

Methods For Management Of Uterine Fibroids Guide

This is general information. Each case must be evaluated on an individual basis as to which procedure holds the most benefits and risks, advantages and disadvantages. ‘Recovery’ is defined as the time until the patient can return to most normal activity.

Hysterectomy – The removal of the uterus. A surgical procedure for the treatment of uterine fibroids. Hysterectomy is the only procedure that cures fibroids in every patient. **Recovery period 4 - 8 weeks**

Total Hysterectomy - (sometimes called “simple hysterectomy”) - The uterus (with the cervix) is removed. Tubes and ovaries may or may not be removed.

Total Hysterectomy with bilateral salpingo-oophorectomy – The entire uterus, fallopian tubes, and ovaries are removed.

Supra-cervical Hysterectomy – The part of the uterus above the cervix is removed. Tubes and ovaries may or may not be removed.

Partial (Subtotal) Hysterectomy – This is another term for supra-cervical hysterectomy.

Vaginal Hysterectomy - The uterus is removed through the vagina, so an abdominal incision is not required. It may not be possible to do this with a very large uterus, or if there is other disease in the pelvis that needs to be treated. The cervix is removed during a vaginal hysterectomy.

Laparoscopic Hysterectomy – A small telescope (laparoscope) is placed through the belly button, and several other tiny incisions are made to place other instruments. These instruments are used to free the uterus. It is possible to leave in the cervix (*laparoscopic supra-cervical hysterectomy*), or the cervix can be removed. The removal of tubes and ovaries is optional. If part of the surgery is done through the laparoscope and some through the vagina, the procedure is called a Laparoscopic Assisted Vaginal Hysterectomy (LAVH).

Radical Hysterectomy – This procedure is usually used for cervical cancer. The doctor removes the cervix, uterus, both fallopian tubes, and both ovaries. It may entail removing varying amounts of the surrounding tissues to ensure that as much of the cancer is removed as possible. The surgical method may also be different. **It would be very unusual to have a Radical Hysterectomy performed on someone with fibroids.**

Abdominal Myomectomy (laparotomy) – is a surgical procedure to cut fibroids out of the wall of the uterus. This is the procedure that is usually chosen by women who want to preserve fertility and/or preserve their uterus.

The major drawback to the procedure is that the fibroids may come back. (Recurrence rates vary tremendously, but average 20%. Young women and women with many myomas have a greater risk of recurrence than older women or women with just a few fibroids. - *Dr. Indman*) **Recovery period 4 - 6 weeks**

Laparoscopic Myomectomy – A procedure where a doctor inserts a small device, laparoscope, through an incision in the abdomen to remove the uterine fibroids. **Recovery period 1 - 3 weeks**

Hysteroscopic Myomectomy – A small device, hysteroscope, is inserted through the vagina and into the uterus to remove uterine fibroids. (The recovery period could be as little as a few days for this procedure. - Dr. Indman) Hysteroscopic resection: **Recovery period 1 - 3 days**

Da Vinci Robotic Myomectomy or Hysterectomy – Refer to web site URL: www.hopeforfibroids.org/pdf/FAQs_davinci.pdf?id=HFF

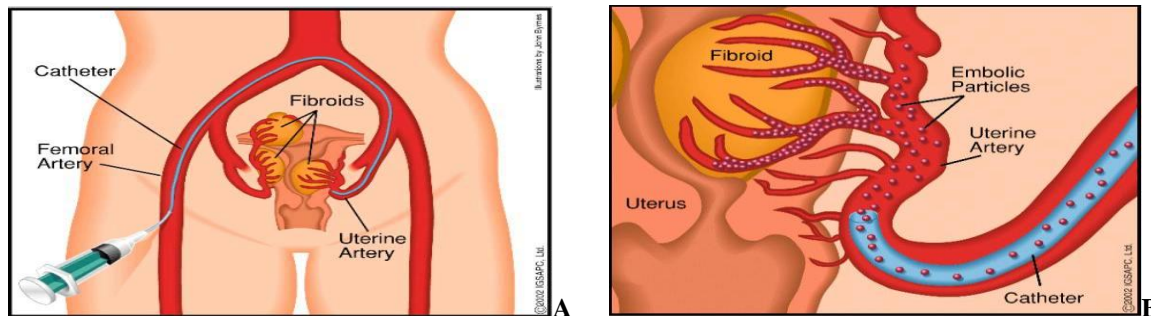
Myolysis – Procedures that destroy the fibroids in the uterus without necessarily removing them. (i.e. **Myomacoeagulation** - A laparoscopic procedure using electric current that is applied to the uterine fibroid tumors. **Cryomyolysis** – A probe freezes the uterine fibroid tumors.) **Recovery period 1 – 2 weeks**

Endometrial Ablation – Destruction of the lining of the uterus, not to be used for women who might become pregnant. **Recovery period 1 – 3 days**

Uterine Artery Embolization (UAE) i.e. Uterine Fibroid Embolization (UFE) – A minimally invasive, short (approximately 1 hour), effective treatment in which the uterus and fertility is preserved. **Recovery period 2 – 3 weeks**

- Treats **all** uterine fibroids simultaneously regardless of the uterine fibroid size, type, or location.
- A permanent infarction of the uterine fibroids – they will **not** grow back.
- An effective therapy to control bleeding, bulk-related symptoms, and other related uterine fibroid symptoms.
- A significant uterine volume reduction is realized as early as three months.

The UAE procedure takes an average of 20 minutes. The procedure itself is painless. There is a single tiny incision over the hip, which is less than an inch long. After inserting a small plastic catheter (about the thickness of a piece of spaghetti) into the artery, the Interventional Radiologist watches on an X-ray monitor while he guides the catheter into the main arteries supplying the uterus (Figure A). “Illustration (Figure A, B) by Mr. John Byrnes, Used with permission of Image Guided Surgery Associates, PC”



The particles (Figure B) are round and are about the same size as grains of salt. Once the embolization is completed, the fibroids cannot receive any more blood or oxygen. Starved for nutrition, the uterine fibroids shrink.

Medical Therapy - Drugs that can be used in the treatment of fibroids.

Watchful Waiting – Observation - No therapy is performed. The doctor sees the patient every three to six months to check the growth of the uterus and uterine fibroids.

Patient Discussion Guides are available at the following URL: www.hopeforfibroids.org/questionstoask.html.
Hope For Fibroids Organization, web site URL www.hopeforfibroids.org.
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