

Fact sheet

Uterine fibroids – treatment options

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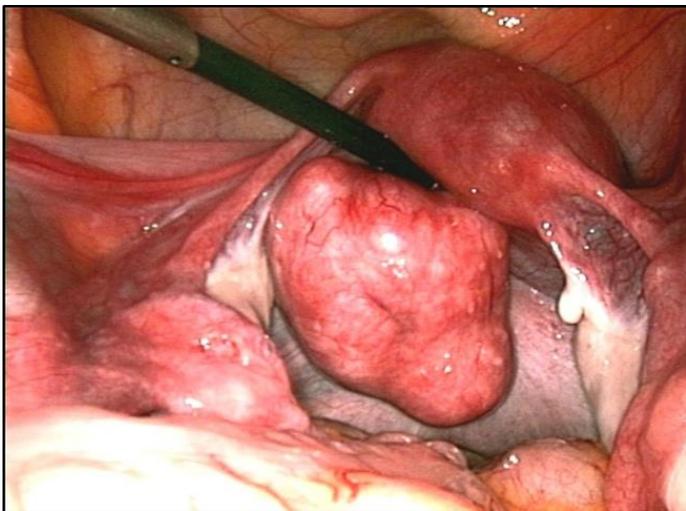
What treatments are available for fibroids?

The information provided below is a brief general outline. You should discuss your individual situation with your doctor.

It is important to remember that most fibroids, even reasonably large ones, don't cause any symptoms and won't need any treatment. Also, remember that fibroids almost always get smaller after the age of about 50 years.

However, if fibroids cause problems that interfere with your life and/or fertility, then treatment needs to be considered.

Fibroids can be treated with medication or with surgery.



Large subserous fibroid seen with the laparoscope camera.



Treatment with medication

For women wanting to get pregnant soon, there are no medications that give control over fibroid symptoms and still allow you to conceive.

For women not wanting to get pregnant at the moment, the following are available:

- **The oral contraceptive pill ('the pill')**
 - The modern low dose pills probably don't cause fibroids to become either bigger or smaller and still allow you to conceive. However, they generally make periods lighter, even in women with fibroids, and are worth a try if you do not want a pregnancy immediately.
- **An intrauterine contraceptive device (IUCD)** that contains a progestin hormone (Mirena®) can be placed inside the uterus and remain there for many years (it does require changing every 5 years)
 - Like 'the pill', this does not affect the size of the fibroid(s) but can make period bleeding lighter and more manageable.
 - The Mirena® is most effective if the uterus is smaller than a grapefruit (the normal uterus is about the size of a mandarin) and where there are no submucosal fibroids.
 - The Mirena® prevents pregnancy.
- **Other hormone treatments (GnRH agonists)** are available
 - These can sometimes be used to shrink fibroids before surgery to make it easier to remove the whole uterus or just remove the fibroids.
 - However, they cannot be used for more than a few months because of side effects and concerns about safety.

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Surgical Treatment

Most women with fibroids don't need surgery. However, where fibroids are causing heavy bleeding, discomfort or pressure symptoms, surgery is often very helpful.

When a woman is thinking about having surgery for her fibroids, her doctor will discuss the following to work out the best type of operation:

- whether she wishes to have a pregnancy in the future
- where the fibroids are located, how many there are, and how big they are
- the woman's preference for type of surgery.

Popular treatments for women who do not want any future pregnancies

- **Take the uterus out** (hysterectomy)
 - Surgery to remove the uterus will remove all the fibroids and they will not come back
 - This is quite a big operation, even if done via laparoscopy ('key hole' surgery)
 - It usually requires 1 – 4 days in hospital and several weeks (usually 3 – 8 weeks) recovery time
 - Over 95% of women are happy with the result.
- **Keep the uterus** (Uterine Artery Embolisation (UAE) – 'X-ray Surgery')
 - This procedure blocks off the blood supply to the fibroids
 - As a result of the procedure, fibroids shrink by an average of 40% in volume (sometimes more, sometimes less) and bleeding and pressure problems often reduce within a few months
 - This is a smaller procedure than a hysterectomy but usually still requires a night in hospital and some weeks of recovery time
 - About 75% of women are happy with the result. The other 25% require further treatment within 5 years, including some who will choose a hysterectomy.

Treatments for women who do want future pregnancies (can also be done in women who do not want future pregnancy)

- **Surgery to remove the fibroids but save the uterus** (myomectomy)
 - This is often major surgery, like hysterectomy, and generally requires 1 – 4 days in hospital
 - Sometimes it can be done through key-hole surgery with small incisions (cuts) making recovery time shorter.
- **Uterine Artery Embolisation** (X-ray Surgery) procedure
 - Until the past few years, this has generally not been recommended for women who are planning a pregnancy in the future as it sometimes affects the ovaries and brings on the menopause causing permanent loss of fertility (this complication seems to be rare in young women).
 - It also can be associated with an increase in complications in subsequent pregnancies.
 - However, no treatment for fibroids is without risk, and we don't yet know if UAE is better or worse than myomectomy in terms of future pregnancy outcomes. Research comparing them is continuing.

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Surgery for small submucosal fibroids

- Small submucosal fibroids can often be removed during a day surgery procedure called a hysteroscopy which is performed via the vagina without any skin incisions (cuts)
- Where the submucosal fibroid is large, or there are several, a second procedure maybe needed some weeks or months after the first to completely remove the fibroids
- Recovery from surgery usually only takes a few days
- Such surgery is not suitable for intramural or subserosal fibroids because they cannot be reached with the vaginal approach.

For further information see fact sheets
Uterine fibroids - general information
Uterine fibroids - pregnancy and fertility

We welcome further feedback on this brochure as a way of continually improving our service.

Send your feedback to:

WSLHD-Get_Involved@health.nsw.gov.au

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