

fibroid uterine treatment newsletter & Women's WellNews

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What Are Fibroids?

Fibroids are one of the most common female health problems affecting women during their reproductive years. They occur primarily in women from their twenties through their late forties and occasionally affect women in their fifties and older. Fibroid tumors of the uterus are found in at least 40 percent of American women.

Not all fibroids require medical intervention. However, approximately 50 percent of women with fibroids develop symptoms severe enough to require their removal.

Fibroids are benign growths most commonly found in the uterus. Less than 1 per cent ever become cancerous. As they grow larger, however, they can put pressure on neighboring organs and tissues and can cause the uterus to enlarge significantly.

Types of fibroids

Submucosal

These grow on the inside of the uterus and extend into the uterine cavity from the lining of the uterus, or endometrium.

Intramural

Grow within the uterine wall.



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What are Fibroids? (con't)

Subserosal

These are fibroids that grow on the outside of the uterus in the lining between the uterus and the pelvic cavity. Most fibroids (95 percent) occur in the body of the uterus; the remaining 5 percent arise from the cervix.

Pedunculated

Fibroids that have a stalk-like structure and may extend into the uterine cavity producing cramps in an effort by the uterus to "expel" the foreign object.

What causes fibroids?

A fibroid is an estrogen-dependent tumor that responds directly to the amount of estrogen circulating in the body. Fibroids do, however, tend to shrink during menopause when estrogen levels drop off. Current research suggests that uterine fibroids may arise as a result of random spontaneous changes (mutations) in the DNA of the muscle cells of the uterus, resulting in a progressive loss of the ability of these cells to regulate growth. Research supports the contention that uterine fibroids contain genetically abnormal cells and once an abnormal cell forms, it multiplies (creates an exact duplicate of itself) eventually producing a fibroid.

Body fat plays a major role in the development of fibroids. Fat tissues produce estrogen making it available to the body. The more fat tissue present the more estrogen produced in the body.

African-American women have a two to fivefold greater risk of developing fibroids than do Caucasian women. It is thought that the reason is due to the fact that African-American women produce more growth hormone (excreted by the pituitary gland).

African-American women have the highest incidence of diabetes in the United States and also the highest incidence of fibroids. There is probably a

relationship among growth hormone, insulin, and blood sugar that predisposes certain ethnic groups to develop fibroids. Further research is needed to confirm this.

What are the symptoms of fibroids?

The majority of fibroids (60-90 percent) cause no symptoms. For the women who do have symptoms, the most common is excessive menstrual bleeding (menorrhagia) which at the very least is troublesome (excessive changing of pads and tampons). At the extreme, fibroids can cause a woman to become anemic. Large fibroids can cause pelvic pain and pressure on the bladder or rectum and can cause frequent urination and/or constipation and hemorrhoids. Severe cramping can also result. Fibroids may interfere with the implantation of a fertilized egg by compressing a fallopian tube or disrupting the lining of the uterus.

Can women avoid getting fibroids?

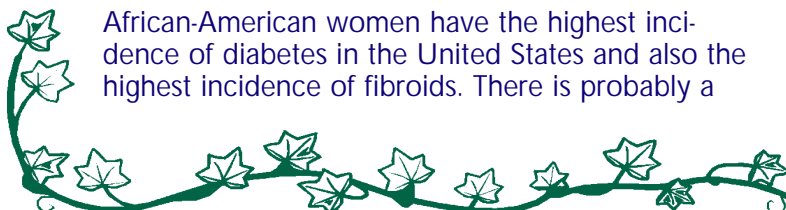
The number one risk factor seems to be weight and body fat. Remember, fat produces estrogen which, in excess, causes fibroids to grow.

Full-term pregnancies also seem to have some effect on the development of fibroids. The risk of fibroids decreases progressively with the increase of full-term pregnancies.

The use of oral contraceptives and the reduction of the incidence of fibroids was noted in a study conducted by the Oxford Family Planning Association in England and Scotland. The risk of fibroids was reduced by 31 per cent in women who had used oral contraceptives for 10 years. Birth control pills suppress estrogen production long-term. If a woman already has a fibroid, however, the estrogen from the pill will cause it to grow.

Cigarette smoking also decreases the rate of estrogen production by the ovaries. This is not a recommended option, however, since there are other serious health risks associated with smoking.

