

# Treatment of Fibroids

## Medications

Medications for uterine fibroids target hormones that regulate your menstrual cycle, treating symptoms such as heavy menstrual bleeding and pelvic pressure. They don't eliminate fibroids, but may shrink them. Medications include:

- **Gonadotrophin-releasing hormone (Gn-RH) agonists.** To trigger a new menstrual cycle, a control centre in your brain called the hypothalamus manufactures gonadotrophin-releasing hormone (Gn-RH). The substance travels to your pituitary gland, a tiny gland also located at the base of your brain, and sets in motion events that stimulate your ovaries to produce oestrogen and progesterone.

Medications called Gn-RH agonists (zoladex, prostap, decapeptyl) act at the same sites that Gn-RH does. But when taken as therapy, a Gn-RH agonist produces the opposite effect to that of your natural hormone. Oestrogen and progesterone levels fall, menstruation stops, fibroids shrink and anaemia often improves.

- **Progestin-releasing intrauterine device (IUD).** If you have fibroids that don't distort your inner uterus, a progestin-releasing IUD can relieve heavy bleeding and pain caused by the fibroids. A progestin-releasing IUD provides symptom relief only and doesn't shrink fibroids or make them disappear.
- **Other medications.** Oral contraceptives or progestogens can help control menstrual bleeding, but they don't reduce fibroid size. Nonsteroidal anti-inflammatory drugs (NSAIDs), which are not hormonal medications, are effective for heavy vaginal bleeding unrelated to fibroids, but they don't reduce bleeding caused by fibroids.

## Hysterectomy

This operation — the removal of the uterus — remains the only proven permanent solution for uterine fibroids. But hysterectomy is major surgery. It ends your ability to bear children, and if you elect to have your ovaries removed also, it brings on menopause and the question of whether you'll take hormone replacement therapy. Most women with uterine fibroids can choose to keep their ovaries.

## Myomectomy

In this surgical procedure, your surgeon removes the fibroids, leaving the uterus in place. If you want to bear children, you might choose this option. With myomectomy, as opposed to a hysterectomy, there is a risk of fibroid recurrence. There are several ways a myomectomy can be done:

- **Abdominal myomectomy.** If you have multiple fibroids, very large or very deep fibroids, your doctor may use an open abdominal surgical procedure to remove the fibroids.
- **Laparoscopic myomectomy.** If the fibroids are small and few in number, you and your doctor may opt for a laparoscopic procedure, which uses slender instruments inserted through small incisions in your abdomen to remove the fibroids from your uterus. Your doctor views your abdominal area on a remote monitor via a small camera attached to one of the instruments. Use of a surgical robot now allows for removal of more fibroids or larger fibroids.
- **Hysteroscopic myomectomy.** This procedure may be an option if the fibroids are contained inside the uterus (submucosal). A long, slender scope (hysteroscope) is passed through your vagina and cervix and into your uterus. Your doctor can see and remove the fibroids through the scope. This procedure is best performed by a doctor experienced in this technique.

## Other Procedures

Certain procedures can destroy uterine fibroids without actually removing them through surgery. They include:

- **Myolysis.** In this laparoscopic procedure, an electric current or laser destroys the fibroids and shrinks the blood vessels that feed them. A similar procedure called cryomyolysis uses liquid nitrogen to freeze the fibroids. The safety, effectiveness and associated risk of fibroid recurrence of myolysis and cryomyolysis have yet to be determined.
- **Endometrial ablation.** This treatment, performed with a specialized instrument inserted into your uterus uses heat, microwave energy, hot water or electric current to destroy the lining of your uterus, either ending menstruation or reducing your menstrual flow. Endometrial ablation is effective in stopping abnormal bleeding, but doesn't affect fibroids outside the interior lining of the uterus.
- **Uterine artery embolization.** Small particles (embolic agents) injected into the arteries supplying the uterus cut off blood flow to

fibroids, causing them to shrink. This technique, performed by an interventional radiologist, is proving effective in shrinking fibroids and relieving the symptoms they can cause. Advantages over surgery include no incision and a shorter recovery time. Complications may occur if the blood supply to your ovaries or other organs is compromised.

## Focused Ultrasound Surgery

MRI-guided focused ultrasound surgery (FUS) is a noninvasive treatment option for uterine fibroids that preserves your uterus.

This procedure is performed while you're inside of a specially crafted MRI scanner that allows doctors to visualize your anatomy, and then locate and destroy (ablate) fibroids inside your uterus without making an incision. Focused high-frequency, high-energy sound waves are used to target and destroy the fibroids. A single treatment session is done in an on- and off-again fashion, sometimes spanning several hours. Initial results with this technology are promising, but its long-term effectiveness is not yet known.

## Before you Decide

Because fibroids aren't cancerous and usually grow slowly, you have time to gather information before making a decision about if and how to proceed with treatment. The option that's right for you depends on a number of factors, including the severity of your signs and symptoms, your plans for childbearing, how close you are to menopause, and your feelings about surgery.

Before making a decision, consider the pros and cons of all available treatment options in relation to your particular situation. Remember, most women don't need any treatment for uterine fibroids.