

Black women less likely to get laparoscopic fibroid surgeries

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Surgery for uterine fibroids can often be done through minimally

invasive techniques that avoid a hospital stay. But Black and Hispanic women may be less likely to receive these treatments, a recent study finds.

[Uterine fibroids](#) are non-cancerous growths in the uterus. Sometimes they cause no problems, but when they do—like heavy monthly bleeding and pain—treatment may be necessary.

One option is surgery: a [myomectomy](#), which removes just the fibroids; or a [hysterectomy](#), which removes the uterus. Either surgery can often be done in a minimally invasive way—vaginally or through small incisions in the abdomen.

Yet in the new study, researchers found that Black and Hispanic women often did not receive those less extensive procedures—instead getting [traditional surgery](#), with a large abdominal incision and a hospital stay.

The reasons are not completely clear, the researchers said.

But the investigators did find that Black and Hispanic women were less likely than [white women](#) to see a doctor who specialized in minimally invasive techniques.

[Uterine fibroids](#) are very common, but especially so among Black women, said researcher Dr. Rebecca Schneyer, an obstetrician/gynecologist at Cedars-Sinai Medical Center, in Los Angeles.

Studies show that about 80% of Black women will have uterine fibroids by age 50, as will 70% of white women. But Black women typically develop them sooner: By some estimates, one-quarter of Black women have fibroids by age 30.

They are also more prone to having numerous or large fibroids, suffer more intense symptoms, and more often undergo surgery compared to white women.

"That's all the more reason we should be trying to reduce disparities in care," Schneyer said.

Traditional abdominal surgery for fibroids is generally safe. But it causes more pain and [blood loss](#), and has a longer recovery time than minimally invasive procedures.

For the new study—recently published in the [Journal of Minimally Invasive Gynecology](#)—Schneyer's team examined records of more than 1,300 women who had surgery for uterine fibroids at Cedars-Sinai in recent years.

Most had a minimally invasive myomectomy or hysterectomy, but there were substantial racial gaps: Among white women, 81% underwent minimally invasive procedures, versus 57% of Black women and 65% of Hispanic women. Asian women, meanwhile, had a rate comparable to white women.

Schneyer said there are times when traditional surgery is the better option, depending on the number of fibroids or size of the uterus, for example.

But those factors did not explain the disparities in surgery type, the study found.

Instead, Black and Hispanic women were less likely than white women to see a doctor who specialized in [minimally invasive](#) techniques: They often saw an obstetrician/gynecologist without that "sub-specialty" training.

Why is unclear, since all patients were treated at the same medical center and nearly all had private insurance.

It's possible, Schneyer said, the doctors whom Black and Hispanic women initially saw were less likely to refer them to sub-specialists, perhaps due to "implicit biases."

But she suspects that "disparities in awareness" might play a bigger role: White women may be more likely to know about minimally invasive options, or seek a second opinion.

Dr. Hye-Chun Hur specializes in minimally invasive gynecologic surgery at NYU Langone Hospital Brooklyn. She said that in her experience, some patients with [uterine fibroids](#) are indeed more likely to "doctor shop" and seek second or third opinions, while others accept the initial option presented to them.

The onus should be on doctors, both Schneyer and Hur said, to explain all treatment options.

It's also important, they said, for primary care doctors and general ob/gyns—the ones who refer women to sub-specialists—to be aware that minimally invasive procedures can often be done even when there are numerous fibroids or the uterus is large.

"A lot has changed in the past 20 years," Schneyer said. "More often than not, minimally invasive surgery is an option."

For women who have traditional [surgery](#) recommended, Hur said, "seeking a [second opinion](#) is always a good idea." But they should try, if possible, to get that opinion from a specialist in minimally invasive techniques, she added.

Schneyer also stressed that non-surgical options are available, including medications that control bleeding caused by fibroids.

Any treatment, Hur said, needs to be individualized—based not only on symptoms, but a woman's age and pregnancy plans.

Sometimes fibroids affect fertility, she noted, so some young women might consider having the growths removed, even if they are not causing symptoms.

That may be especially important, Hur said, for Black women, as they are at greater risk of developing numerous fibroids at a younger age.

More information: The U.S. Office on Women's Health has more on [uterine fibroids](#).

Rebecca J. Schneyer et al, The Impact of Race and Ethnicity on Use of Minimally Invasive Surgery for Myomas, *Journal of Minimally Invasive Gynecology* (2022). [DOI: 10.1016/j.jmig.2022.06.025](https://doi.org/10.1016/j.jmig.2022.06.025)

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