

Uterine Fibroids: What Are My Options?

If you have been diagnosed with uterine fibroids, you will want to discuss your treatment options with your doctor. This useful guide can help you understand the various treatments available today.

If your fibroids are not causing pain or other symptoms, you may not need to treat them right away, and your doctor can work with you to monitor them over time. If you are experiencing more severe symptoms, your doctor should discuss with you the various treatment options. These can include surgical interventions such

as hysterectomy and myomectomy, as well as minimally invasive therapies that do not require removal of the uterus, such as uterine fibroid embolization (UFE).

Thanks to advances in technology, there are more options to treat uterine fibroids than ever before. The treatments are described below, along with the risks and benefits associated with each. You can also learn more by visiting memphisvascular.com/services/uterine-fibroids/

Treatment	Description	Advantages	Disadvantages
Pharmaceutical (drug therapy)	May include nonsteroidal anti-inflammatory drugs (NSAIDs), birth control, intrauterine devices (IUDs), progestin shots (Depo-Provera) and iron supplements.	- No surgery/procedure necessary - Does not require uterus removal	Can relieve symptoms, such as heavy menstrual bleeding, anemia or painful periods, but does not address symptoms due to fibroid bulk and will not remove or shrink fibroids.
GnRH-a (Gonadotropin-releasing hormone analogue) Therapy	A medication used to decrease fibroid tumor size and reduce menstrual bleeding.	- No surgery/procedure necessary - Does not require uterus removal	Cannot be used long term; may result in menopause-like symptoms and bone loss; symptoms eventually return.
Uterine fibroid embolization (UFE)	Non-surgical procedure performed by an interventional radiologist using image guidance; blocks blood flow to fibroids which causes them to shrink.	No anesthesia required; very small incision; fast recovery; does not require uterus removal.	Mild side effects, such as fatigue and low-grade fever are possible, but pass quickly. Fibroids may recur, which can require additional treatment in the future.
Endometrial ablation	Reduces bleeding by removing the lining of the uterus.	Useful for controlling bleeding; does not require uterus removal.	Can only be used in submucosal fibroids less than an inch in diameter; will not reduce symptoms related to fibroid bulk; may result in abnormal bleeding requiring additional treatment or procedures.
Myomectomy · hysteroscopic · laparoscopic, including robotic · abdominal	Surgery to remove fibroids.	Relieves symptoms; does not require uterus removal, and is a good option for women who want to remain fertile.	Requires surgery and general anesthesia; longer recovery (2-6 weeks**); not appropriate for all types of fibroids; there is a small chance fibroids can recur, which can then require additional treatment.
Hysterectomy · vaginal · laparoscopic, including robotic · abdominal	Surgical removal of the uterus.	Symptoms are permanently relieved.	Loss of fertility; requires surgery and general anesthesia; longer recovery (2-6 weeks**); hormonal changes occur if ovaries are removed; long-term side effects.

This guide is for informational purposes only and is not medical advice. Consult your physician with any questions you may have regarding a medical condition.

**Depending on how the surgery is done.

For more information, or to consult with us about a patient, please call Memphis Vascular Center at **901.683.1890**



901.683.1890
MemphisVascular.com
6401 Poplar Ave., Suite 505
Memphis, TN 38119