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An Advanced Uterine Fibroid Treatment Option for Your Patients

Dr. Caudle:

Uterine fibroids are surprisingly common during childbearing years with almost 85% of women having one within her lifetime. Even though fibroids are almost always benign and can occur without symptoms, those patients who do experience symptoms, like pelvic pain and heavy menstrual bleeding, often find the condition hard to live with. So, what treatment options do we have to help boost our patients' quality of life?

This is Everyday Family Medicine on ReachMD. I am your host, Dr. Jennifer Caudle, and joining me today to talk about nonsurgical approaches to fibroids is Dr. John Lipman, Interventional Radiologist and Founder and Medical Director of the Atlanta Fibroid Center in Atlanta, Georgia.

Dr. Lipman, thanks for being with us today.

Dr. Lipman:

Thank you. I appreciate you having me.

Dr. Caudle:

Well, we're excited to have you to talk about such an issue that is so common for so many women. So, let's start. Why don't you tell us a little bit about yourself, how you came to be in interventional radiology, and then also, how you focused your career on nonsurgical treatment of uterine fibroids?

Dr. Lipman:

Well, I'm an interventional radiologist, as you said, and interventional radiology is a fascinating medical specialty. It's kind of cutting edge without the cutting. We do procedures all over the body, these targeted treatments, using nonsurgical solutions. And I happened to be doing an elective with a pioneer in interventional radiology many, many years ago during my training and was a mentor to me and kind of turned me on to IR, and I've been an interventional radiologist here in Atlanta for the past—a little over 25 years now.

Dr. Caudle:

Excellent. So, let's talk about specifically fibroids. Once you realize a patient has fibroids, can you really walk us through the next steps? What treatment options do you have to choose from? And kind of take us through this process.

Dr. Lipman:

Well, fibroids, as you said, are extremely common. It's the most common pelvic tumor in women. One of every 3 women has these tumors, and they are particularly common. Up to 80% of African-American women have these benign tumors, so we primarily see African-American women, and while they have fibroids commonly, we're really seeing the symptomatic ones. So, obviously, if they have fibroids without any symptoms, for the most part there's no treatment necessary unless there is an infertility issue. For the symptomatic fibroid patients, they will often present typically with symptoms of heavy bleeding. In fact, it's the most common reason why women have heavy periods. And we kind of try to break it out a little bit further between kind of cyclic bleeding and anovulatory bleeding, but those are kind of the 2 main categories.

At the Atlanta Fibroid Center where I am, I see primarily structural causes for their abnormal bleeding, obviously most commonly fibroids, but there are other conditions that we will see, like adenomyosis or endometrial polyps, that also cause heavy bleeding, and that's where talking to the patient, getting a thorough history and physical, laboratory analysis... There are some lab testing and certainly imaging, imaging being a very key component to see if the patient does have one of these structural abnormalities. And once it's

determined, say, through imaging that a patient has fibroids and the symptoms that go along with it, say typically heavy bleeding, pain, urinary frequency, then we try to go from the least invasive approaches to the more invasive, the least invasive being dietary and other modifications to their lifestyle. A lot of the patients that we see are overweight, obese or morbidly obese. One of the reasons why women suffer with fibroids, particularly women of color, is that they have more body fat than other racial groups, and body fat is a reservoir for estrogen, and it's often times this imbalance or sometimes unopposed estrogen that can make these fibroids grow and become symptomatic, and when they do, they often arrive at the Atlanta Fibroid Center. So we start with exercise and diet and try to lose any excess body fat. We may alter their diet to try to limit or lower the amount of hormonally rich foods and add foods that tend to block estrogen, like fruits and vegetables, colored fruits and vegetables that have flavonoids in them.

And then often times, particularly in our practice, that wouldn't be enough to deal completely with the problem because they are usually coming to us with pretty big fibroids and numerous fibroids, but it's a nice start and will help, but often times these patients need more intervention. They will often have tried the next step, which is medicines, like nonsteroidal anti-inflammatory medicines or birth control pills or levonorgestrel-releasing IUDs like the Mirena, and these will also work for a while, but the medical therapies for fibroids, quite frankly, are inadequate currently. And the next step is uterine fibroid embolization. I think it's one of the biggest medical breakthroughs for women, because often times these women in the past have gone on to surgery, either myomectomy or hysterectomy, and frankly, the surgery really is unnecessary. The embolization works in the vast majority of people. It treats every fibroid in the uterus, whether you have 1 or 100. It has a very high success rate and a very low risk, done as an outpatient. Patients go home the same day with a Band-Aid either at the top of their right leg or their left wrist. There's a brief recovery after the procedure. You go home the same day and a recovery at home of about 5 to 7 days. And importantly, they get to keep their uterus, because there's no reason to lose your uterus over benign fibroids.

Dr. Caudle:

For those of you who are just tuning in, you're listening to Everyday Family Medicine, and I'm your host, Dr. Jennifer Caudle, and today I'm speaking with Dr. John Lipman about treating uterine fibroids.

So, Dr. Lipman, you have been talking about a nonsurgical treatment option for fibroids called uterine fibroid embolization, or UFE. What else can you tell us about this approach, and can you tell us a little bit more about some of the additional benefits in addition to what you have already mentioned?

