

Center for the Minimally Invasive Treatment of Uterine Fibroids

A Solution for You!



Many women suffer from problems linked to uterine fibroids. In fact, 80% of African American women and 70% of Caucasian women will have fibroids by the time they are 50 years old. Fibroids are also very common among Hispanic women.

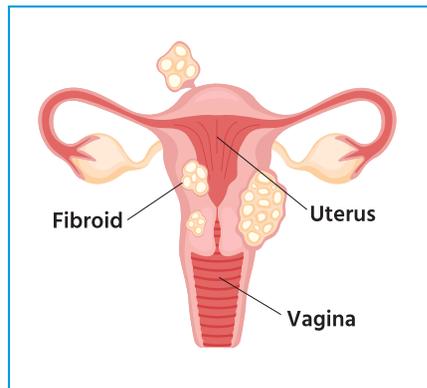
Fibroids can cause many problems. These problems include heavy menstrual cycles, miscarriages, pelvic pain, and pelvic pressure. You do not have to live with these problems.

At the Center for the Treatment of Uterine Fibroids, our well-trained physicians and staff can offer you a variety of solutions for problems linked to uterine fibroids.

What are fibroids?

Fibroids are benign (not cancerous) tumors (abnormal cell growths) inside the uterus.

Fibroids can be located in four regions of the uterus. They can be located in the cavity of the uterus (submucosal), within the muscle wall of the uterus (intramural), on the outside of the uterus (subserosal), or attached to the uterus by a stalk (pedunculated). Fibroids may be located in one or a combination of these areas.



How do I know if I have fibroids?

The most common symptom associated with fibroids is heavy or irregular menstrual cycles. Some women may also have very painful menstrual cycles. Fibroids cause some women to feel pelvic pressure or heaviness from the weight of the uterus. Some women have pain during intercourse.

If you have any of these problems, a solution may be available.

What can I do if I have fibroids?

At the Center for the Treatment of Uterine Fibroids, we offer both medical and surgical treatments for fibroids. Our educated and experienced team is dedicated to finding the best treatment for you.

Medical treatments

Depending on your symptoms, medical management may be the best way to treat your fibroids. Some treatments can control heavy menstrual cycles while others can also control symptoms related to the size of the fibroids.

- **GnRH antagonists with add-back therapy**

There are two types of oral medications that can treat heavy menstrual bleeding associated with fibroids. Both medications work to decrease your estrogen and progesterone production, the two hormones that feed the fibroids. Both medications work quickly and effectively.

- **Levonorgestrel Intrauterine Device (IUD)**

An IUD that contains progesterone can be used to treat heavy menstrual cycles. In fact, most women have little to no menstrual cycle after 3 months of use. IUDs are not recommended for the treatment of all types of fibroids. Submucosal fibroids can increase the rate of expulsion of the IUD.

- **Oral Contraceptive Pills**

Oral contraceptive pills can control some of the symptoms associated with uterine fibroids. Oral contraceptives can make menstrual cycles more predictable, shorter, and lighter. Menstrual pain is often improved with the use of oral contraceptive pills.

- **Tranexamic Acid**

Tranexamic Acid (TXA) is an oral medication that reduces heavy periods. It does not have hormones. It works with your clotting system to decrease bleeding. While TXA doesn't treat fibroids directly, it does work well to decrease bleeding.

- **GnRH Agonists**

GnRH agonists are injection medications given to decrease the production of estrogen. These are used as short-term treatments before surgery to help shrink the size of uterine fibroids.

Surgical treatments that preserve the uterus

Medical management may not be the best treatment for all individuals with fibroids. Because of their symptoms, some may require surgical intervention. There are surgical options that preserve the uterus for childbearing and others that will allow an individual to keep their uterus but childbearing may be impacted

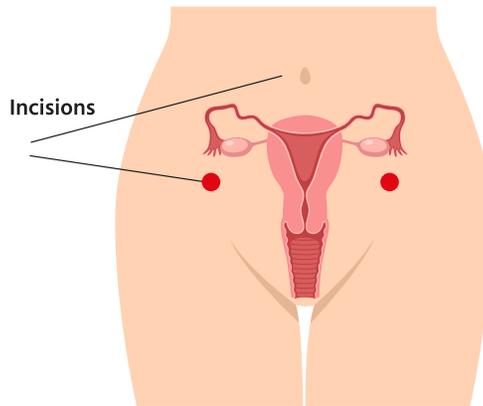
A myomectomy is a procedure that removes the fibroids while conserving the uterus for fertility. Fibroids may return after 2-3 years, but most women are symptom free for many years.

