

Uterine Fibroids Toolkit

A Patient Empowerment Guide



Society for
Women's Health Research

About SWHR

The Society for Women's Health Research (SWHR) is a national nonprofit and thought leader dedicated to promoting research on biological sex differences in disease and improving women's health through science, policy, and education. Founded in 1990 by a group of physicians, medical researchers, and health advocates, SWHR is making women's health mainstream by addressing unmet needs and research gaps in women's health. Thanks to SWHR's efforts, women are now routinely included in most major medical research studies and more scientists are considering sex as a variable in their research. Visit www.swhr.org for more information.

About SWHR's Uterine Fibroids Program

SWHR Science Programs identify research gaps and address unmet needs in diseases and conditions that disproportionately or differently affect women. The Uterine Fibroids Program was launched in 2018 to address the impact of uterine fibroids on women's health across the lifespan, especially disease disparities and stigma experienced by women living with fibroids. The Program engages patients, clinicians, researchers, and health care decision-makers about the burden of this disease and promotes science-based health care policies to improve uterine fibroid patient outcomes.

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SWHR extends our sincere thanks to the following sponsors for their support of this educational work.

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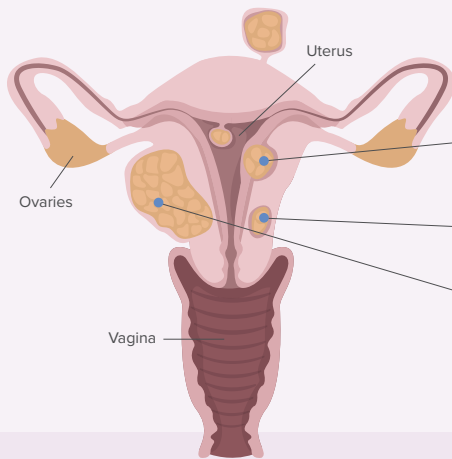
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Understanding Uterine Fibroids

What are Uterine Fibroids?

Uterine fibroids (**leiomyomas**) are tumors made of smooth muscle and fibrous connective tissue that arise from the uterus. Fibroids are one of the most common gynecological conditions nationwide. **These growths are non-malignant and are not associated with an increased risk of uterine cancer.**



There are 3 main types of fibroids, classified by where they grow:

1. **Submucosal fibroids**
Grow just under the uterine lining, bulging into the uterine cavity
2. **Intramural fibroids**
Grow within the muscle wall of the uterus
3. **Subserosal fibroids**
Grow just under the surface, projecting outside of the uterus

Some submucosal and subserosal fibroids are **pedunculated**, which means they grow from the lining of the uterus on a stalk that can protrude outside or inside the uterus.

The spectrum of fibroid disease varies widely between individuals based on the size, number, and location of growths. Fibroids can range in size — from tiny seedlings to as large as a melon. Some women can develop multiple fibroids, each differing in size and location.

Common Symptoms

- Severe and irregular menstrual bleeding
- Large and painful blood clots
- Anemia
- Pelvic and back pain
- Bladder or bowel dysfunction
- Fatigue
- Challenges with fertility

Symptoms are not directly correlated to fibroid size or quantity, making it challenging to predict the impact and burden from patient to patient. Furthermore, some women living with fibroids are **asymptomatic** and do not experience discomfort to alert them to their condition.



~25%

of patients will experience symptoms severe enough to require treatment



5.1 hrs

of lost work productivity per week



3 hrs

of lost household productivity per week

Statistics about fibroids are often underestimated because many women may not seek medical care for their symptoms or are undiagnosed.

Who Do Uterine Fibroids Affect?

Uterine fibroids can develop in any girl or woman after the onset of her menstrual cycle. Although fibroids are most commonly diagnosed in individuals in their 30s and 40s, they can occur in adolescents and postmenopausal women, particularly those using hormone therapy. Fibroids tend to increase during the reproductive years and then shrink after menopause.

~ 26 million

women ages
15 to 50 in U.S.

