

The Pressure No One *Warned* You About

Understanding uterine fibroids — and how to walk into your appointment ready.

- Every treatment option — not just hysterectomy
- How to tell fibroids from endometriosis & adenomyosis
- A printable tracker & a page to hand your provider

What's Actually *Happening*

Uterine fibroids are non-cancerous growths of muscle and fibrous tissue that develop in or on the wall of the uterus. They are extremely common — most women will have at least one in their lifetime — and they range from the size of a seed to larger than a grapefruit.

Fibroids grow in response to hormones, especially estrogen and progesterone. That is why they tend to grow during the reproductive years and often shrink after menopause, when hormone levels fall.

Where a fibroid sits matters more than how big it is:

- **Intramural** — within the muscular wall; the most common type.
- **Submucosal** — bulging into the uterine cavity; these often cause heavy bleeding even when small.
- **Subserosal** — growing outward; these tend to press on nearby organs.
- **Pedunculated** — attached by a stalk, inside or outside the uterus.

A fibroid the size of a marble can cause heavy bleeding if it sits in the wrong place, while a large one may cause none at all.

MAE · WOMO BIO-INTELLIGENCE

Many fibroids cause no symptoms and never need treatment. But when they do, they can quietly reshape a woman's daily life. Bio-intelligence — tracking what the body is actually doing — is how a vague "something feels off" becomes a specific, answerable question.

BY THE NUMBERS

The disparity in fibroids

80%

of Black women develop fibroids by age 50

NIH

~70%

of white women develop fibroids by age 50

NIH

3X

more likely for Black women to be diagnosed with fibroids

UNIV. OF MICHIGAN

2X

as likely to be treated with hysterectomy rather than a uterus-sparing option

PUBLISHED RESEARCH

For Black women, fibroids tend to appear earlier, grow larger, and cause more severe symptoms — which makes knowing your options before the appointment matter even more.

The Symptoms Women Are *Told to Ignore*

Because fibroids are so common, their symptoms are often waved away as normal. They are not. These are worth bringing to a provider:

- Heavy or prolonged bleeding, often with large clots.
- Pressure, fullness, or heaviness low in the abdomen.
- Frequent urination, or trouble emptying the bladder.
- Constipation or pressure in the rectum.
- Lower back or leg pain; pain or discomfort during sex.
- An abdomen that looks or feels enlarged or bloated.
- Fatigue, breathlessness, or dizziness — often anemia from heavy bleeding.

How it shows up across life stages

Reproductive years. Most often found in the thirties and forties; for Black women, earlier and often larger.

Perimenopause. Symptoms — especially heavy bleeding — often intensify. This is when "just wait it out" gets offered most, even though waiting can mean years of anemia.

After menopause. Fibroids usually shrink. But any bleeding after menopause is outside the expected range and should always be evaluated.

Is It Fibroids — *or Something Else?*

Fibroids share symptoms with other common conditions, and many women have more than one at once. Knowing the overlap helps you avoid being told "it's just fibroids" when something else is also at work.

Fibroids vs. Adenomyosis

Both cause heavy bleeding and pressure. Adenomyosis brings a deeper, dull, aching heaviness and a uniformly enlarged, tender uterus. The symptoms overlap so much they're hard to tell apart by feel — imaging distinguishes them, and MRI is the most reliable. Many women have both.

Fibroids vs. Endometriosis

Endometriosis pain often tracks with the cycle and tends to be sharp or burning, frequently with sex, bowel movements, or urination. Fibroids are less likely to cause that. The two can coexist.

Fibroids vs. Pelvic Floor Dysfunction

Pressure and trouble emptying the bladder can come from a fibroid pressing from above — or from pelvic floor muscles that are too tight or weak. A pelvic floor PT evaluation can sort it out.

One question that opens the right door

"Could I have more than one condition — and how would we tell?" Asking it directly invites imaging and a fuller workup instead of a single quick label.

The Options Worth *Knowing About*

A hysterectomy is not the only answer. There is a full range of options, and many preserve the uterus. The right one depends on your symptoms, the size and location of the fibroids, and whether you want a future pregnancy.

- **Watchful waiting** — for fibroids that aren't causing problems.
- **Medication** — hormonal and newer GnRH-based options can reduce bleeding and shrink fibroids.
- **Uterine fibroid embolization (UFE)** — minimally invasive; cuts off the fibroid's blood supply so it shrinks. Uterus stays intact.
- **Radiofrequency ablation & focused ultrasound** — newer, minimally invasive, uterus-preserving.
- **Myomectomy** — removes the fibroids while keeping the uterus; the usual choice to preserve fertility.
- **Hysterectomy** — removes the uterus; permanent, right for some, but not the only path.