Dr. Lipman:

Sure. Again, the UFE procedure treats fibroids very effectively. It does it as an outpatient, so women can get the relief of symptoms, avoid the risks and long recovery of surgery and keep their uterus, which is, I think, something that is rather undervalued by a lot of physicians that often times—at least in the past—women have been told, “Well, if you're done having your children, you don't need your uterus anymore,” and that's really not true at all. There are a lot of benefits beyond childbearing for the uterus. It's important for women psychologically. It's the epicenter of their woman-ness, so women can struggle psychologically after a hysterectomy. We know that it's important for women sexually. There's a lot of sexual dysfunction that is seen after a hysterectomy. There's a lot of bone loss. And now there's reasonable data to suggest the uterus is important in heart health. So, if you can keep all your parts, it's certainly important to do so, and UFE should definitely be included in the armamentarium to treat symptomatic uterine fibroids.

Dr. Caudle:

So, now that we've covered the many benefits of the procedure, what about some of its potential risks? What should we as physicians and healthcare providers and our patients be aware of?

Dr. Lipman:

Well, the risks for UFE really pale in comparison to the surgical counterparts. So there's a lot less risk in undergoing a UFE than undergoing either the myomectomy or surgery or hysterectomy, the surgical procedures, but there are a couple of risks that people need to know about. One is there is a small risk of someone not menstruating again permanently after UFE, so the risk for amenorrhea after UFE is very small. In fact, in the over 7,000 patients that I have treated, I've never seen anyone under the age of 40 that this ever happened to, so it's a condition that's typically seen in women over 50, but we have seen small percentage of patients, around 1% to 2% that are between 40 and 50 that this has happened to, so it's a very rare event for a woman to not have a menstrual. And typically, the ones that do see this—as I say, they are often over 50—they are actually thrilled with that prospect.

The other risk that's of note is what's called retained fibroid slough. There's about a 5% risk of patients sloughing some fibroid material vaginally temporarily, maybe a couple of cycles where they'll see this kind of fibroid slough material come out, and it's okay. It's important to tell the patients you might see this temporarily. But there is in some women—and we've seen 20 women in the over 7,000 treated—we've needed actually a D&C to deliver this material out with a gynecologist's help. So again, a very unlikely event but something that is necessary in a rare patient.

Dr. Caudle:

As a family physician, I'd actually like to throw in an additional question. For our listeners out there who may not be in the Atlanta area, can you tell us throughout the country, say, how common this procedure is and how easy it might be to get a patient to a center like yours? Certainly, if you're in the Atlanta area, that becomes easier, but is it relatively simple to get a patient in for consultation for this procedure throughout the country? What are your thoughts about this?

Dr. Lipman:

Absolutely. This procedure is available throughout the country. There are interventional radiologists nationwide. The easiest way to find an interventional radiologist in your area is to go to our society's website, which is the Society of Interventional Radiology, and their website is S-I-R-W-E-B .org, so it's sirweb.org. And then there's a doctor finder that's listed by state, and then once you're in your particular state, you can go alphabetically by city and find an interventional radiologist that can perform UFE. It's available, say, nationwide, but we also see patients who want particular expertise in fibroids, and so we'll see... Fortunately, you can fly nonstop to Atlanta from pretty much anywhere, so we do see a lot of patients travel for the expertise, but you can also find IRs in your community most likely.

Dr. Caudle:

And finally, before we wrap up, Dr. Lipman, are there any final thoughts that you'd like to share with our audience about this important topic?

Dr. Lipman:

Well, certainly. I mean, I think it's something that if you're not familiar with the UFE procedure, definitely look into it. We've been doing this procedure a very long time, and it has a lot of—a long track record of safety and efficacy. The problem largely has been that gynecologists don't perform this procedure so they may or may not tell the individual patient, so it's important for all physicians, primary care physicians, family physicians, internists, general practitioners to know about UFE because they may not hear about UFE, their patients, otherwise; and so I hope that they will look into it if they're not familiar with it, kind of add it to the armamentarium. It fits in nicely after medical therapy, that once medical therapy is tried and if it's not helpful enough, instead of surgery, to consider a consultation with an interventional radiologist like myself to talk about UFE, because I can tell you it has a very high patient satisfaction because it treats all of the fibroids; it's typically a one-time procedure; it's outpatient; patients don't like the long recoveries from surgery and the risks and losing their uterus; so this is a tremendous breakthrough for women, particularly women of color who disproportionately suffer from fibroids. And so I'm hopeful that this will educate physicians on UFE and we'll see a lot more UFEs being done and less hysterectomies because it's really unnecessary for symptomatic fibroids.

Dr. Caudle:

And finally, is there a website that people can go to to learn more about what you offer?

Dr. Lipman:

Absolutely. Well, we're the Atlanta Fibroid Center, and so AtlantaFibroidCenter.com, or our main practice, the Atlanta Interventional Institute, and that is ATLII.com.

Dr. Caudle:

You know, with so many women having uterine fibroids at some point during their lives, it's really great to know that there are different treatment options out there. And I want to thank you, Dr. John Lipman, for sharing your knowledge on this topic. Dr. Lipman, it was great having you on the program.

Dr. Lipman:

Well, thank you very much. I really appreciate you having me on today.

Dr. Caudle:

Absolutely. And I'm your host, Dr. Jennifer Caudle, and to access this episode and others in the series, please visit us at ReachMD.com where you can Be Part of the Knowledge. Thanks for listening.