15 million

will experience
related symptoms or
health concerns

By age 50

80% of Black women
and **70% of white women** will
have fibroids



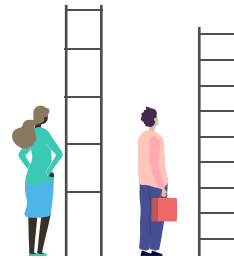
Factors Associated with Fibroids

Many factors can influence a woman's risk for having symptomatic fibroids, including:

- Age
- Obesity
- Family history of fibroids
- High blood pressure
- Vitamin D deficiency
- No history of pregnancy



It is untrue that whole-hair perm at a young age induces early menstruation and leads to an increased risk of uterine fibroids.



Disparities Associated with Fibroids

Fibroids disproportionately affect women of African descent, who tend to experience:

- Onset at a younger age
- More fibroid growths
- More severe symptoms
- Higher rates of surgery and hospitalization

There is some evidence that Hispanic women may also experience fibroids at a higher rate; however, limited data exist on fibroids in Hispanic, Asian, and other women of color.

Gynecological Health And Wellness

Well Woman Exam

A woman's wellness visit with a primary care provider or gynecologist is an important step in ensuring reproductive health and wellness. It is recommended that most women should have a wellness visit once a year. During these visits, the physician will ask questions about your health and medical history, including asking about your menstrual cycle and sexual activity. Routine tests, such as a breast exam, Pap test (every 3–5 years), and pelvic exam, will also be performed.

A **pelvic exam** checks the shape and size of your female organs (including the vagina, cervix, uterus, and ovaries), as well as looks for masses, growths or other abnormalities.

Annual gynecological exams are important preventative care opportunities for maintaining your health and can help diagnose certain medical conditions early, making sure you get the treatment you need for any issues you have. If you have abnormal pain or bleeding, your health care provider may perform or order additional tests which could help diagnose the causes or determine that everything is normal.



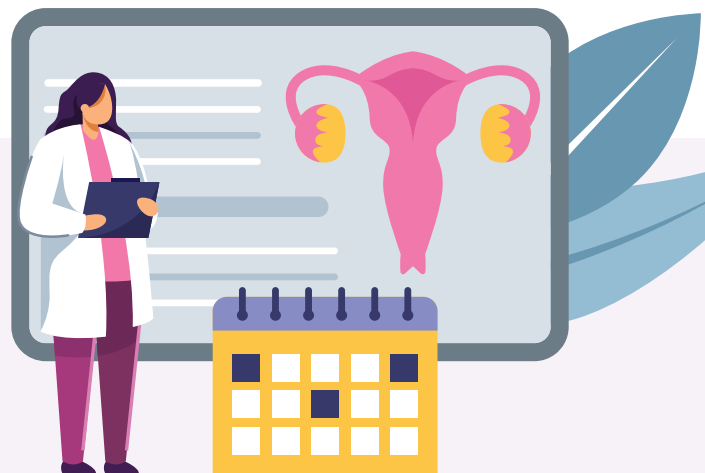
For women who are in the menopause transition or postmenopausal, the annual exam is a valuable opportunity to discuss your symptoms and post-reproductive health with your doctor.

Menstrual Health

During a woman's reproductive years, she experiences a monthly discharge of blood and uterine lining, or **menses**, also known as a period. Globally, more than **800 million** people are menstruating each day.

A “normal” period is not the same for every person. What's normal for you might be different than for your friends or family members. **It is not normal, however, for your period-related symptoms to significantly disrupt your life.**

Heavy menstrual bleeding (more than 1 soaked pad/tampon per hour), periods longer than 7 days, bleeding between periods, pelvic pressure, and pain with intercourse can be signs of uterine fibroids. Women with these symptoms are often unaware that they may be caused by gynecologic conditions such as fibroids. Dismissing these symptoms as a “normal expectation” of the menstrual cycle can play a significant role in delaying diagnosis and treatment for women with fibroids.



