

# Fibroids get new treatment, funding bill

By Molly M. Ginty  
Special to Sentinel-Voice  
Karlene King shrugged off her pain.

For three years, this Harrison, Mo., mother experienced heavy periods, abdominal cramping and other symptoms that were sporadic but never spurred her to seek medical attention.

"My doctor told me I might have benign uterine growths called fibroids," says King. "But I only started to worry when my pelvic tenderness got so bad that it hurt to lay my hand on my stomach. I only went to the doctor after waking up one night and discovering my sheets were soaked in blood. My doctor told me I had a fibroid that had grown outside my uterus and required immediate hysterectomy. I only wish I had stayed on top of this problem so I might have avoided surgery."

Like an estimated 75 percent of American women, King had developed fibroids: tangles of muscle fiber and collagen that grow in or protrude from the uterus. Like 40 percent of women, she suffered adverse effects. And like 25 percent of sufferers, she had such severe symptoms that she decided to have a hysterectomy.

Though the removal of the uterus — and thus the removal of all uterine growths — may be the only sure-fire cure for fibroids, health advocates hope this will change thanks to two recent developments.

The first is the recent re-introduction of the Uterine Fibroid Research and Education Act of 2003, sponsored by Sen. Barbara A. Mikulski, D-Md., and authorizing \$150 million in federal funding for research and education on fibroids.

The second is the creation of new, non-invasive treatments, such as focused ultrasound, approved by the Rockville, Md.-based U.S. Food and Drug Administration in October 2004, and using magnetic resonance imaging, or MRI, to locate fibroids and high-energy sound waves to destroy them.

Health advocates hope these changes — and the greater awareness they are trying to raise about fibroids — will prompt women to be more proactive about treatment instead of waiting until fibroids grow too large to be treated with non-invasive means.

Also called fibromyomas, myomas or leiomyomas, fibroids develop when a single cell in the smooth muscular

tissue of the uterus starts to replicate in a rapid-fire way, creating a mass that can be as small as a seed or large as a melon.

Though scientists are not always sure what causes fibroids, they believe the culprits may include surges in the female hormone estrogen (which could explain why fibroids tend to shrink after menopause, when estrogen levels drop) and exposure to toxins, a problem currently under study by the National Institute of Environmental Health Sciences in Bethesda, Md.

Genes may also play a part. Having a mother or sister with fibroids is a risk factor. Black women are 2-to-3 times more likely to get fibroids than other women and often develop them in their 20s, a decade or two earlier than most fibroid sufferers.

"The majority of fibroids don't fall into one simple category," says Dr. Bruce McLucas, a professor of obstetrics and gynecology at the University of California-Los Angeles. "Some are singular and some are multiple. Some are small and some are large. Some grow on the inside of the uterus and cause heavy menstrual bleeding. Some grow on the outside of the uterus and trigger pelvic pain and pressure."

Fibroid symptoms vary widely. "Most women don't have any adverse effects at all," says Dr. Clare Tempany, a professor of radiology at Harvard Medical School in Boston. "But some patients have 10-day periods and have to stay home for days because they are so weak. They have chronic back pain and so much pressure on their bladders that they have to go the bathroom at least once an hour. They feel so bloated and swollen that it's like they are pregnant all the time."

When fibroids grow unchecked, the normally pear-sized uterus can swell to the size of a basketball. When the growths hang from the uterus by a stalk and the stalk twists, this can cause pain, nausea and fever.

Fibroids can interfere with fertility because they prevent eggs from traveling down the fallopian tubes and sperm from traveling up them. They can complicate pregnancy by increasing the risk of abnormal fetal positioning, miscarriage, and premature labor and delivery.

Other common symptoms include anemia, constipation, headaches, loss of sensation in the legs, pain with intercourse and urinary incontinence.

Usually detected during a routine pelvic exam and diagnosed via ultrasound — in which sound waves are used to take a picture of the uterus — fibroids can be vanquished with a wide array of treatments.

Medications attack uter-

ine growths by changing the hormone levels that affect them. Drugs called androgens (synthetic male hormones) and gonadotropin-releasing hormones both lower estrogen levels, easing anemia and shriveling fibroids. Oral contraceptives

can help control bleeding, but unlike other medications, don't reduce fibroid size.

