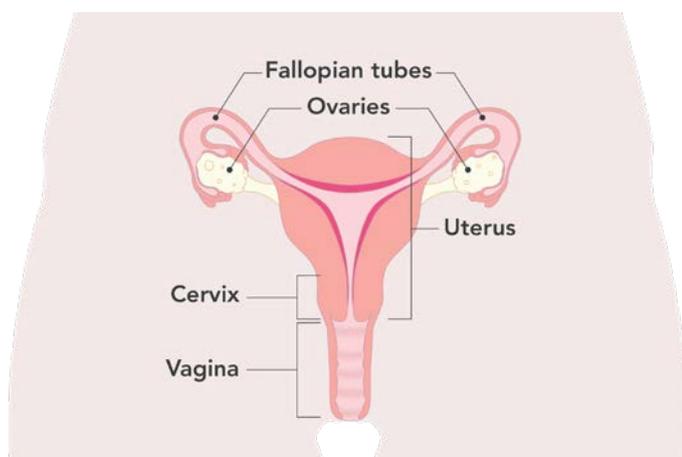


Uterus, cervix & ovaries

The major parts of a woman's reproductive system are the uterus, cervix and the ovaries. The cervix is the entrance to the uterus (womb) from the vagina, while the ovaries store a woman's lifetime supply of eggs for potential fertilisation (pregnancy).

This fact sheet discusses some conditions that may affect these parts of a woman's body.



Adenomyosis

Adenomyosis is a condition of the uterus that affects women of reproductive age. It can lead to heavy periods, pain during periods and painful sex. It occurs when the cells that are normally found in the lining of the uterus (endometrial cells) also grow in the muscle wall of the uterus. During menstruation, these endometrial cells undergo the same changes that occur to the lining of the uterus, when the cells break down to create a period. However, the cells in the muscle wall are trapped, forming little pockets of blood in the muscle.

While no one knows exactly why this happens, there are a couple of treatment options. A hormone-releasing intrauterine device (IUD) can be used to thin the cells and reduce the bleeding. While the condition will disappear after menopause, the only treatment to permanently remove adenomyosis is a hysterectomy (see reverse).

Fibroids

Fibroids are non-cancerous growths that can be as small as a pea, as big as a rockmelon, or even larger. They form as lumps of muscle and fibrous tissue within the walls of the uterus of a woman of reproductive age.

Their exact cause is unknown, but the female hormones oestrogen and progesterone stimulate their growth.

Factors that can increase your risk of getting fibroids include:

- getting your period at a younger than normal age
- obesity
- a family history of fibroids
- high blood pressure
- never having given birth.

Most fibroids do not cause any symptoms. Others may cause heavy bleeding, make pregnancy difficult, and grow large enough to cause pressure on the bladder and bowel.

Most fibroids, however, do not need treatment. In certain cases, some might be removed and at other times hysterectomy (see reverse) maybe the best option. There are also treatments to reduce their size.

Cervical cancer

Cancer of the cervix is the second-most common cancer that affects women worldwide. However, its incidence has dropped significantly in most western countries thanks to Cervical Screening Tests and vaccinations for the human papillomavirus (HPV).

HPV, responsible for most cervical cancers, is sexually transmitted and can take many years to develop.

Regular Cervical Screening Tests are vital to check for the presence of HPV. Cervical cancer vaccines are also available. Talk with your doctor about when your next cervical screening is due.

Ovarian cancer

This is a difficult cancer to detect early, so it is important to recognise its signs and symptoms. These may include bloating, frequent urination (with no infection), back pain, heartburn, pain during intercourse and unexplained bleeding.

The cancer can occur in one or both ovaries. It typically starts as a painless lump on the ovary that gradually grows bigger. However, since it has a lot of room to grow, it does not cause clear symptoms until it is quite large.

Risk factors for ovarian cancer include age (average age of diagnosis is 64), family history, never having given birth, and experiencing a late menopause (after age 55). There are currently no reliable screening tests.

Hysterectomy

This is an operation to remove the uterus (womb). A total hysterectomy involves removal of both the uterus and the cervix. When the ovaries and fallopian tubes are also removed, it is called a total hysterectomy with bilateral salpingo-oophorectomy.

The procedure can be performed through keyhole surgery (laparoscopy), vaginally, or through a cut in the lower abdomen (laparotomy).

There are many reasons for having a hysterectomy such as cancer, heavy and constant bleeding, adenomyosis, multiple fibroids, endometriosis and severe pelvic pain.

The decision to have a hysterectomy can be difficult, unless there is a cancer or uncontrollable life-threatening bleeding. It is vital to understand why you need one, how the surgery will be performed, what will happen to your body and possible consequences before deciding.

If your ovaries and tubes are removed, you will be postmenopausal and may develop menopausal symptoms.

It is worth thinking about how you might feel about losing your uterus and if you might like to be supported in coping with those feelings. You can talk to your GP, who might refer you to a psychologist.

For more information go to jeanhailes.org.au/health-a-z/vulva-vagina-ovaries-uterus

What can you do?

Have regular Cervical Screening Tests	Regular cervical screening is your best protection against cervical cancer. The Australian Government expects the Cervical Screening Test to protect up to 30% more women than the previous Pap smear test.
See your doctor	If you experience any of these symptoms – abdominal bloating, difficulty eating, constipation, heartburn, a feeling of pressure on the bowel, bladder or back, severe back pain, urinary frequency, severe fatigue, heavy bleeding, painful sex – and these symptoms are a change from what is normal for you, persist for more than two weeks and there is no other explanation for you having these symptoms, see your doctor.
Seek help if you are worried	It is not normal to have severe pelvic pain with periods. If the pain is so severe that you are missing school, work and other activities, or it is impacting on your relationship, please see your doctor.

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This fact sheet is designed to be informative and educational. It is not intended to provide specific medical advice or replace advice from your medical practitioner.

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Jean Hailes for Women's Health takes a broad and inclusive approach to the topic of women's health. This fact sheet generally uses the terms 'women' and 'girls'. These terms are intended to include women with diverse sexualities, intersex women, and women with a transgender experience.

Jean Hailes
FOR WOMEN'S HEALTH

1800 JEAN HAILES (532 642)
jeanhailes.org.au