Keeping a Period Diary

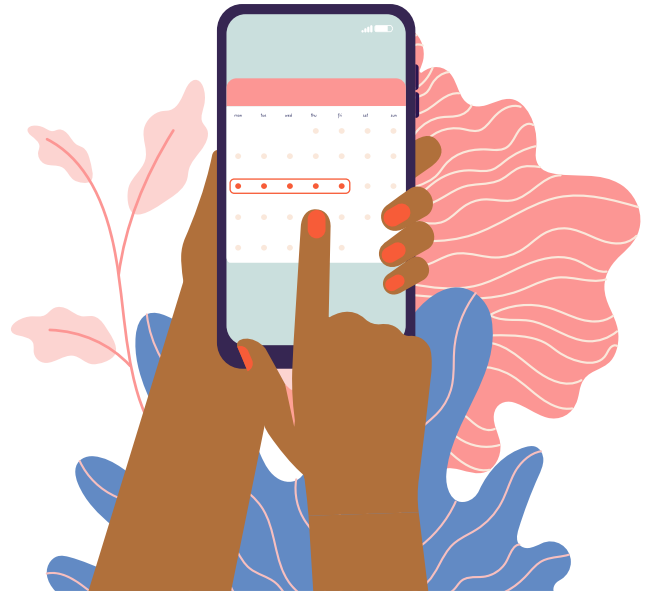
Tracking your **menstrual cycle** is a good way to figure out what is “normal” for you. It can also give your health care provider a more complete picture of your symptoms, their severity, and their impact on your daily life.

What to Track:

- Start and end date
- Flow — heaviness, changes from usual, how often you change menstrual products
- Cramping/pelvic pain, including severity and impact on ability to function
- Irregular bleeding between periods
- Late or missed periods
- Gastrointestinal symptoms such as constipation or diarrhea, nausea, vomiting, or pain with urination or bowel movements
- Any changes related to other symptoms like mood issues

Even your “normal” can change...

It is not uncommon for your period to change over the years. For example, cycles are commonly longer and more irregular in younger women, but might become shorter and more consistent as you get older.



Example Period Tracking Apps:

- [Clue](#)
- [Eve](#)
- [Flo](#)
- Period Tracker Period Calendar: [Apple Store](#) or [Google Play](#)
- [Spot On](#)

There are many health apps to choose from. The Federal Trade Commission provides [guidance to consumers](#) on how to select and use health apps while reducing privacy risks.

Consult Your Doctor If You Experience:

- Abnormal or persistent pelvic pain, even between periods
- Heavy menstrual bleeding (>1 pad/tampon every hour or two)
- Bleeding for longer than 7 days
- Spotting or bleeding between periods
- Frequent urination or difficulty emptying your bladder

Diagnosing Uterine Fibroids

Women with fibroids can experience delays in diagnosis due to stigma around menstrual disorders and normalization of symptoms by both patients and their health care providers.

3.6

Average number of years before a woman seeks treatment

32%

Of women waited > 5 years before seeking treatment

25%

Sought treatment within the first year of experiencing symptoms

42%

Of women visited ≥ 2 providers before being diagnosed

Some women find it difficult or embarrassing to initiate conversations with their health care provider about period-related symptoms like heavy and irregular bleeding. Because fibroids can run in families, symptom normalization may be passed down through generations of women. Misconceptions about what constitutes normal menstruation may also lead some women not to seek timely care.

Diagnosis may also be challenging because common fibroid symptoms such as heavy or irregular menstrual bleeding, pelvic and back pain, and frequent urination may overlap with symptoms of other gynecological conditions such as **endometriosis** and **adenomyosis**.



Sometimes uterine tissue can grow within the muscle of the uterus (the myometrium), causing a related condition called **adenomyosis**. **Endometriosis** is when tissue that resembles the lining of the uterus (endometrium) grows outside the uterus on surrounding pelvic organs.

These conditions can be mistaken for fibroids or might also occur in a woman who has fibroids. Ask your doctor about evaluating your symptoms for the presence of endometriosis or adenomyosis too.

How Are Fibroids Diagnosed?

To diagnosis fibroids, your health care provider can conduct a routine **pelvic exam** to look for irregularities in the shape of your uterus. This method may miss smaller fibroids, so your provider may order an **ultrasound** to confirm their diagnosis and to locate and measure the size of any growths.