- **Hysteroscopic Myomectomy**

For women who have small submucosal fibroids, a hysteroscopic myomectomy may be a treatment option. A hysteroscopic myomectomy is an outpatient procedure. Your surgeon will place a camera through the vagina and into the uterus through the cervix. The doctor can see the fibroids and remove them.

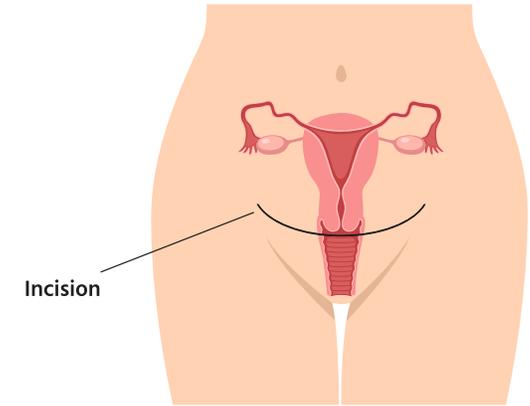
- **Robotic Myomectomy**

With robotic surgery, your surgeon can perform a myomectomy by making four small incisions each about 1 centimeter in length. This robotic system gives the doctor the visualization and precision of an abdominal myomectomy, and gives the patient the benefits of laparoscopic surgery. Those benefits include less blood loss, less postoperative pain, and less scarring. Your doctor can determine if this procedure is appropriate for you based on the number, size, and location of your fibroids.



- **Abdominal Myomectomy**

Patients with large or numerous fibroids may need an abdominal myomectomy. The surgeon makes a small incision above the pubic bone and surgically removes the fibroids from your uterus.

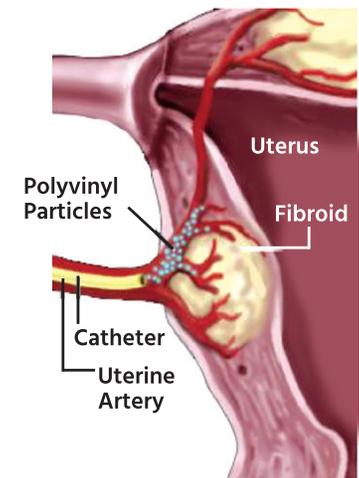


- **Radiofrequency Ablation**

Radiofrequency ablation (RFA) is a minimally invasive procedure that burns the fibroids. Under ultrasound-guidance, RFA can be accomplished through the cervix or laparoscopic depending on the location of fibroids. While the uterus is preserved, there is no long-term data about pregnancy after the procedure.

- **Uterine Artery Embolization**

Interventional radiologists perform uterine artery embolization procedures. After you are mildly sedated, the radiologist uses a slender, flexible tube to inject small particles into the uterine arteries that supply blood to your fibroids and uterus. These small particles block the blood flow to the uterus and to the fibroids. Blocking the blood flow causes the fibroids to shrink. While some successful pregnancies have been reported after this procedure, we recommend this procedure only for women who have completed childbearing.



- **Endometrial Ablation**

Endometrial ablation is a treatment for heavy, prolonged vaginal bleeding. This procedure destroys the endometrial lining (the lining of the uterus). Most women who have this procedure are satisfied with the amount of bleeding that they have after the procedure.

- **Hysterectomy**

During a hysterectomy, the surgeon removes your uterus and cervix. Depending on your age and your medical and family history, the surgeon may also remove your ovaries. Hysterectomy is the definitive treatment for fibroids.

- **Vaginal Hysterectomy**

Vaginal hysterectomy is a hysterectomy that is performed through the vagina. The surgeon makes no incisions on the abdomen.

- **Laparoscopic Hysterectomy**

Laparoscopic hysterectomies are performed through small incisions, each approximately 1 centimeter in length, on the abdomen. Similar to vaginal hysterectomy, there is less blood loss, less postoperative pain, and less scar tissue when compared to an abdominal hysterectomy. A laparoscopic hysterectomy can be performed even when the uterus is somewhat large.

- **Robotic Hysterectomy**

A robotic hysterectomy combines the benefits of laparoscopic surgery with the visualization and precision of an abdominal hysterectomy. These advantages allow your surgeon to perform a hysterectomy on an even larger uterus than can be accommodated with traditional laparoscopy.

- **Abdominal Hysterectomy**

For very large uteri, an abdominal hysterectomy may be the solution. The surgeon makes an incision on the abdomen and removes the uterus and cervix through the incision.



Dr. Veronica Gillispie

Director,
Center for the Minimally Invasive
Treatment of Uterine Fibroids

Joining Dr. Gillispie on the treatment team are physicians from the Department of Obstetrics and Gynecology and the Department of Interventional Radiology.

To schedule an appointment for evaluation, please call **504-464-8506**.

**Center for Treatment of Uterine Fibroids
Department of Obstetrics and Gynecology**

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