Center for Menstrual Disorders, Fibroids and Hysteroscopic Services
If you experience heavy periods, there is no need to suffer in silence. And if you've been told that hysterectomy is your only choice, take hope. There are many options available to women today.

The Cleveland Clinic Center for Menstrual Disorders, Fibroids and Hysteroscopic Services is part of the OB/GYN and Women’s Health Institute, which offers comprehensive, compassionate care to women in all phases of life. The Center uses a unified, streamlined, interdisciplinary approach to evaluate your problem and arrive at the best treatment solution for you.
A patient-centered approach

In our Center, we put patients first. We individualize the evaluation and treatment of each woman we see, taking into account her preferences about preserving her fertility and other matters. This patient-centered philosophy reaffirms our commitment to offer alternatives to hysterectomy, including the latest hysteroscopic, laparoscopic, robotic and radiologic techniques.

We are similarly committed to interdisciplinary, collaborative research aimed at advancing treatment and improving outcomes for women with fibroids and menstrual disorders. For this reason, our patients can sometimes participate in clinical trials.

Meeting a growing need

Menstrual disorders are the No. 1 reason that women seek help from a gynecologist. They are more common than all gynecologic cancers combined, more common than infertility and more common than uterine prolapse.

Each woman experiences 400 to 500 menstrual cycles during her lifetime. They typically begin at age 11 or 12 and end sometime during her 50s. The law of averages dictates that menstrual problems are likely at some point.

Excessively long, heavy or frequent periods can disrupt a woman’s life, interfering with her normal activities, her favorite pastimes and her sexuality. Blood loss can produce anemia, which leads to fatigue and other problems. Menstrual irregularities are also linked to miscarriage and infertility.

Teaming up to treat you

You’ll be in capable hands at our Center for Menstrual Disorders, Fibroids and Hysteroscopic Services. Our gynecologists are experts in their fields and see a high volume of patients, many of whom have complex problems. They are active as surgeons, teachers and researchers.

They collaborate closely with gynecologic nurse practitioners and nurses, gynecologic imaging specialists, interventional radiologists, integrative medicine specialists, hematologists and/or bariatric specialists as needed.
A tailored evaluation

Careful preoperative evaluation is a must. An extensive “workup” can pinpoint the cause, location and/or extent of fibroids or menstrual difficulties. We begin with a detailed menstrual and health history, and a gynecologic exam. Then we use one of the following imaging techniques to determine the health of your uterus before proceeding with treatment:

- **Office hysteroscopy**: use of a lighted tube, or endoscope, inserted through the vagina to examine the uterus. (Cleveland Clinic specialists have performed more than 8,000 office hysteroscopies.)

- **Saline infusion sonography**: expanding the uterus with salt water and using sound waves to reveal fibroids, polyps or other abnormal structures.

- **MRI**: combining a powerful magnet, radio signals and a computer to obtain intricate pictures of the uterus and surrounding organs.

We also ask every woman we see whether or not she wants to preserve her fertility and/or her uterus. These considerations are very important in determining which treatments we will recommend. We aim for the best treatment outcome – and the highest patient satisfaction.
Reasons for Problem Bleeding

A comprehensive workup in the Center for Menstrual Disorders, Fibroids and Hysteroscopic Services will shed light on the reason for a woman’s bleeding problems. Possible causes include:

UTERINE FIBROIDS

Formed of muscle and tissue from the uterine wall, fibroids are the most common benign tumors in women of childbearing age. African-American women are two to three times more likely to develop fibroids than Caucasian women, and Hispanic women are also at increased risk. Asian women have the lowest risk of fibroids.

One of the strongest risk factors for fibroids is genetics, which may be linked to obesity; extra fat cells produce too much male hormone and store too much female hormone. Fibroids only require treatment when they cause problems such as heavy bleeding, pain, recurrent miscarriage, infertility or “pressure symptoms” – constipation or frequent urination. This occurs in about half the cases.

CANCER

When vaginal bleeding occurs after menopause, it may be a sign of gynecologic cancer, although younger women can develop these cancers too.

- **Ovarian cancer** can cause abnormal vaginal bleeding, typically after age 50, but as early as age 20.
- **Endometrial cancer** can cause extremely long, heavy or frequent periods after age 40, with bleeding in between; after menopause, it may cause spotting.
- **Cervical cancer** can cause vaginal bleeding after intercourse or between periods, or menstrual flow may be heavier and last longer than usual. This cancer tends to occur between ages 35 and 55, and can develop after menopause.
- **Leukemia**, a cancer of the blood cells, can prolong menstrual periods.