Sometimes, providers may order additional tests to gather more information about your fibroids in order to better guide treatment decisions:

- ▶ **Magnetic resonance imaging (MRI)** provides detail on the size, location, and potential abnormal features of growths, as well as blood flow to fibroids.
- ▶ **Hysterosonography** is an ultrasound that uses fluid inside the uterus to look for fibroids in the lining.
- ▶ **Hysterosalpingography** uses X-ray to look for blockages in the uterine cavity and fallopian tubes.
- ▶ **Hysteroscopy** uses a small telescope to view fibroids in the uterus.
- ▶ **Shear wave elasticity imaging (SWEI)** is an emerging technique that uses ultrasound to determine the stiffness of fibroids in uterine tissue.

Your health care provider may also order blood tests to determine whether you have anemia (due to significant blood loss from heavy periods) or to rule out other potential disorders like thyroid problems.

Talking to Your Health Care Provider



Open communication with your health care provider is the best way to ensure you get a timely diagnosis. Your provider will need to know about your symptoms and their impact on your daily life. Give descriptive examples of how your symptoms affect your ability to function at work, school, and home. If you are uncomfortable verbalizing your experience, try to write it down in advance and share it with your doctor.

Preparing in advance for your health care appointments can help you better articulate your concerns and advocate for your own health. To assist your health care provider in understanding your fibroids experience, consider bringing the following to your visit:

- ▶ A record of your menstrual cycle and related symptoms (such as in a journal or an app)
- ▶ Your history of symptoms and, if applicable, past diagnoses or misdiagnoses
- ▶ A list of priority goals for care
- ▶ A record of past gynecological surgeries, tests, and treatments
- ▶ A list of your current medications
- ▶ Family history of fibroids or undiagnosed symptoms
- ▶ Names and contact info for other health care professionals who provide you with care
- ▶ A support person (such as a spouse, family member, or friend) who can help you take notes and advocate for you



Many providers use secure online patient portals, such as My Chart, that allow you to submit this information and message between visits. If you have access to such a platform, be sure to learn all about it and use it to communicate with your health care team. However, if there is no platform, a **Doctor's Visit Worksheet** is provided in the Appendix of SWHR's Uterine Fibroids Toolkit for you to fill out and take with you when you visit your health care provider.

Questions to Ask Your Health Care Provider

Researching and compiling a list of questions to ask your health care provider may help you to feel more prepared to engage in discussion around your diagnosis and treatment. Questions may vary depending on whether you are being evaluated for the first time or receiving ongoing treatment, as well as whether you are seeing your primary care physician, gynecologist, or other specialist. If you do not have time to discuss all of your questions, be sure to follow up, possibly using your patient portal messaging system.

Initial Evaluation

- ▶ How do I know if what I am experiencing is fibroids?
- ▶ Do I need to have an ultrasound, MRI, or another procedure to diagnose what is going on with my body?
- ▶ What other conditions cause similar symptoms?
- ▶ What medical treatment options are available?
- ▶ What kind of surgical or minimally invasive treatment options are available?
- ▶ What are the risks and benefits of each treatment you have proposed?
- ▶ Which treatment option(s) or plan do you recommend that I try first? Why?
- ▶ Are there any helpful strategies or practices I can do at home to assist with managing my symptoms?
- ▶ Can you provide me with additional resources to learn more about fibroids?

You can help foster clear communication with your doctor by asking direct and specific questions. Don't be afraid to restate what your doctor has told you or to ask clarifying questions to ensure that you understand the answers.

Ongoing Management & Care:

- ▶ How many fibroids do I have, how big are they, and where are they located? (If you've already undergone procedures to determine this.)
- ▶ What are the chances of fibroids returning after treatment?
- ▶ What alternative or complementary treatments (e.g., acupuncture, yoga) might be worth trying?
- ▶ What dietary suggestions can you offer to help with my symptoms?
- ▶ How might fibroids and the treatments affect my fertility?
- ▶ How often do I need follow-up visits?



Treating Uterine Fibroids

There is no cure for uterine fibroids, but research to better understand this disease and advance therapeutic options is ongoing. There are still many options available to help you manage the symptoms and progression of this chronic disease. Treatment should take into account your age, the severity of your symptoms, characteristics of the fibroids, and your short and long-term family planning goals.

