



How to Make an Informed Decision for Treating Fibroids

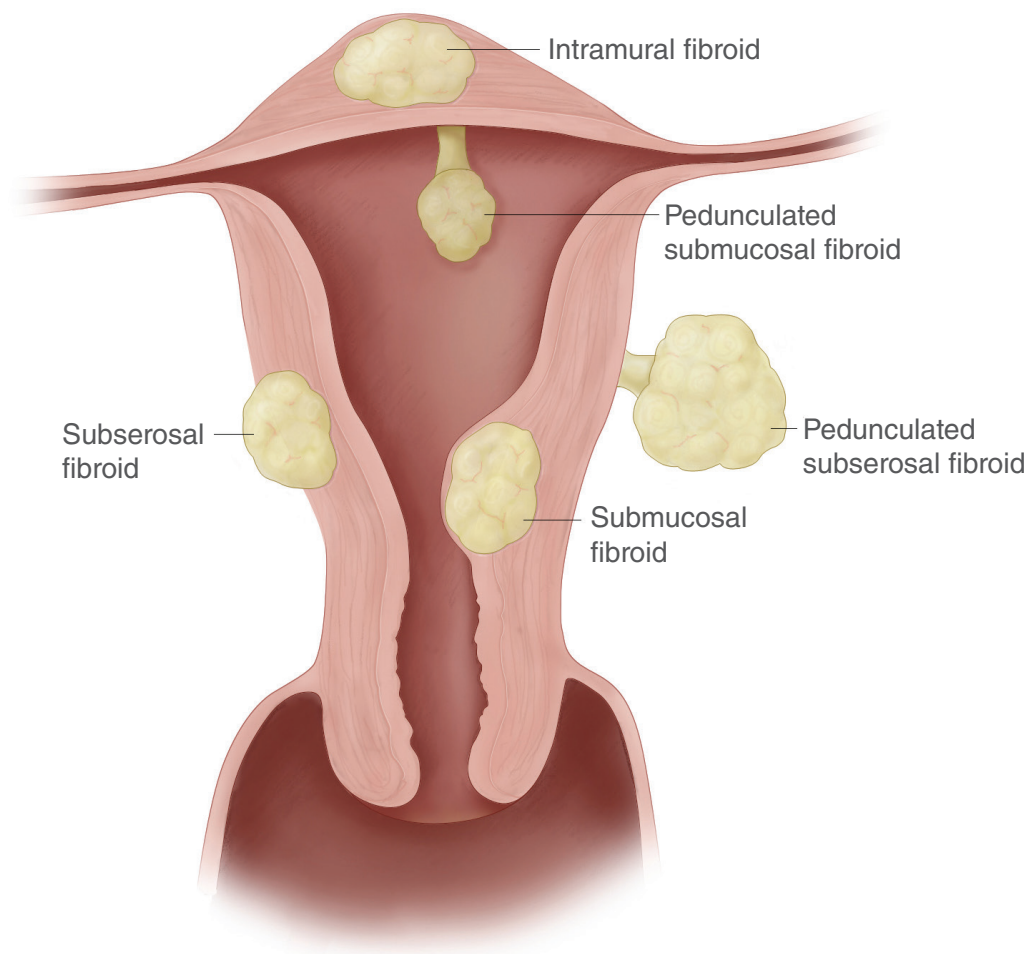


UTERINE FIBROIDS AND THEIR SYMPTOMS

Fibroids are non-cancerous growths in or on the walls of the uterus (or womb). They can range in size from less than 3 cm to more than 30 cm in diameter.

Most fibroids cause no symptoms, and may only be discovered when you have a routine pelvic examination. If you do experience symptoms, they might include:

- Heavy, prolonged periods, sometimes with clots
- Anemia (fatigue caused by low red blood count)
- Pain or pressure between the hip bones or in the back of the legs
- Pain during sexual intercourse
- Frequent need to urinate, or urinary retention
- Constipation or bloating
- An enlarged abdomen
- Watery vaginal discharge