In myomectomy, individual fibroids are surgically removed, sometimes with the aid of electric currents that destroy them and sometimes with the aid of liquid nitro-

gen that freezes them.

In uterine artery embolization — also called uterine fibroid embolization — small particles of gel or plastic are injected into arteries surrounding a growth, cutting off blood supply to the (See Fibroids, Page 18)

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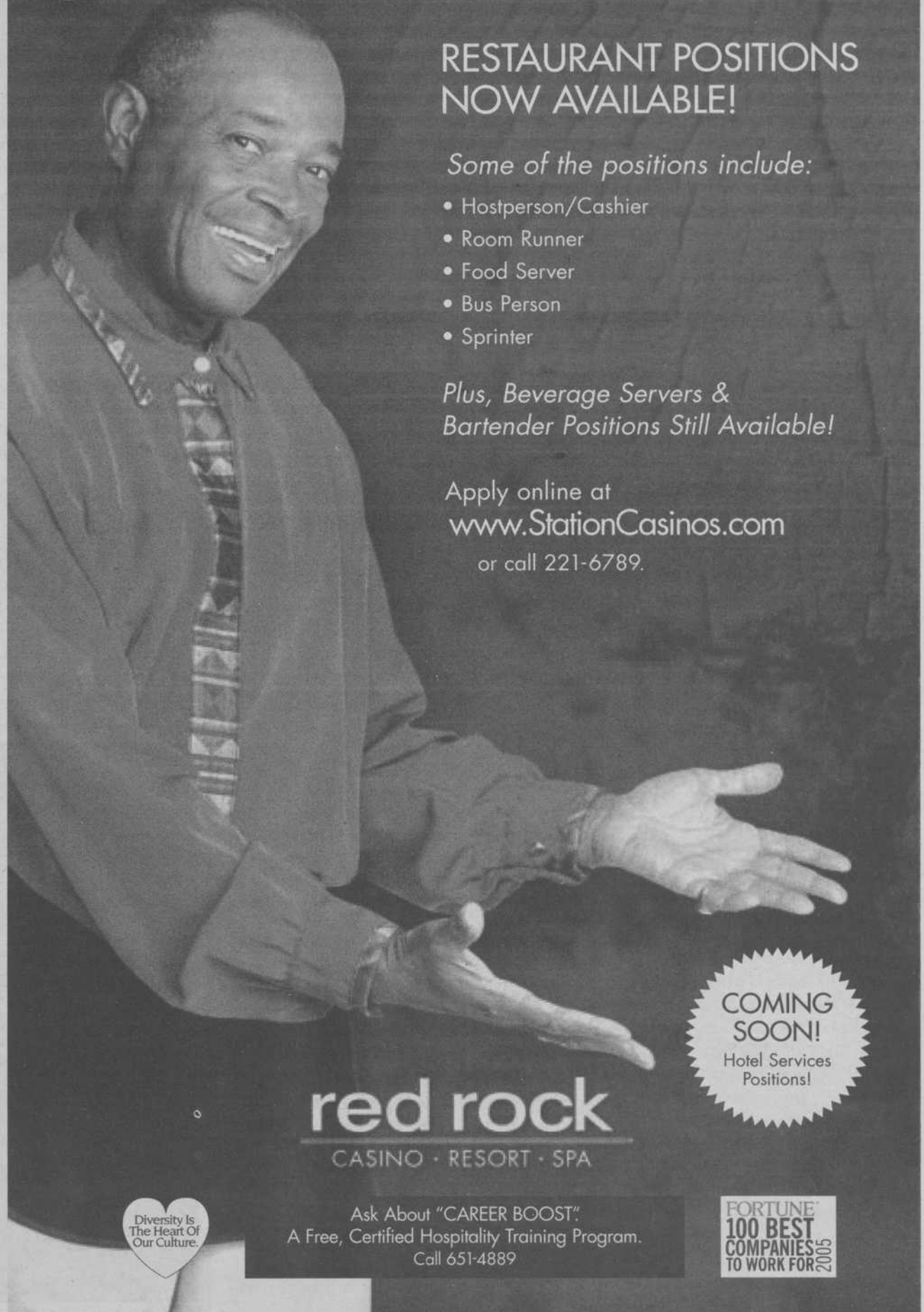
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