

SPEAKER: When we look at the classification, it's based on the myometrium. The uterus is a muscular organ, and depending on where those fibroids are, we consider them either submucosal, so type 0 to 2 is submucosal. It's the ones that are right in the middle part of the uterus. They can be completely in the middle part-- this the endometrium here-- or they can be partially in the middle part of the uterus and cause a bulge into the endometrium.

This middle part is called the myometrium, and you can see that the intramural fibroids are here and here. This is kind of a combination one, because it bulges in a little bit and then subserosal. The area that's on the outside of the uterus, is the serosa, and so the subserosal fibroids are the ones that are located-- that kind of bulge out. They can even be pedunculated or on a stalk.

And as you can imagine, depending on where the location is is what symptoms patients have. So if they're in the middle part, as I said, submucosal fibroids are the ones that tend to cause heavier cramping and bleeding with your periods. The larger fibers, the subserosal ones, can cause both symptoms, where pants feel a little bit tighter than normal. You can imagine a big fibroid that's pushing down on the bladder, so they feel like they have to go the bathroom more often. It can cause abnormalities of bowel habits or constipation, and sometimes it can cause, depending on the location, if it pushes down towards the cervix, it can also cause pain with sex or discomfort as well.

With regards to fertility, patients often ask about fertility in fibroids. We do know that there's a decrease in fertility associated with fibroids, but the ones that are the most concerning are the submucosal fibroids. There's evidence that removal of submucosal fibroids improved fertility. It could increase the risk of miscarriage and implantation.

And with regards to pregnancy, many women get pregnant with fibroids in place, and the main risk factors are that it can increase malpresentation, so the baby not coming down head first. Sometimes, it can affect growth, and sometimes, it can affect how the placenta attaches to the uterus. And then at the time of delivery, it can increase the risk of postpartum hemorrhage, just because the uterus can't contract down like it normally would because of the fibroids.

By and large, most people do great during pregnancy and don't have any of these issues, but these are the things we keep an eye on. And fibroids can get bigger about a third of the time during pregnancy, they'll stay the same size about a third of the time, and sometimes they'll shrink down. Sometimes, patients will have pain associated with fibroids, if they overgrow their blood supply during pregnancy, but that's also pretty uncommon. We don't usually ever take out fibroids during pregnancy, however.