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FIBROID TREATMENT OPTIONS

Treatment	Description	Advantages	Disadvantages
Pharmaceutical treatment	Can include nonsteroidal anti-inflammatory drugs (NSAIDs), birth control hormones (ring, patch, pills), intrauterine devices (IUDs), progestin shots (Depo-Provera) and iron supplements.	No procedure necessary. Preserves uterus.	Used to relieve heavy menstrual bleeding, anemia, or painful periods, but does not shrink fibroids and will not reduce symptoms related to fibroid bulk.
GnRH-a (Gonadotropin-releasing hormone analogue) Therapy	Medications reduce bleeding and decrease fibroid tumor size.	No procedure necessary. Preserves uterus.	Can cause menopause-like symptoms and bone loss; should not be used long-term. Symptoms return when treatment stops.
High-intensity focused ultrasound (HIFU or MRgFUS)	Ultrasound waves penetrate the abdominal wall and heat fibroid tissue, causing the fibroid to shrink.	No incision. Less than one week recovery with minimal discomfort. Preserves uterus. Recommended for those who want to retain their fertility.	Procedure can take several hours. Usually only appropriate for small fibroids near the surface of the uterus. Insurance may not cover. Fibroids may recur, requiring additional procedures.
Uterine fibroid embolization (UFE)	Nonsurgical procedure to block blood flow to fibroids, causing them to shrink. Performed by an interventional radiologist.	Very small incision; no general anesthesia required. One week recovery. Preserves uterus.	Mild fatigue and low-grade fever may occur but can be treated and typically pass quickly. Fibroids may recur, requiring additional procedures.
Endometrial ablation	Removal of the lining of the uterus to reduce bleeding. Can only be used in presence of submucosal fibroids less than 2.5 cm in diameter.	Can effectively control bleeding. Preserves uterus.	May not be possible, depending on location or size of fibroids. Will not reduce symptoms related to fibroid bulk. Abnormal uterine bleeding may recur, requiring additional procedures.
Radiofrequency ablation	A seven-needle probe is inserted into each fibroid. Heat is delivered through the probe to destroy the fibroid.	Two small incisions; no general anesthesia required. Performed as outpatient surgery; patients typically return to work in less than one week.	Procedure can take several hours, depending on the number of fibroids. Fibroids may recur, requiring additional procedures.
Myomectomy <ul style="list-style-type: none"> • hysteroscopic • laparoscopic, including robotic • abdominal 	Surgical removal of fibroid tumors.	Relieves symptoms and preserves uterus. Recommended for those who want to retain their fertility.	Risks associated with surgery and general anesthesia. Two-day to six-week recovery.** Fibroids may recur, requiring additional procedures. May not be recommended depending on location, size, and number of fibroids.
Hysterectomy <ul style="list-style-type: none"> • vaginal • laparoscopic, including robotic • abdominal 	Surgical removal of the uterus.	Permanently relieves symptoms.	Loss of fertility. Risks associated with surgery and general anesthesia. Two- to six-week recovery.** Hormonal changes if ovaries are removed. Longer-term side effects have been reported.

**Depending on how the surgery is done.

How to Discuss Your Options

If you have been diagnosed with uterine fibroids, your doctor should discuss fibroid treatment options with you. Treatment usually starts with "watchful waiting" and progresses to pharmaceutical therapy that may have some side effects, but usually does not interfere with daily living.

However, many patients may require additional fibroid treatment to manage more severe symptoms. Your doctor should discuss with you the pros and cons of minimally invasive, uterus-sparing therapies, as well as surgical interventions such as hysterectomy and myomectomy. Your doctor may need to refer you to other doctors who specialize in some of the minimally invasive therapies. These specialists may include an interventional radiologist who performs uterine fibroid embolization (UFE), or a highly skilled laparoscopic/hysteroscopic gynecologic surgeon who performs minimally invasive myomectomies or hysterectomies.

Questions you should ask your doctor about fibroid treatments:

- What are my surgical options and my non-surgical, for treating my uterine fibroids?
- What are the advantages, risks, and benefits of each fibroid treatment?
- Am I a suitable candidate for a non-surgical treatment such as UFE?

Questions you should ask about surgical options:

- Do I need to have surgery? Will my ovaries be removed? If so, why? Will my cervix be removed? If so, why?
- What are the risks associated with surgery?
- Will I experience earlier menopause?
- Will I need to take hormone replacement therapy? If not, what symptoms will I experience?

Questions you should ask about UFE:

- How will my care be coordinated with my OB-GYN and/or interventional radiologist?
- How often is the procedure successful in treating uterine fibroids?
- How often do complications occur? What are typical complications?
- How will I feel during and after the UFE procedure?
- How long should I expect to be away from work? What is the normal recovery time?
- Will my fibroids, or the symptoms of my fibroids, come back?

The Team Approach

Between You and Your Doctor

This “team approach” for treating fibroids offers you the ability to fully understand all options available, and decide on the option that best fits your clinical and personal needs.

Remember, asking questions and being an informed patient will help ensure that you get the best care.



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