SEXUALLY TRANSMITTED INFECTIONS (STIs)

Gonorrhea and Chlamydia are two sexually transmitted infections that can cause bleeding between periods. Chlamydia can also produce painful menstrual periods. STIs are normally found in younger women.

POLYCYSTIC OVARY SYNDROME (PCOS)

In PCOS, many cysts (fluid-filled sacs) develop on the ovaries. Many women with PCOS are also obese, which increases their estrogen levels. PCOS can produce irregular periods, infertility, increased facial hair and acne.

INHERITED SUSCEPTIBILITY TO BLEEDING

A tendency to bleed excessively can be passed down through families via faulty genes. Hemophilia and von Willebrand’s disease are two examples; in both cases, women may hemorrhage when they have periods.
Customized treatment

Following your evaluation, we will openly discuss all treatment options available to you. Treatments may involve medical management, non-surgical solutions, or minimally invasive or standard surgery.

Non-surgical therapy

Current medications typically treat only the symptoms of fibroids. However, medications may be less effective when fibroids are too large or numerous. Medications are being developed to treat uterine fibroid-related symptoms and may also permanently shrink fibroids, but these are not yet approved.

An emerging medical treatment for menstrual disorders is Mirena®. This progesterone intrauterine system can be placed into the uterus during an office visit. The intrauterine system releases a small amount of hormone locally. It decreases menstrual flow significantly and can stop periods for up to five years.

If periods are irregular due to obesity, a bariatric specialist on our team can help you manage your weight and improve your nutrition.

Finally, we offer alternative treatments for problems such as severe cramping, to promote healing and relaxation, and reduce stress. Alternative techniques include acupuncture, massage, Reiki, and yoga for stress reduction and healing. We offer group sessions for women in conjunction with our Wellness Institute.

Surgical options

If surgical intervention is warranted, our specialists are experts in many minimally invasive procedures. We routinely treat complex cases, and are experienced in performing surgery on women who are obese, for whom surgery is risky.
For women who hope to have children

To treat menstrual problems in women who want babies, we can preserve the uterus using hysteroscopic, laparoscopic or abdominal techniques.

**Hysteroscopic surgery.** Once we have examined the uterus with the hysteroscope, we can insert slender instruments through a separate channel to remove fibroids or other abnormal growths. These include endometrial polyps, finger-like growths arising from the uterine lining that can cause bleeding. Tissue that remains after miscarriage can also trigger bleeding and may be removed hysteroscopically.

**Minimally invasive myomectomy.** Fibroid removal is known as myomectomy. Our gynecologists are highly skilled at removing difficult-to-access or large numbers of fibroids using minimally invasive methods. Fibroids may be removed hysteroscopically, through a scope inserted into the uterus; laparoscopically, through a scope inserted into the abdomen; or using a robotic laparoscope inserted into the abdomen (the robot streamlines suturing).

In addition, fibroids can be removed through a small incision in the belly, a less invasive form of open surgery called minilaparotomy.

**Abdominal myomectomy.** When fibroids are too numerous or large, sometimes they must be removed in an open surgical procedure, through a bikini-line incision. The advantage is that the uterus can be repaired in layers, making it as strong as possible for subsequent pregnancies.

For women not interested in having children

Other options can end excessive bleeding without removing the uterus in older women or in younger women who do not want children but are not ready to enter menopause.

**Endometrial ablation.** In this same-day procedure, which can be done in the office or an outpatient surgery center, a thin layer of the uterine lining is destroyed using one of five equally effective devices. Heat, electrical current, laser energy or cold are applied to the inner walls of the uterus, halting periods.

**Uterine fibroid embolization (UFE).** Cleveland Clinic gynecologists collaborate with Cleveland Clinic interventional radiologists on uterine fibroid embolization. This procedure is not for women who wish to conceive because its effects on the strength of the uterus are unknown. The radiologist guides a catheter to arteries that supply the fibroids, then inserts tiny particles to block blood flow. This robs the fibroids of oxygen and nutrients, and the fibroids shrink over a period of months.
Hysterectomy

Fibroids can grow back, so for some women, especially those who are ready to enter menopause, hysterectomy (surgically removing the uterus) is a reasonable alternative. Fortunately, our gynecologic surgeons are experts in minimally invasive forms of hysterectomy and are pioneers in robotic hysterectomy.

