

## Uterine Fibroids Treatment Comparison Chart

There are a number of surgical and nonsurgical treatment options for uterine fibroids, including alternative methods. But not every treatment is appropriate for every woman's situation. The size and position of uterine fibroids, the woman's particular health issues and her interest in getting pregnant in the future will all affect how a doctor treats the fibroids. The following chart lists factors that can help you understand the benefits and risks of each treatment.

Interventions for uterine fibroids	Minimally invasive?	Number of days out of work	Future fertility	Need for cesarean section for delivery	Considerations	Risks
<b>Myomectomy</b>						
<b>Laparoscopy</b>	Yes	7 days	Good	Usually recommended	Best suited when the number of fibroids is limited	Low risk of bleeding & infection; low risk of tubal scarring
<b>Hysteroscopy</b>	Yes	1-2 days	Very good	Not necessary	Only suitable for fibroids that are primarily in the uterine cavity; effective for treating abnormal uterine bleeding, recurrent pregnancy loss and infertility	Very low complication rate; risks include bleeding, excess fluid absorption, uterine perforation, infection
<b>Open</b>	No	4-6 weeks	Improved	Recommended	Indicated when the uterine size is very large or the number of fibroids is very high	Moderate risk of bleeding, infection, tubal scarring; low readmission rates
<b>MRI-guided focused ultrasound (MRgFUS)</b>	Yes	1-2 days	Labeling for the device now allows treatment in women considering future pregnancy but is generally recommended for women who have completed their family	Not studied, possible increased risk of uterine rupture	40% of patients have medical contraindications for this technique. There is a higher failure rate with larger fibroids. Newer treatment with limited long term outcomes known.	Low risk of fever, skin burns, nerve damage, blood clots
<b>Umbilical artery embolization</b>	Yes	3-5 days	Possible impairment	Few cases studied, possible increased risk of miscarriage, preterm delivery, uterine rupture and bleeding after delivery	Best considered if surgery is not safe for the patient and considered for reduction of symptoms; higher failure rate with larger and multiple fibroids	Higher complication rate (infection, pain) & high readmission rate compared with myomectomy
<b>Laparoscopy with radio frequency</b>	Yes	3-5 days	No recommendation	Not studied, possible increased risk of uterine rupture	Best suited when the number of fibroids is limited; limited information on long-term outcomes.	Low risk of bleeding, infection, tubal scarring; risk of incomplete destruction of fibroid
<b>Hysteroscopy with endometrial ablation</b>	Yes	1-2 days	Significantly impaired and usually not possible to get pregnant	N/A	Suitable for small fibroids in the uterine cavity; high rate of need for retreatment	Low risk of bleeding, infection
<b>Hysterectomy</b>	No	4-6 weeks	Not possible to conceive after treatment	N/A	Indicated when there is a concern for cancer or other conditions only corrected by complete removal of the uterus	Moderate risk of bleeding, infection, blood clots