Treatments for Uterine Fibroids

Some treatment options focus on shrinking or removing fibroid growths, while others are used to reduce heavy bleeding, pain, and other associated symptoms. As with any treatment, discuss potential side effects with your health care provider to determine the best option for you.



Non-Prescription Pain Relief

- Nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen or naproxen
- Heating pads or warm compresses to relax muscle tension and cramping



Prescription Medications

- Tranexamic acid (pills) can reduce menstrual bleeding on heavy bleeding days.
- Hormonal contraceptives (pills and progestin-releasing IUDs) can reduce heavy bleeding and pain.
- **Gonadotropin-releasing hormone (GnRH) receptor agonists** (injections and nasal sprays) regulate estrogen and progesterone levels to reduce heavy menstrual bleeding and the size of fibroid growths.
- **GnRH receptor antagonists** (pills) are taken with estrogen and progestins to reduce heavy menstrual bleeding associated with fibroids.

Treating Uterine Fibroids (cont.)



Minimally-invasive Surgical Procedures

- **Magnetic resonance-guided focused ultrasound (MRgFUS)** views individual fibroids and uses focused sound waves to heat and destroy small areas of tissue. MRgFUS is a noninvasive procedure because it does not require an incision.
- Uterine artery **embolization** decreases blood flow to fibroids, causing them to shrink and relieving symptoms.
- Endometrial **ablation** uses heat waves, microwave energy, hot water, or electric current to destroy the lining of the uterus to reduce heavy bleeding.
- Radiofrequency **ablation** inserts small needles into the fibroid (through small incisions or the cervix) that heat up the tissue to destroy it.
- Hysteroscopic **myomectomy** removes fibroids located inside the uterus using instruments inserted through the vagina and cervix.
- Laparoscopic or robotic **myomectomy** removes fibroids through small incisions in the abdomen, while leaving the uterus intact.
- Vaginal, laparoscopic, or robotic **hysterectomy** removes the uterus with its fibroids through the vaginal opening or small incisions in the abdomen.

Minimally invasive surgery refers to surgical procedures that are performed through tiny incisions instead of a large opening. With smaller incisions, there is a likelihood of shorter recovery time and less pain than traditional open surgery. Expectations should be discussed with your provider because the size and type of incisions, procedure outcomes, and recovery time vary from person to person.



Open Surgical Procedures

- Abdominal **myomectomy** is an open surgery to remove fibroids on the uterus, used when growths are large or very deep.
- Abdominal **hysterectomy** is an open surgery that removes symptomatic fibroids by removing the uterus.

Some fibroid-removing procedures are designed to keep the uterus intact, whether or not a woman is considering future pregnancies. However, scarring after surgical procedures may affect fertility. Make sure to discuss family planning goals with your provider when deciding treatment options that are appropriate for you.



Do I Need Surgery?

If your fibroid symptoms are poorly controlled despite medication or other forms of treatment, surgery to remove growths may be helpful.



For women who experience severe symptoms related to large, recurring fibroids, have exhausted other medical or minimally invasive options, and have no plans for childbearing in the future, a hysterectomy may become a recommended course of action. The most common types of hysterectomy to treat fibroids remove the upper uterus (partial/subtotal hysterectomy) or the entire uterus (total hysterectomy), sometimes with the cervix and ovaries. **It is important to note that removal of the ovaries also depletes your body of estrogen and results in menopause.** Talk to your provider about the potential long-term risks and impact of removing your uterus and/or ovaries.

Before committing to surgery, ask your provider:

- ▶ What type of surgical procedure do you recommend and why? How many have you performed?
- ▶ How long will the surgery last?
- ▶ What is a reasonable expectation for recovery time?
- ▶ What common complications might I have to anticipate?
- ▶ What techniques do you use to minimize scarring or adhesions? Will there be any long-term side effects?
- ▶ Will the surgery remove all my fibroids?
- ▶ Can fibroids grow again after the procedure?
- ▶ What happens if my fibroid pain persists after the procedure?
- ▶ How will surgery affect my future chances of getting pregnant?

