

Uterine Fibroids | Comparing Treatment Options

Fully understanding all treatment options for fibroids allows you to choose the one that best fits your patient's clinical and personal considerations.



Treatment	Description	Advantages	Disadvantages
Pharmaceutical	<ul style="list-style-type: none"> • Anti-inflammatory drugs (NSAIDs) • Birth control hormones • Intrauterine devices (IUDs) • Progestin shots (Depo-Provera) • Iron supplements 	<ul style="list-style-type: none"> • No procedure involved • Relieves symptoms of heavy and painful periods • Preserves uterus 	<ul style="list-style-type: none"> • Does not reduce fibroid size • No symptom relief related to fibroid bulk
Gonadotropin-Releasing Hormone Analogue Therapy (GnRH-a)	<ul style="list-style-type: none"> • Used to reduce bleeding • Given to decrease fibroid tumor size 	<ul style="list-style-type: none"> • No procedure involved • Preserves uterus 	<ul style="list-style-type: none"> • Can cause menopause-like symptoms and bone loss • Not suitable for long term • Symptoms return with stoppage of treatment
Uterine Fibroid Embolization (UFE)	<ul style="list-style-type: none"> • Nonsurgical procedure that blocks blood flow to fibroids, causing them to shrink • Performed by interventional radiologist 	<ul style="list-style-type: none"> • No abdominal incision • Small puncture • One-week recovery • Outpatient surgery • Preserves uterus 	<ul style="list-style-type: none"> • Pain, mild fatigue, low-grade fever • Possible recurrence of fibroids • Increased miscarriage risk
Endometrial Ablation	<ul style="list-style-type: none"> • Removal of the endometrial lining to reduce bleeding • Only used if submucosal fibroids are less than one inch in diameter 	<ul style="list-style-type: none"> • Controls bleeding • Preserves uterus 	<ul style="list-style-type: none"> • Limited by location and size of fibroids • No symptom relief related to fibroid bulk • Does not address pain
Radiofrequency Ablation	<ul style="list-style-type: none"> • Insertion of seven-needle probe into each fibroid • Delivers heat through the probe to destroy fibroids 	<ul style="list-style-type: none"> • Requires laparoscopic surgery • One-week recovery 	<ul style="list-style-type: none"> • Can take several hours • Possible recurrence of fibroids • Possible lack of insurance coverage
Pre-Myomectomy UFE	<ul style="list-style-type: none"> • Perform myomectomy within five days of UFE • Used to help improve the chance of conservative surgery 	<ul style="list-style-type: none"> • Makes surgery technically easier • Reduces blood loss/transfusion requirement • Shortens operative time 	<ul style="list-style-type: none"> • Delay can lead to more difficult surgery • Fibroids scar into myometrium with delay of surgery
Pre-Hysterectomy UFE	<ul style="list-style-type: none"> • Perform surgery within five days for minimum blood loss • Perform surgery 3-6 months post UFE for maximum fibroid shrinkage 	<ul style="list-style-type: none"> • Minimizes blood loss • May allow less invasive approach • Makes surgery technically easier 	<ul style="list-style-type: none"> • May increase risk of adhesions
Myomectomy	<ul style="list-style-type: none"> • Surgical removal of fibroids • Includes abdominal, hysteroscopic, and laparoscopic 	<ul style="list-style-type: none"> • Relieves symptoms • Preserves uterus • Retains fertility 	<ul style="list-style-type: none"> • Surgery/general anesthesia risks • Between 2-6-week recovery • Possible recurrence of fibroids • Determined by size, location, and number of fibroids
Hysterectomy	<ul style="list-style-type: none"> • Surgical removal of fibroids with uterus • Includes vaginal, laparoscopic, and abdominal approaches 	<ul style="list-style-type: none"> • Permanent relief of symptoms 	<ul style="list-style-type: none"> • Fertility loss • General anesthesia risks • Between 2-8-week recovery • Complications of pelvic surgery