Finally, because menopause decreases the level of estrogen, the incidence of fibroids falls significantly during and after menopause.





Ask The Doctor

Q My doctor told me I have fibroids, but I suffer no symptoms. Should I have them removed anyway?

A Maybe. Fibroids are typically treated if the patient is experiencing symptoms severe enough to compromise her lifestyle such as heavy bleeding, or severe cramps and, in some cases, pressure from large fibroids on the bladder or rectum. If a fibroid reaches 5 centimeters in size, unless you are close to menopause, you should consider removing it.

Q I have severe symptoms and have decided to have my fibroids removed, but I still want to have more children. Which is the best procedure for me?

A MYOMECTOMY, the removal of fibroids while leaving the uterus intact, has been the standard treatment for women wishing to preserve their fertility.

Q I had my fibroids removed 5 years ago and now I have another one. What procedure would you recommend?

A Again, MYOMECTOMY would be the standard procedure assuming you wish to remain fertile. Another procedure, UTERINE ARTERY EMBOLIZATION, is extremely effective. In this procedure the artery that supplies the fibroid is blocked, thus cutting off the blood supply and allowing the fibroid to shrink. This procedure, however, is not recommended for women who wish to have more children.

Q Are there any changes I can make such as diet, exercise, or herbal supplements that will shrink my fibroids?

A To date there are no dietary claims or supplements clinically proven to either prevent or reduce the incidence or size of fibroids. A healthy lifestyle, which includes proper nutrition and regular exercise, is always smart. In addition, this has preventative benefits for many other diseases.



meet Dr. Stringer

As Assistant Professor of Obstetrics and Gynecology at Rush Medical College in Chicago, Attending Physician at Rush Presbyterian St. Luke's Medical Center in Chicago and Louis A. Weiss Memorial Hospital, as well as medical reviewer for the Journal of the American Medical Association (JAMA) and a medical quality assurance reviewer for the American College of Obstetrics and Gynecology (ACOG.), Nelson H. Stringer, MD has an impressive list of distinguished credentials.

Among the list of his accomplishments include the pioneering of two new laparoscopic techniques: The Stringer Laparoscopic Suturing Technique for uterine fibroids, and a new method for closing incisions after laparoscopic surgery, the Stringer Trocar Closure Technique.

Since 1977 when Dr. Stringer first began his practice, he has been an innovator. Being senior

physician and president of Female Diagnostics, Ltd., a medical corporation dedicated to providing the contemporary woman with private OB/GYN healthcare and services, his expertise is in high demand. Not surprising then, that his practice draws many high profile patients including the wives of several Chicago professional athletes from the White Sox, Bears and Bulls, as well as many out of state athletes' wives. In addition, many local television and radio personalities and celebrities have become his patients. He even performed a live surgical procedure on the Oprah Winfrey show. His expertise has been featured several times in both Ebony magazine and the medical publication "Laparoscopy In Focus" (the national publication of the U.S. Surgical Corporation.)

In 1991, Dr. Stringer created and established the Fibroid Uterine Treatment Center of Chicago. The center is dedicated to offering women educational resources and state-of-the-art laparoscopic surgical options for the treatment of fibroids.



De-mystifying DOCTORSPEAK

THEY SAY	THEY MEAN
Menses	Your Period
Dysmenorrhea	Painful Period, Cramps
Oligomenorrhea	Light or Infrequent Periods
Menorrhagia	Heavy or Prolonged Periods
Menometrorrhagia	Constant Bleeding
Dysplasia	Abnormal Cells, Possible Pre-cancerous Changes in Cervical Cells
Hyperplastia	Overgrowth of Uterine Cells (Endometrial Lining)
Dyspareunia	Pain During Intercourse
Leiomyoma	Fibroid
Endometriosis	Cells From the Uterine Lining That Have Attached To and are Growing On other Pelvic Organs
Amenorrhea	Absence of Period



BACTERIAL VAGINITIS - *QUICKER DIAGNOSIS*

Previously, testing for bacterial vaginitis, (the most common type of vaginal infection), was unreliable and time consuming. Now new technology has made it possible to be tested in your doctor's office and have the results before you leave. Called FEMEXAM

TESTCARD, it gives a positive or negative reading minutes after vaginal fluid is applied. Many women erroneously self diagnose themselves as having a yeast infection. See your gynecologist if you suspect BV.

