

Treating Uterine Fibroids

There is no cure for uterine fibroids, but research to better understand this disease and advance therapeutic options is ongoing. There are still many options available to help you manage the symptoms and progression of this chronic disease. Treatment should take into account your age, the severity of your symptoms, characteristics of the fibroids, and your short and long-term family planning goals.

Treatments for Uterine Fibroids

Some treatment options focus on shrinking or removing fibroid growths, while others are used to reduce heavy bleeding, pain, and other associated symptoms. As with any treatment, discuss potential side effects with your health care provider to determine the best option for you.



Non-Prescription Pain Relief

- Nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen or naproxen
- Heating pads or warm compresses to relax muscle tension and cramping



Prescription Medications

- Tranexamic acid (pills) can reduce menstrual bleeding on heavy bleeding days.
- Hormonal contraceptives (pills and progestin-releasing IUDs) can reduce heavy bleeding and pain.
- **Gonadotropin-releasing hormone (GnRH) receptor agonists** (injections and nasal sprays) regulate estrogen and progesterone levels to reduce heavy menstrual bleeding and the size of fibroid growths.
- **GnRH receptor antagonists** (pills) are taken with estrogen and progestins to reduce heavy menstrual bleeding associated with fibroids.

Treating Uterine Fibroids (cont.)



Minimally-invasive Surgical Procedures

- **Magnetic resonance-guided focused ultrasound (MRgFUS)** views individual fibroids and uses focused sound waves to heat and destroy small areas of tissue. MRgFUS is a noninvasive procedure because it does not require an incision.
- Uterine artery **embolization** decreases blood flow to fibroids, causing them to shrink and relieving symptoms.
- Endometrial **ablation** uses heat waves, microwave energy, hot water, or electric current to destroy the lining of the uterus to reduce heavy bleeding.
- Radiofrequency **ablation** inserts small needles into the fibroid (through small incisions or the cervix) that heat up the tissue to destroy it.
- Hysteroscopic **myomectomy** removes fibroids located inside the uterus using instruments inserted through the vagina and cervix.
- Laparoscopic or robotic **myomectomy** removes fibroids through small incisions in the abdomen, while leaving the uterus intact.
- Vaginal, laparoscopic, or robotic **hysterectomy** removes the uterus with its fibroids through the vaginal opening or small incisions in the abdomen.

Minimally invasive surgery refers to surgical procedures that are performed through tiny incisions instead of a large opening. With smaller incisions, there is a likelihood of shorter recovery time and less pain than traditional open surgery. Expectations should be discussed with your provider because the size and type of incisions, procedure outcomes, and recovery time vary from person to person.



Open Surgical Procedures

- Abdominal **myomectomy** is an open surgery to remove fibroids on the uterus, used when growths are large or very deep.
- Abdominal **hysterectomy** is an open surgery that removes symptomatic fibroids by removing the uterus.

Some fibroid-removing procedures are designed to keep the uterus intact, whether or not a woman is considering future pregnancies. However, scarring after surgical procedures may affect fertility. Make sure to discuss family planning goals with your provider when deciding treatment options that are appropriate for you.



Do I Need Surgery?

If your fibroid symptoms are poorly controlled despite medication or other forms of treatment, surgery to remove growths may be helpful.



For women who experience severe symptoms related to large, recurring fibroids, have exhausted other medical or minimally invasive options, and have no plans for childbearing in the future, a hysterectomy may become a recommended course of action. The most common types of hysterectomy to treat fibroids remove the upper uterus (partial/subtotal hysterectomy) or the entire uterus (total hysterectomy), sometimes with the cervix and ovaries. **It is important to note that removal of the ovaries also depletes your body of estrogen and results in menopause.** Talk to your provider about the potential long-term risks and impact of removing your uterus and/or ovaries.

Before committing to surgery, ask your provider:

- ▶ What type of surgical procedure do you recommend and why? How many have you performed?
- ▶ How long will the surgery last?
- ▶ What is a reasonable expectation for recovery time?
- ▶ What common complications might I have to anticipate?
- ▶ What techniques do you use to minimize scarring or adhesions? Will there be any long-term side effects?
- ▶ Will the surgery remove all my fibroids?
- ▶ Can fibroids grow again after the procedure?
- ▶ What happens if my fibroid pain persists after the procedure?
- ▶ How will surgery affect my future chances of getting pregnant?

Deciding on a Treatment Plan



Things to consider when deciding your treatment plan:

- Your age • Lifestyle and activity levels • Symptom management
- Family planning goals • Health insurance • Treatment efficacy and side effects
- Other health risk factors and conditions you may have

When deciding on a treatment plan with your provider, your plan may incorporate a combination of approaches and may change over time. You should discuss with your provider(s) which treatments will address uterine fibroid disease itself and which will address your symptoms, as well as your personal needs/goals for treatment now and in the future.

It is also important to find out the details of your health insurance coverage for the treatment options you desire to pursue.

Ask your provider to outline what a follow-up plan for monitoring your health looks like — recovery time for any procedures, which specialists to consult, how often to schedule a visit, etc.



Do not hesitate to seek out a second opinion if you want another perspective on your diagnosis and/or treatment options.

It is helpful to keep an accurate record or journal of your treatment activities and how each affects your symptoms and health. Share this information with your health care provider so that you can discuss any modifications to your plan that may be helpful or necessary moving forward.

A Team Approach

A good primary care physician is important, but managing your fibroids may benefit from the care of a multidisciplinary team. This might include:

- Obstetrician and Gynecologist (OB/GYN) for sexual health, fertility, and maternal health
- OB/GYN with a sub-specialty in reproductive endocrinology and infertility (REI) or minimally invasive gynecologic surgery (MIGS)
- Internal Medicine Practitioner or Gastroenterologist for bowel and bladder problems, gastrointestinal health, and pain management
- Physical Therapist for pelvic floor dysfunction and pain management
- Mental Health Professional for emotional health, sexual health, behavioral therapy, and coping skills
- Nutritionist or Dietitian for nutritional counseling and health
- Interventional Radiologist for some minimally invasive procedures like fibroid embolization