- **Abdominal hysterectomy.** “Open” abdominal hysterectomy is one of the most common surgeries performed in the United States. It involves removing the uterus through a large incision at the bikini line. Our specialists prefer to use less invasive alternatives whenever possible.

- **Vaginal hysterectomy.** In this approach, the uterus is removed through an incision in the vagina to avoid an abdominal incision and scar.

- **Laparoscopic hysterectomy.** Some patients are eligible for removal of the uterus through slender instruments inserted into the abdomen using a laparoscope. In laparoscopic surgery, several tiny incisions are made in the abdomen so that a miniature camera and special instruments can be inserted. Incisions are hidden, complications are fewer, and recovery is faster with “scope” procedures.

- **Robotic hysterectomy.** This advanced form of laparoscopy involves the use of robotic instruments guided by tiny 3-D cameras. The surgeon controls robotic arms that carefully remove the uterus and precisely suture tissue. Only small abdominal incisions are required. Pain, bleeding, scarring and recovery are least problematic of all with the robot.
Research & Education: Advancing future care

In the Center for Menstrual Disorders, Fibroids and Hysteroscopic Services, we are active in research, so our patients have access to clinical trials. For example, we are exploring new methods of endometrial ablation. And because fibroids can re-grow, we are participating in a five-year federal research project comparing the long-term outcomes of myomectomy, hysterectomy and uterine fibroid embolization or UFE.

Education is also one of our missions. Our staff members are active in professional education seminars around the country and the world. They have performed live surgical teleconferences to help colleagues brush up on hysteroscopic and laparoscopic skills. Director Linda Bradley, MD, collaborated with Cleveland Clinic interventional radiologists to hold the first interdisciplinary professional course on UFE.

Meanwhile, she is interested in reaching out to the public by writing an African-American guide to female adolescent health and an adult African-American guide to health and wellness.
Meet our staff

The Center for Menstrual Disorders, Fibroids and Hysteroscopic Services has a multidisciplinary staff:

**Obstetrics and Gynecology**
Linda Bradley, MD, Center Director
Tommaso Falcone, MD, Department Chair
Ruth Farrell, MD
Habibeh Gitiforooz, MD
Margaret McKenzie, MD
Kristina Sole, MD

**Urogynecology**
Marie Fidela Paraiso, MD, Section Head
J. Eric Jelovsek, MD
Beri Ridgeway, MD

**Interventional Radiology**
James Newman MD, PhD
Eunice Moon, MD

**Integrative Medicine**
Tanya Edwards, MD, MEd

**Hematology**
Alan Lichtin, MD

**Bariatric Medicine/Nutrition**
Karen Cooper, DO

**Women’s Health Center**
Holly Thacker, MD
Andrea Sikon, MD, FACP

**For appointments**

To see one of the specialists in our Center for Menstrual Disorders, Fibroids and Hysteroscopic Services, please call 216.444.6601 or 800.CCF.CARE (223.2273), ext. 46601.
Specialized Health Care for Women

Women can access specialized health care at the Cleveland Clinic Women’s Health Center. The Center makes it easier to see the right combination of specialists by providing convenient “one-stop shopping” for all of a woman’s health care needs, from imaging to surgery. In addition to routine wellness exams and health care screenings, the Women’s Health Center offers evaluation and treatment of numerous medical problems of special concern to women in one, female-friendly place.

In addition, free advice on women’s health issues is available from the center via the 216.444.4HER answer line. A women’s health nurse advocate answers calls Monday through Friday, 8:30 a.m. to 4:30 p.m.

The Flo & Stanley Gault Women’s Health & Breast Pavilion is made possible through the generous support of an Avon Foundation grant.
The Ob/Gyn & Women's Health Institute is one of 26 institutes at Cleveland Clinic that group multiple specialties together to provide collaborative, patient-centered care. The institute is designed to meet the unique and changing medical needs of women from adolescence to mature adulthood. Our team offers coordinated and supportive care for the problems that affect women's lives, from breast cancer to infertility, incontinence, pelvic floor disorders and more. Cleveland Clinic is a nonprofit, multispecialty academic medical center. Founded in 1921, it is dedicated to providing quality specialized care and includes an outpatient clinic, a hospital with more than 1,000 staffed beds, an education institute and a research institute.

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