Source Feb. 99' AMERICAN HEALTH





HEALTH CARE ON-LINE

The Agency for Health Care Policy and Research

www.ahrp.gov or 800-358-9295-This is a government agency that offers guidelines on the treatment of several conditions, including cancer pain, stroke, and soon to come, depression and headaches.

Medline

www.nlm.nih.gov. This is the National Institute of Health's online index of research from hundreds of published medical journals. The information is available free to the public.

*Sources: American Health Magazine, May 1998
Health For Women Magazine March 1999*



Hot (NEWS) FLASH

The news for hot flash sufferers is a group of compounds called *PHYTOESTROGENS*. These substances, found primarily in soybeans, have what's called an *estrogenic* effect which can lessen the severity of menopausal symptoms. *Isoflavones*, a specific type of phytoestrogen, are almost identical in their chemical structure to the estrogen produced by women.

One study found that women who ate 20 to 40 mg. of soy protein a day (one to two cups of soymilk, for instance) had fewer hot

flashes and night sweats. An interesting note – in Japan where soy consumption is high, there is little evidence of what we call "hot flashes". Soy may have an effect on other diseases as well, such as breast cancer, osteoporosis and heart disease. While more studies need to be done to determine the effect of soy on these other diseases, it is an excellent source of low-fat non-meat protein that can be beneficial in any diet. As always, check with your doctor.

Source: Let's Live Magazine Feb. 1999

The National Ovarian Cancer Coalition has recommended that women avoid using talcum powder in the genital area because of its possible link to ovarian cancer.

A safe alternative is available, VAGISIL FEMININE POWDER, developed with the help of a gynecologist and is 100 per cent talc free.

In lieu of talc, it contains cornstarch, which is 25 times more absorbent than talc. The product is available in drugstores and groceries, or visit their Web site at www.vagisil.com.

Source: Health For Women March 1998

PMS RELIEF NEWSFLASH

A new study published by the American Journal of Obstetrics and Gynecology (August 1998), found that adding 1,200 mg. of calcium daily (the current recommended amount is 1000 mg), provided a 50 percent reduction in the severity of PMS symptoms in 450 women aged 18 to 45. These symptoms included relief from bloating, moodiness and food cravings. While researchers do not yet fully understand why the calcium boost works, they suspect it may stabilize hormone levels that cause symptoms.

Source Vegetarian Times Feb.99



Laparoscopic Myomectomy

Laparoscopic Myomectomy is a new surgical technique that allows the removal of certain types of fibroids laparoscopically. Fibroid Membership Medical Director Nelson Stringer, MD prefers this technique since it can be performed on an out-patient basis requiring only a 2 to 3 hour stay in the recovery room.

The procedure requires the abdomen to be distended with carbon dioxide gas. A laparoscopic light is then inserted through an incision in the navel to view the uterus and fallopian tubes. Two or three additional band-aid sized incisions are also made through which pencil-sized instruments are inserted and are used to cut and peel the fibroid from the uterus.

A new suturing technique, utilizing a new surgical instrument called the Endo Stitch, was developed by Dr. Stringer. This instrument and technique allow for a more rapid and safe suturing of the uterus after the fibroid is removed.

The benefits of Laparoscopic Myomectomy are a shorter recovery period, with most women resuming normal activities in 5 to 7 days. Additionally, there is minimal blood loss and postoperative discomfort due to much smaller incisions through the muscles and tissues. According to Dr. Stringer, "Laparoscopic Myomectomy is safer overall than traditional myomectomy if all complications are considered."



Know Your Anatomy

BARTHOLIN'S GLANDS - Two glands, which lie on opposite sides of the lower part of the vagina and secrete a lubricating mucus.

CLITORIS - Small gland containing erectile tissue, which during sexual arousal becomes engorged with blood, similar to a man's penis.

CERVIX - The narrow, lower or outer end of the uterus. Normally closed, it effaces (stretches and thins) during labor forcing the baby down through the birth canal. This is also the site at which the PAP SMEAR test is performed.

ENDOMETRIUM - Lining of the uterus.