Ask about every option — not just the first one offered

Research shows Black women are about twice as likely to be treated with hysterectomy. If keeping your uterus matters to you, say so directly, and ask about UFE, myomectomy, or ablation.

What Your Provider *Is Looking For*

Knowing how a clinician thinks turns the appointment into a collaboration. They're usually working through three questions — and you can bring the evidence for each.

- **Is the bleeding heavy enough to cause anemia?** They'll often check a CBC and ferritin. Bring your log of pad changes on heavy days.
- **Are the fibroids placed to explain the symptoms?** Submucosal/intramural drive bleeding; subserosal cause pressure. Note where you feel it.
- **Do you want a future pregnancy?** This shapes whether uterus-preserving options fit. Say it directly — don't wait to be asked.

What to track for 2–3 cycles

Bleeding (pads/tampons per day + clot size) · pressure & bloating · bladder and bowel changes · pain (location, timing) · energy on a 0–10 scale · cycle length and regularity. Specifics move you from being reassured to being evaluated.

Your 3-Day Tracking Template

Print this page — use one copy per day. Then take your free assessment at womo-health.com to turn it into a personalized report.

Date _____ Cycle day _____ (day 1 = first day of full flow)

Pads / tampons — Morning _____ Afternoon _____ Evening _____ Overnight _____ Total _____

Clots ☐ None ☐ Smaller than a quarter ☐ Larger than a quarter

Pressure / bloating (0–10) — Morning _____ Afternoon _____ Evening _____

Urination ☐ Normal ☐ More often ☐ Hard to empty bladder

Pain location lower belly / low back / left / right / pelvis / hip / leg

Pain (0–10) _____ Energy (0–10) _____

What helped ☐ Rest ☐ Heat ☐ Medication ☐ Other

Notes _____

How to Advocate *for Yourself*

Bring: your tracking log (2–3 cycles), a list of medications and supplements, any prior imaging or labs, whether you want a future pregnancy, and written questions.

Ask: Where are my fibroids, how large, how many? Which symptoms do they explain? What are *all* my options, including uterus-sparing ones? Which protect fertility? Should we check my iron? What happens if we wait?

If dismissed: ask for a second opinion, request a referral to a gynecologist or interventional radiologist, seek a minimally-invasive fibroid center, and bring someone to help advocate.

When to Seek Help Now

Most fibroids aren't an emergency, but seek prompt care for:

- Soaking a pad or tampon every hour for two or more hours.
- Severe, sudden pelvic pain.
- Feeling faint, very short of breath, or unable to stand.
- Any bleeding after menopause.

Your Body Is *Signaling*

For the woman who was handed a diagnosis and no plan. For the woman told her only option was to remove her uterus. For the woman quietly managing pressure, bleeding, and exhaustion for years — you deserve more than to cope.

Fibroids are common, but your symptoms are not something to simply live with. There is a real range of options, and the woman who walks in informed — patterns tracked, questions ready — is the one who gets a plan instead of a brush-off.

The woman who tracks does not leave the office without a plan.

WOMO HEALTH

“

Your next step is simple. Not easy. Simple.

Tonight, write down how many pads or tampons you used, whether you passed clots, and where you felt pressure. Do it for three days. Then take your free bio-intelligence assessment at womo-health.com — your notes become a personalized report, with questions to bring to your provider.

For Your Provider

Fill this out and hand it to your provider at your visit.

Name _____ Date _____

Most significant symptoms (circle): heavy bleeding · clots · pressure · bloating · frequent urination

constipation · back pain · pain with sex · fatigue

On my heaviest day I change protection ☐ every hour ☐ every 2–3 hrs ☐ less often

I pass clots ☐ never ☐ smaller than a quarter ☐ larger than a quarter

Missed work / canceled plans due to symptoms ☐ yes (about _____ days/mo) ☐ no

Iron levels checked ☐ yes (result _____) ☐ no

I want to preserve my uterus for a future pregnancy ☐ yes ☐ no / not sure

Questions I'm bringing: 1. _____

2. _____

3. _____

Resources

WOMO Health

A free bio-intelligence assessment and personalized reports that help women track symptoms and prepare for provider conversations. womo-health.com

American College of Obstetricians and Gynecologists (ACOG)

Patient education on uterine fibroids and the full range of treatment options. acog.org

Society of Interventional Radiology

Patient information on UFE and other minimally invasive, uterus-sparing options. sirweb.org

The White Dress Project

A patient advocacy organization raising awareness and funding for uterine fibroids. thewhitedressproject.org

This guide is for educational purposes only and does not constitute medical advice. Every woman's health situation is unique. The information here is not a substitute for professional medical evaluation, diagnosis, or treatment. Always consult a licensed health care provider with any questions regarding a medical condition or treatment options. Do not disregard professional medical advice or delay seeking it based on anything in this guide. © WOMO Health.