BP Big Pause ENERGY

Fibroids: Everything You Need to Know

The signs nobody connects, why it gets missed for years, and how to walk into an appointment and get taken seriously.

Quick disclaimer before we start: I'm not a doctor. I'm just a woman who figured this out the hard way after a hysterectomy, five fibroids I didn't know I had, and years of being told everything looked *fine*. This is the guide I wish someone had given me. Use it to ask better questions. It doesn't replace a real workup.

What is a fibroid

A fibroid is a benign (non-cancerous) growth of muscle tissue in or on the uterus. They can be as small as a seed or bigger than a grapefruit, and you can have one or dozens. Most are harmless and silent. But depending on where they sit and how big they get, they can cause a wildly different set of problems which is exactly why so many women get dismissed. Two women with fibroids can have nothing in common symptom-wise.

Location matters more than size. Here's the cheat sheet:

Type		Where it grows	What it tends to cause
Submucosal		Just under the uterine lining, bulging into the uterine cavity	The heaviest bleeding; fertility problems
Intramural		Inside the muscular uterine wall (most common)	Heavy periods, cramping, bulk/pressure
Subserosal		On the outer surface of the uterus	Back and leg pain, bladder/bowel pressure
Pedunculated		Hanging off the uterus on a stalk	Sharp pain if it twists; pressure symptoms
Cervical		In the cervix (rare)	Unusual pressure, discharge, bleeding

The full list of signs

Heavy periods get all the attention. These are the ones that get brushed off, blamed on stress, or handed a different diagnosis entirely.

Bleeding & period changes

- **Heavy or long periods -** soaking a pad in under an hour, clots, periods that run long.
- **Bleeding between periods -** spotting or bleeding when you're not due.
- **Brown or dark discharge -** old blood; often between cycles.
- **Abnormal discharge blamed on BV (bacterial vaginosis) or yeast -** fibroids can cause chronic vaginal discharge that gets misfiled as an infection. (More on the 'smell' question below)
- **Painful periods dismissed as 'just cramps' -** pain out of proportion to what you're told is normal.

Pressure & bulk symptoms

- **Constant urge to pee -** a fibroid may be pressing on the bladder. This may also include waking up several times at night to go pee.
- **Feeling like you can't fully empty your bladder -** the bladder never quite feels all the way empty.
- **Constipation or rectal pressure -** pressure on the bowel; feeling like you need to go when you don't.
- **Feeling full fast when you eat -** a large fibroid can press up on the stomach (early satiety).
- **A belly that looks pregnant -** abdominal distension that changes through the month and gets worse lying down.

Pain

- **Lower back pain that treatment won't touch -** classic with subserosal fibroids on the back of the uterus.
- **Pain radiating down your legs -** a back-of-uterus fibroid pressing the sciatic nerve - real sciatica, wrong suspect.
- **Pain or pressure during sex -** especially new pain, or pain in certain positions.
- **A dull, heavy ache in the lower belly -** constant pressure that doesn't start in one specific spot.

Whole-body signs

- **Anemia and bone-deep exhaustion -** slow chronic blood loss can drain your iron even when the bleeding seems 'normal' to you.
- **Fertility problems with no clear cause -** submucosal fibroids in particular can interfere with conception.
- **Frequent UTIs or blood in urine -** bladder compression can set this off.

> **The one I want you to remember:** you can have many fibroids and not know it. I did. 'Everything looks fine' often means either nobody ran imaging or the imaging didn't pick it up.

About the 'my period smells different' thing

A lot of women get told their smell (when they feel like the smell is *off*) is bacterial vaginosis. Here's the truth:

- Fibroids by themselves don't usually make any type of smelly discharge. What they DO cause is chronic or abnormal discharge and spotting - which can get misread as BV.
- A genuinely foul smell is a different flag. It usually points to a degenerating (dying) fibroid or an actual infection - and that deserves a call to your doctor, not a wait-and-see.

So if your discharge changed and 'BV treatment' never fixed it - that pattern is worth pushing for an answer. Not because the smell IS the fibroid, but because something is being missed.

