

**Questions you should ask about fibroid treatments:**

- How do you typically treat symptomatic fibroids? Why?
- What are my surgical options and my non-surgical options including drug therapy – specific to my condition for treating my uterine fibroid tumors?
- What are the advantages, risks, and benefits of each of the fibroid treatments?
- Have all of the necessary diagnostic tests been performed specific to my condition?
- If I want to retain my uterus, what alternatives to hysterectomy are available?

**Questions you should ask about surgical options:**

- Do I need to have a 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? Can the symptoms of menopause be treated?
- Will I need to take hormone replacement therapy? If not, what symptoms will I experience?
- What are the limitations of surgery?
- Will surgery cure my uterine fibroid tumors?

**Questions you should ask about UFE:**

- Do you refer patients for UFE? If not, why?
- How many patients have you referred for UFE and how many have chosen UFE to treat their uterine fibroid tumors?
- Will you refer me to an interventional radiologist for a consultation? Why or why not?

Linda Bradley MD, Jay Goldberg MD, and Robert Zurawin MD, provided consultation for the contents of this brochure.

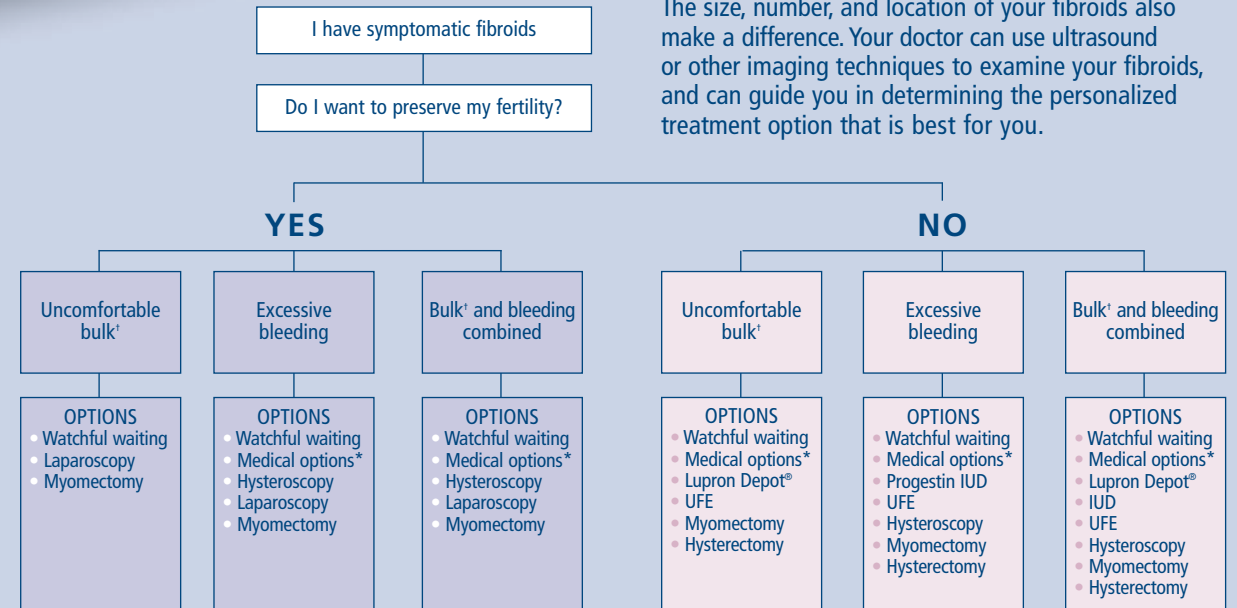


# Fibroid Treatment Options

A guide for patients

## Choosing the Right Option to Treat Your Symptomatic Fibroids

This chart can help you determine which fibroid treatment options are appropriate for you, based on your symptoms and desire to preserve your fertility. The size, number, and location of your fibroids also make a difference. Your doctor can use ultrasound or other imaging techniques to examine your fibroids, and can guide you in determining the personalized treatment option that is best for you.



\*Bulk symptoms may include pressure, pain, urinary frequency, urinary urgency, enlarged abdomen, constipation, and heaviness in legs.

\*NSAIDS and oral contraceptives

UFE is relatively contraindicated for those patients desiring future fertility. Further discussion with your physician is recommended.

Look inside this booklet for more information on each option





## Fibroid Treatment Options

If you do not have fibroid symptoms or your symptoms are mild, treatment is probably unnecessary. Your doctor may want to continue to monitor your fibroids.

If you do have unpleasant symptoms, several options are available. The risks and benefits of each are described in the chart below.

Treatment	Description	Advantages	Disadvantages
Hormone treatment	Medications reduce bleeding and decrease fibroid tumor size.	No procedure necessary. Preserves uterus.	Can cause menopause-like symptoms and bone loss. Symptoms return when treatment stops.
MR-guided focused ultrasound (MRgFUS)	Ultrasound waves penetrate the abdominal wall and heat fibroid tissue, causing the tumor to shrink.	No incision. One to two day recovery with minimal discomfort. Preserves uterus.	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. Few major complications. 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 <1 inch 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.
Myomectomy – hysteroscopic – laparoscopic, including robotic – abdominal	Surgical removal of fibroid tumors.	Relieves symptoms and preserves uterus. Currently the only procedure recommended for 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 – 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.

## 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 an inch to more than 12 inches 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, or irregular periods
- 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

## 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 physician 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 physician may need to refer you to other physicians who specialize in some of the minimally invasive therapies. These specialists may include an interventional radiologist who performs UFE, or a highly skilled laparoscopic/hysteroscopic gynecologic surgeon who performs minimally invasive myomectomies or hysterectomies.

## The Team Approach – Between You and Your Physician

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.