Deciding on a Treatment Plan



Things to consider when deciding your treatment plan:

- Your age • Lifestyle and activity levels • Symptom management
- Family planning goals • Health insurance • Treatment efficacy and side effects
- Other health risk factors and conditions you may have

When deciding on a treatment plan with your provider, your plan may incorporate a combination of approaches and may change over time. You should discuss with your provider(s) which treatments will address uterine fibroid disease itself and which will address your symptoms, as well as your personal needs/goals for treatment now and in the future.

It is also important to find out the details of your health insurance coverage for the treatment options you desire to pursue.

Ask your provider to outline what a follow-up plan for monitoring your health looks like — recovery time for any procedures, which specialists to consult, how often to schedule a visit, etc.



Do not hesitate to seek out a second opinion if you want another perspective on your diagnosis and/or treatment options.

It is helpful to keep an accurate record or journal of your treatment activities and how each affects your symptoms and health. Share this information with your health care provider so that you can discuss any modifications to your plan that may be helpful or necessary moving forward.

A Team Approach

A good primary care physician is important, but managing your fibroids may benefit from the care of a multidisciplinary team. This might include:

- Obstetrician and Gynecologist (OB/GYN) for sexual health, fertility, and maternal health
- OB/GYN with a sub-specialty in reproductive endocrinology and infertility (REI) or minimally invasive gynecologic surgery (MIGS)
- Internal Medicine Practitioner or Gastroenterologist for bowel and bladder problems, gastrointestinal health, and pain management
- Physical Therapist for pelvic floor dysfunction and pain management
- Mental Health Professional for emotional health, sexual health, behavioral therapy, and coping skills
- Nutritionist or Dietitian for nutritional counseling and health
- Interventional Radiologist for some minimally invasive procedures like fibroid embolization

Uterine Fibroids and Fertility

Fibroids usually do not interfere with getting pregnant; however, their location can sometimes cause infertility or pregnancy complications.

5–10%

of women challenged with
infertility have fibroids

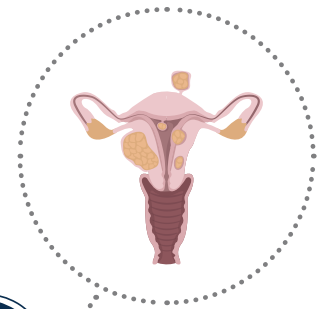
2–12%

of pregnant women
have fibroids

Treatment options to improve fertility in women living with fibroids vary on a case-by-case basis. Ask your provider about the minimally invasive and fertility-friendly treatment options that might be appropriate for you.

While science does not completely understand the mechanisms that impact fertility, health care providers are knowledgeable about how to support maternal and infant health throughout pregnancy.

The most important thing you can do while pursuing pregnancy is to have continued conversations with your doctor. You might have to adjust your treatment regimen or stop your medications for managing your fibroids during this time. Your health care team can help you determine a plan for safe conception and a healthy pregnancy.



I'm Pregnant. Now What? Individuals with fibroids who become pregnant should be carefully monitored by their OB/GYN. Most deliver healthy babies, but there is a higher rate of pregnancy complications, such as preterm birth or increased blood loss, that may require delivery by cesarian section.

For some women, pregnancy may temporarily lessen fibroid symptoms, but this is not true for everyone. Pregnancy should never be viewed as a treatment or cure for uterine fibroids.

Uterine Fibroids and Menopause

As a woman matures, her ovaries produce less of the hormone estrogen and her menstrual cycle begins to change and eventually stops, resulting in **menopause**. During the menopause transition (**perimenopause**) women can experience symptoms of hot flashes, changes in sexual desire, and irregular periods that, for some, can last up to 10 years. Menopause is the point in time 12 months after a woman's last menstrual cycle, typically in her late 40s or 50s.



Surgical procedures that remove or damage your ovaries (e.g., oophorectomy or total hysterectomy) can also result in the onset of menopause, regardless of age.

30% of newly diagnosed fibroids occur during **perimenopause** years

Symptomatic fibroid growth can peak during perimenopause years. Medical therapies can be prescribed to assist with symptoms, particularly heavy menstrual bleeding.

