

MEDICAL MOMENTS

Uterine Fibroids in Black Women

By: Michelle Louie, M.D., MSCR, FACOG. She is a fellowship-trained Minimally Invasive Gynecologic Surgeon with an American Board of Obstetrics and Gynecology focused-practice designation in Minimally Invasive Gynecology Surgery (MIGS). Dr. Louie is actively engaged in academic research and education and continues to publish clinically relevant, high-impact scientific manuscripts with a special interest in reducing health disparities and improving post-operative outcomes.

Fibroids are really, really common, and though many people have heard about them, there may be things about fibroids you may not know!

People of African descent are more likely to develop uterine fibroids than other racial groups. By age 50, up to 90% of Black patients have fibroids! Many studies have tried to determine why, but there are no definitive answers yet.

Fibroids are non-cancerous growths of the uterine muscle. For some people, they do not cause any issues. For others, the symptoms can be severe and require treatment. Because they have more severe fibroids, Black people often have worse symptoms compared to White people. Symptoms can include severe pain, anemia due to blood loss from heavy menses, and periods that interfere with relationships, physical activity, and the ability to go to work.

In fact, symptoms are so severe that Black patients have more surgeries and surgery at younger ages compared to other racial groups. Compared to White patients, Black patients are:

- **3-times** as likely to be hospitalized for fibroid management
- **7-times** more likely to have surgical removal of fibroids, known as a myomectomy
- **2-times** more likely to have a hysterectomy to remove the uterus and fibroids
- **2-times** more likely to have a blood transfusion during fibroid surgery

Despite having more severe symptoms, unfortunately Black people have greater delays in obtaining treatment compared to White people. Black patients are diagnosed with uterine fibroids at younger ages, so it is especially important to get care early. Some untreated fibroids can affect the ability to either become pregnant or to have a successful pregnancy, so treatment at a younger age can have benefits.

As a surgeon, it's concerning to me that studies show Black patients have higher rates of open/large incision surgery than minimally invasive (vaginal or laparoscopic or robotic) surgery for fibroids. While the type of surgery can depend on the number, size, and location of fibroids, race should not be a factor in choosing what type of surgery patients receive, but unfortunately, that is exactly what research has found. Minimally invasive surgery, when possible, is the best approach because it's associated with less pain, fewer complications, and a faster recovery than surgery with large incisions.

Where you get your care matters. When patients see fibroid specialists, they are significantly more likely to have a minimally invasive surgery and uterine preservation, and their after-surgery outcomes are better.

If fibroids are not causing symptoms, they probably do not need treatment. But if you are having symptoms or considering pregnancy, there are many treatment options available to address your concerns. You will be empowered by knowing the options. Do not be afraid to ask questions or for a referral to a fibroid specialist like our providers at Mayo Clinic.

For more information on uterine fibroids please visit <https://careinfo.mayoclinic.org/uterine-fibroids-az>