discomfort. Side effects may include abdominal pain; taking the drugs for 90 days or longer can lead to the development of

gastrointestinal ulcers.

Doctors may also prescribe fibrinolytic medications, drugs that dissolve blood clots, such as tranexamic acid. The med, which is taken during menstruation, slows heavy bleeding within two to three hours and doesn't affect fertility. Tranexamic acid shouldn't be taken with birth control because of an increased risk for blood clots, stroke and heart attack.

Gonadotropin-releasing hormone (GnRH) agonists and antagonists are other types of drugs prescribed to treat fibroids. These medications temporarily stop the ovaries from producing estrogen and progesterone, which helps shrink fibroids, reduce the size of the uterus and stop menstrual periods. GnRH agonists, such as leuprorelin, are administered as an injection every three months to reduce heavy menstrual bleeding and substantially shrink fibroids.

GnRH antagonists, such as elagolix and relugolix, are taken orally. These medications can reduce pain and may provide a small amount of fibroid shrinkage. They are prescribed along with estrogen and progestin, a synthetic version of the hormone progesterone, to control bone thinning. (Progestin can be used for up to two years. Without progestin, GnRH antagonists have to be discontinued after six months to prevent irreversible loss of bone density.)

Typically, GnRH drugs are used prior to surgery to shrink fibroids or prescribed for individuals prior to menopause. One unpleasant side effect of these medications is that they trigger temporary symptoms of menopause, such as hot flashes, mood swings and vaginal dryness. Usually, the meds are not taken longer than six months. Once treatment stops, fibroids return.

A hormonal intrauterine device (IUD) containing progestin may also be used to treat fibroids. The IUD is inserted into the uterus through the vagina, where it releases small amounts of progestin to thin the lining of the uterus and reduce heavy menstrual bleeding. Side effects include cramping, spotting, vaginal discharge, breast pain and dizziness. However, as the body adjusts to the medication, these side effects usually resolve. The device works best on smaller fibroids and is less effective for large or multiple fibroids. IUDs are not recommended if a woman wants to become pregnant.

At first, doctors thought an IUD might work for Jackson. But after they learned that fibroids had so distorted her uterus, they scrapped that option. Next, they suggested a hysterectomy. But Jackson was adamant that she did not want to have her uterus removed.

Eventually, she began bleeding so excessively that she was virtually a prisoner in her own home. Desperate for a solution, Jackson underwent another ultrasound and a dilation and curettage (scraping) procedure to remove some fibroids so she could have an IUD placed. But more problems followed when the device perforated her uterus.

After this mishap, Jackson continued her search for a solution. At yet another doctor's appointment, a nurse gave her information about uterine fibroid embolization (UFE). Conducted by a radiologist, this minimally invasive procedure blocks blood flow to the tumors, causing them to

shrink.

Although Jackson had heard about UFE, she had not investigated it as a potential treatment because she was so focused on medications as a solution.

A documentary about the procedure by a doctor in Atlanta convinced her to book a video consultation with him and, later, an appointment to undergo UFE. With the procedure, she realized her goal of fibroid relief.

“You set the tone for your treatment,” Jackson advises. “Educate yourself about what’s out there. Don’t accept anything less than what you want—whatever your choice is—and don’t delay.”

*Name has been changed.

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