After menopause, the overall drop in estrogen and progesterone typically results in reduced growth of existing and new fibroids, providing some relief from fibroid symptoms. However, the body still produces small amounts of estrogen, and some women might continue to have symptoms after menopause.

Managing Fibroid Symptoms Post-menopause

Because periods have stopped after menopause, intense menstrual cycles associated with fibroids no longer occur. **If you experience bleeding after menopause, you should immediately consult with your health care provider.** If other symptoms, such as cramps, swollen abdomen, frequent urination, or lower back pain, continue to persist and affect your daily activities, discuss them with your provider as well.

Hormone replacement therapy is commonly used to treat menopausal symptoms by supplementing the estrogen that the body has stopped making. However, this may reintroduce risk of fibroid growth. Your provider may have to adjust your dosage to determine the best balance between your menopause and fibroid symptom relief.

In certain cases, surgical removal of fibroids may be recommended post-menopause.

Just like patients in any other life stage, the most important aspect to treating postmenopausal symptoms of uterine fibroids is tracking symptoms and talking to a health care provider about any changes or pain experienced.



Wellness Tips for Uterine Fibroids

Here are some strategies to help you maintain an active and healthy lifestyle along your journey with fibroids.



Healthy Diet

Consuming a diet rich in green and cruciferous vegetables, fruits, and low-fat dairy may help lessen fibroid symptoms, whereas a sugar-rich diet can have the opposite effect. Iron-rich meals can assist in avoiding anemia if your periods are extremely heavy and long.



Regular Exercise

Exercise has a wide range of health benefits. Some fibroid symptoms can be lessened by incorporating exercise into your daily routine, such as stretching, cardiovascular activities, and strength training, which release endorphins that help to alleviate pain and cramps. Managing weight and obesity also reduces risk of fibroids.



Stress Management

Fibroid symptoms can create physical discomfort as well as cause emotional strain for women and their relationships. Practicing stress-reducing activities like yoga or meditation may help decrease inflammation and relieve stress-aggravated pain. Alternative therapies such as acupuncture have also been found to help reduce period pain in some women.



Sexual Health

Heavy and irregular menstrual bleeding and pelvic pain can interfere with your sexual life. It may feel uncomfortable discussing your condition or concerns about your relationship, but it helps if you can be open and honest. Discuss your symptoms and how they may interrupt your plans from time to time with your partner. Find ways to cope with your symptoms together.



Support System

Supportive family and friends are just as crucial as medical care when dealing with the persistent symptoms and potential reproductive issues associated with fibroids. Joining a support group to connect with other women who have fibroids helps many women. Women often struggle to reveal the sensitive details of their fibroid issues, but open communication with friends or family can lead to better support.



Travel Preparedness

Scheduling travel during the less problematic times of your monthly cycle and packing portable heat wraps or thermal pads to manage pain can be helpful when you're on-the-go. Try to journal what you eat and drink that might be different from your normal regimen at home, and carve out enough time to rest and allow your body to recuperate after strenuous or high-intensity activities.