FALLOPIAN TUBE -(YOU HAVE TWO) These conduct the egg from the ovary to the uterus.

OVARY - (YOU HAVE TWO) These produce the eggs that are released each month (ovulation) for potential fertilization (pregnancy.) These almond sized reproductive organs also produce estrogen and progesterone.

UTERUS - A flat muscular organ approximately 3 inches long. Also known as the womb, it incubates the fetus increasing in size to accommodate the growing baby.

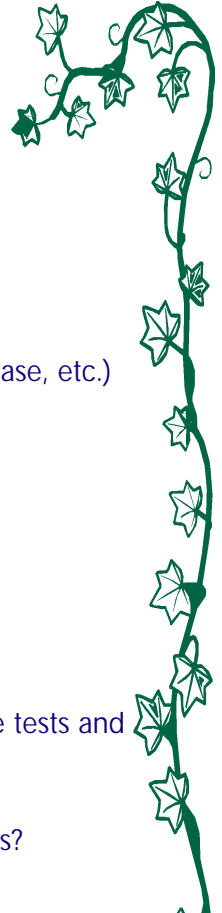
URETHRA - the opening just above the vagina that connects to the bladder and through which urination occurs.

VAGINA - The canal that leads from the uterus to the external opening between the labia minora, and also the organ at which sexual intercourse occurs.

VULVA - The external parts of the female genitalia including the inner and outer labia.



Your Ob/Gyn Office Visit Checklist



Before you visit your Ob/Gyn, make sure you have a list of your health history including:

- Past illnesses and treatments including hospitalizations and surgeries
- Medications both past and current
- Reproductive history (pregnancies, miscarriages, etc.)
- Menstrual history
- Family history of health concerns/diseases (breast cancer, high blood pressure, heart disease, etc.)

Make a list of questions:

How often should I have the following:

- Pap test
- Mammogram
- Pelvic exam
- Professional breast exam

Questions after the examination:

- Does everything seem normal?
- Does the birth control method I'm using seem appropriate?
- If abnormalcy exists and tests are required, ask for an explanation of the purpose of these tests and what they entail.
- What, if any, preparation should be taken prior to the test?
- How long will the test take?
- Will there be discomfort or moderate pain and if so when can I return to normal activities?
- When can I expect the results and depending on the results, what happens next?
- What treatment options do I have?

Finally, it is extremely important that you feel comfortable with your physician. If not, definitely find one that suits you. Talk to your friends and get referrals.

FIBROID MEMBERSHIP PROGRAM APPLICATION

Complete the following form and fax with your credit card information, or mail a check made payable to: PMES-FIBROIDS, 280 West Shuman Blvd., Suite 110, Naperville, IL 60563. Fax: 630-548-6227

Member's Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Date of Birth: ____/____/____

Annual Individual Membership Price Only \$49.95

Method of Payment:

____ Please find check enclosed in the amount of \$49.95 (make check payable to PMES)
 ____ Please bill my credit card for the amount of \$49.95
 ____ Mastercard ____ VISA
 Card Number: _____ Expiration: ____/____
 Cardholder's Name: _____
 Cardholder's Signature: _____

Please send my friend information on the Fibroid Membership Program:

Friend's Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____

fibroid uterine treatment membership
member of American Benefits Group
280 west shuman blvd., suite 110
naperville, illinois 60563



The Fibroid Uterine Treatment Center of Chicago

Recognizing the need for a treatment center specifically designed to treat fibroids, Dr. Stringer established the FIBROID UTERINE TREATMENT CENTER OF CHICAGO.

Since its opening in 1991, and under the direction of Dr. Stringer, many women have been treated for fibroids using alternative methods to hysterectomies. He has pioneered new surgical procedures and instruments to treat fibroids and is committed to exploring all treatment options. The Treatment Center along with Dr. Stringer's innovative techniques were recently featured in EBONY MAGAZINE.

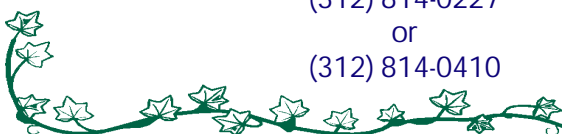
The Fibroid Uterine Treatment Center of Chicago

55 East Washington
Chicago, IL 60602

(312) 814-0227

or

(312) 814-0410



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