Why this often gets missed for years

Most of this list doesn't look like a 'uterus problem.' Back pain goes to the chiropractor. Peeing constantly gets a UTI test. Feeling full gets called IBS. Exhaustion gets called stress or perimenopause and goes without further investigation. Each symptom gets sent to a different specialist, and nobody puts the whole picture together.

Having imaging done is important. A standard pelvic exam can miss fibroids. Even a regular ultrasound doesn't always catch all of them or show exactly where they sit. (I had 5 fibroids and my ultrasounds only showed 2). If you're told 'everything looks fine' but your symptoms don't tell the same story, you're going to have to advocate for yourself to find answers. You're allowed to be the annoying patient who asks for imaging (or more imaging).

How fibroids actually get diagnosed.

What to ask for

- **Pelvic exam -** a starting point, but it usually misses fibroids.
- **Pelvic + transvaginal ultrasound -** the usual first real imaging. Ask for it by name.
- **MRI -** the most reliable when the ultrasound is ambiguous or they need an exact map of size and location before treatment.
- **Hysteroscopy or saline sonogram -** a camera or fluid look inside the cavity - best for finding submucosal fibroids, the ones that wreck periods and fertility.

If you get 'your exam was normal,' the follow-up sentence is: **"Can we do a transvaginal ultrasound to rule out fibroids?"**

Anemia - test, don't guess

Chronic blood loss from fibroids is a leading cause of iron-deficiency anemia, and that's often where the exhaustion, brain fog, and hair shedding come from. But please don't just start slamming iron.

- Ask for a ferritin test (plus a CBC), not just 'iron.' Ferritin shows your actual stores. You can be 'in range' and still functionally low.
- Only supplement iron if your labs say you're low. Unnecessary iron is hard on your gut and isn't harmless.
- If you are low, gentler forms (like ferrous bisglycinate) tend to be easier on the stomach, and taking it with vitamin C helps absorption.

If you do have fibroids, these are your options

This is not medical advice - just information so you know the basics before you're in the exam room. Treatment depends on your symptoms, your fibroids, and whether or not you want future pregnancies.

- **Watchful waiting -** if they're small and not bothering you, monitoring may be all you need.
- **Medication -** hormonal options (like certain IUDs or pills) and other meds can manage bleeding and pain without removing anything.
- **Uterine fibroid embolization (UFE) -** a minimally invasive procedure that cuts off a fibroid's blood supply so it shrinks. No surgery, uterus stays. More fibroids may still grow after this procedure.
- **Myomectomy -** surgical removal of the fibroids while keeping the uterus - the fertility-preserving option. More fibroids may still grow after this procedure.

- **Hysterectomy -** removal of the uterus. Definitive. No fibroids can grow back, but it's a big decision. If the ovaries are affected, ask about surgical menopause and hormones before, not after.

Bring this to your appointment

Save this page. Ask these questions. Bring a list of your symptoms on your phone or on paper. This is a good way to be organized for your appointment.

- "I'd like a transvaginal ultrasound to rule out fibroids."
- "Can we check my ferritin and a CBC, not just a basic iron level?"
- "Here are my symptoms, how they affect my life and when they started." (bring the list + dates)
- "If imaging is normal but symptoms continue, what's the next step?"
- "If I do have fibroids, what are my options besides hysterectomy?"

A few things that made my life easier

These don't treat fibroids - nothing over the counter does. They're just the tools that helped me cope with the symptoms while I fought for real answers.

- **A gentle iron (only if your labs are low) -** ferrous bisglycinate is easier on the gut than standard iron. Test first - see the anemia section.
- **A solid heating pad -** for the pressure and cramps on the bad days. Unglamorous, but effective.
- **A symptom-tracking journal -** write down symptoms and dates before appointments so nothing gets waved off. This is the one I'd actually push - documentation is what gets you taken seriously.

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If you've had half these symptoms for years and nobody ever said the word fibroid - you're not crazy, and you weren't overreacting. The system is genuinely bad at this. I didn't know any of it either until I had to learn it the hard way. **That's why this account exists.**

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Be good to yourself. - Jenny

This guide is peer education from lived experience, not medical advice, diagnosis, or treatment. Always talk to a qualified clinician about your body. Sources cross-checked for this guide: Cleveland Clinic, Mayo Clinic, WebMD, the U.S. Office on Women's Health, and fibroid-specialty medical centers.