Glossary

- **Ablation** — A surgical procedure, usually minimally invasive, that removes or destroys unwanted tissue using electromagnetic radiation, lasers, temperature, chemicals, or electricity
- **Adenomyosis** — A medical condition in which tissue that normally lines the uterus (endometrial tissue) grows into the muscular wall of the uterus
- **Asymptomatic** — A condition producing or showing no symptoms or signs of illness
- **Embolization** — A minimally invasive treatment for bleeding that blocks blood vessels, preventing blood flow to targeted areas (e.g., fibroids)
- **Endometriosis** — A gynecological disease in which tissue similar to that which lines the uterus grows outside the uterus where it does not belong
- **Gonadotropin-releasing hormone (GnRH) agonists and antagonists** — Man-made versions of the naturally produced pituitary hormone GnRH that modifies its action in the body. Agonists initially produce a rise in GnRH (and an increase in estrogen levels), followed by a profound decrease. Antagonists directly inhibit GnRH without a rise in estrogen.
- **Hysterectomy** — Surgical removal of the uterus. A partial or subtotal hysterectomy removes the upper uterus, and a total hysterectomy removes the entire uterus, sometimes with the cervix and ovaries.
- **Leiomyoma** — A non-malignant growth composed of smooth muscle and fibrous connective tissue in the uterus (also known as a uterine fibroid)
- **Magnetic resonance-guided focused ultrasound (MRgFUS)** — A noninvasive procedure that uses to MRI to visualize and guide an ultrasound beam to penetrate and destroy the soft tissue composition of fibroid growths
- **Menopause** — A natural life stage, typically in a woman's 40s or 50s, defined as 12 months after the last menstrual cycle. Surgical procedures that damage or remove the ovaries can also result in the onset of menopause, regardless of age.
- **Menses** — Vaginal bleeding resulting from the shedding of uterine lining as the ovum releases mature eggs, on average lasting 3–7 days; also known as a period or menstruation.
- **Minimally invasive surgery** — Any surgical procedure that is performed through tiny incisions instead of a large opening, often reducing hospital stay and recovery time.
- **Myomectomy** — A surgical procedure to remove fibroids from the uterus; also known as fibroidectomy
- **Open surgery** — Surgical procedure that cuts the skin and tissues, allowing the surgeon to have full view of the organs involved. Incisions can be 3 to 4 inches or larger.
- **Pelvic exam** — A physical exam of the vagina, cervix, uterus, fallopian tubes, ovaries, and rectum
- **Perimenopause** — A natural decline in reproductive hormones, typically in a woman's 40s or 50s, that results in the end of her menstrual cycles; also known as the menopause transition
- **Ultrasound** — An imaging method that uses high-frequency sound waves to produce images of structures within the body

Toolkit Quick Links

Period Tracking Apps

- Clue
<https://helloclue.com>
- Eve
<https://glowing.com/apps#eve>
- Flo
<https://flo.health/>
- Period Tracker Period Calendar
 - Apple Store
<https://apps.apple.com/us/app/period-tracker-period-calendar/id896501514>
 - Google Play
<https://play.google.com/store/apps/details?id=com.popularapp.periodcalendar>
- Spot On
<https://www.plannedparenthood.org/get-care/spot-on-period-tracker>

Federal Trade Commission: Guidance on Health Apps

https://www.ftc.gov/sites/default/files/u544718/flo_health_app_infographic_11022020_en_508_0.jpg

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Doctor's Visit Worksheet

What symptoms have caused you to seek medical advice? When did they start? (Try to be specific.)

_____	MM • YY	_____	MM • YY
_____	MM • YY	_____	MM • YY

For each of the following situations, indicate:	Average number of soaked pads/tampons per day	Typical pain level (1 = None to 10 = Unbearable)
During your period		
During or after sex		
On a moderate day		
On a really difficult day		

Describe how your symptoms affect your day-to-day living (work, school, home life, activities, etc.):

The reason for seeking time with your doctor:

- ☐ Pain management
- ☐ Gain control over symptoms
- ☐ Identify a diagnosis
- ☐ Monitor disease progression
- ☐ Get a second opinion
- ☐ Fertility or pregnancy questions

Describe your preferred qualities

in a health care provider: *(Consider factors such as experience, cost, age, gender, convenience, etc.)*

_____	_____
_____	_____
_____	_____

Notes from doctor/ next steps:

Period Tracker

- What age did your first menstrual cycle begin? _____
- How old are you now? _____
- How many days does your period last? _____
- How long is your menstrual cycle? _____
(from the start of one period to the start of the next)

First day of your last period:

Are you:

☐ Perimenopausal ☐ Postmenopausal ☐ I don't know

Reproductive history and plans (pregnancies, child births, infertility, etc.):

Medical history

- Have you received any previous diagnosis for a gynecologic issue? ☐ No ☐ Yes _____
- Previous gynecological surgeries, tests, and treatments:

Procedure/Test/Treatment	Date	Notes (provider, results, etc.)

- Family history of endometriosis or undiagnosed menstrual symptoms (*grandmother, mother, aunt, sister*):

- Current medications (include prescription and any over-the-counter meds you regularly take):

Medication	Dose & Frequency	Notable Side Effects

- Your health care professional team:

Name	Specialty	Contact Info	Date of Last Visit