

History and Physical Examination

Your doctor may wonder if you have fibroids based on symptoms you report. Furthermore, they may be able to feel your fibroids during a pelvic and/or abdominal examination. These findings may prompt your doctor to order further imaging or other investigations.

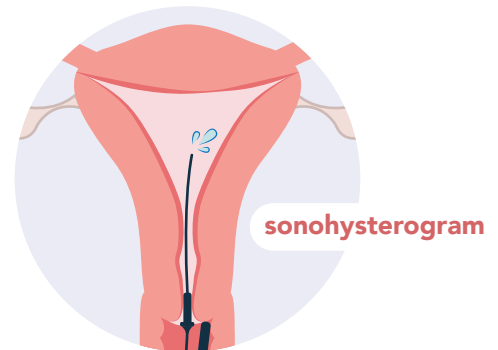
Imaging

Ultrasound

The most common imaging ordered is an ultrasound (pelvic ultrasound and transvaginal ultrasound) to diagnose fibroids and document their size and location (i.e. *fibroid mapping*).

Sonohysterogram

A sonohysterogram may also be suggested to assess the cavity of the uterus and determine if any **submucosal fibroids** are present that indent into the uterine cavity.



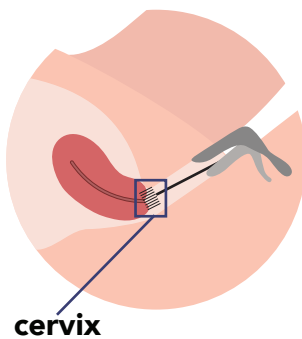
MRI or CT Scan

Occasionally, MRI or CT scans may be ordered if there are any worrisome features to your fibroids.

Imaging also helps to assess structures like the kidneys and ureters, which can be distorted in the setting of larger fibroids, putting pressure on these structures.

Further Investigations

Apart from imaging, other tests may be suggested based on your symptoms and physical examination.



Pap Test

A pap test is an office procedure that involves a speculum examination. Your doctor will use a small brush to gently sample cells from the cervix so they can be checked for any precancerous or cancerous changes.

Endometrial Biopsy

A short office procedure during which a speculum is inserted into the vagina and a small pipelle is placed through the opening of the cervix, and into the uterus to take a sample of the lining of the uterus. Some people find this procedure uncomfortable and cannot tolerate having it done in the office. Your doctor may recommend a short procedure in the operating room under anesthesia instead.



Bloodwork

- **CBC (complete blood count) and Ferritin** – People who present with heavy or abnormal bleeding will likely have bloodwork to check iron levels and hemoglobin.
- **Creatinine** – This test reflects kidney function. Your doctor may order this test if there is suspicion of your fibroids putting pressure on your kidneys or ureters.

References

1. De La Cruz MS, Buchanan EM. Uterine Fibroids: Diagnosis and Treatment. Am Fam Physician. 2017 Jan; 95(2):100-107.
2. Lee HJ, Norwitz ER, Shaw J. Contemporary management of fibroids in pregnancy. Rev Obstet Gynecol. 2010; 3(1):20-27.

This material is intended for use by Canadian residents only. It is solely intended for informational and educational purposes. The information presented in these handouts is not to be used as a substitute for medical advice, independent judgement, or proper clinical assessment by a physician. The context of each case and individual needs differ between patients and this material cannot be applied without consultation with a trained doctor. This information handout is not intended for the diagnosis of health concerns or to take the place of the care of a medical professional. This material reflects the information available at the time of preparation.