MyFibroid Plan

Choosing surgery for uterine fibroids: what's the best option for me?

A patient-developed tool to help you explore your treatment options and prepare for your visit.

A patient decision aid developed as part of a quality improvement initiative with patients who have faced similar decisions. Your input helps us make this tool better.

MyFibroid Plan is for you if:

All of these are true for you:

- Your doctor says you have uterine fibroids
- Medications have not helped with your symptoms

  or
- You cannot take these medications or are not interested in taking them
- You are considering surgery for your fibroids

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Uterine fibroids

Uterine fibroids are muscular tumors that develop in the wall of the uterus. These growths vary in size and can cause symptoms such as heavy menstrual bleeding, pelvic pressure, and pain.

Hormone imbalances, genetic factors and family history may all play a part. We do know that hormone levels of estrogen and progesterone can cause fibroids to grow bigger.

Fibroids can cause groups of symptoms:

- Heavy periods
- Pelvic pressure or discomfort, bloating, or changes to bowel or bladder function
- Difficulty becoming pregnant

You can treat symptoms with medications that decrease bleeding or decrease the size of fibroids. If these medications don't work for you or you cannot take them, surgery may be an option.

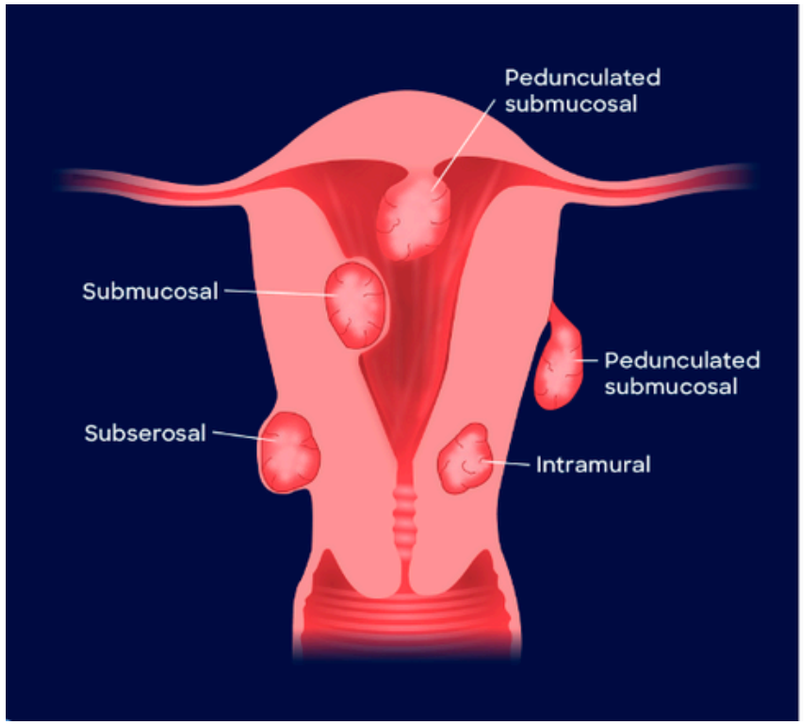
Where are your fibroids located

Intramural fibroids: These are the most common type of fibroids. They develop in the uterine wall and may expand.

Pedunculated fibroids: These grow on stalks or stems. The stems are attached to the uterine wall and may grow either outside the uterus or inside the uterine cavity.

Subserosal fibroids: These develop in the outer portion of the uterus and may continue to grow outward.

Submucosal fibroids: These develop within the uterine cavity and may cause heavy and prolonged periods.



Depending on where your fibroids are located certain surgical options may be more suitable.

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In general, what treatment options do you have?

- **No surgery**
- **Hysterectomy** (removing your whole uterus)
- **Myomectomy** (removing only fibroids)
- **Uterine artery embolization** (decreasing blood flow to fibroids)
- **Radiofrequency ablation** (shrinking fibroids)

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Your options for surgery depend on:

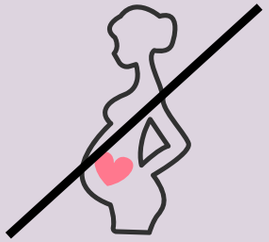
1) Your age and future fertility plans
2) The location, number and size of your fibroids

Future Fertility Plans

Planning to carry children

Myomectomy

Not planning to carry children



Hysterectomy

Radiofrequency ablation

Uterine Artery Embolization

Hysteroscopic myomectomy may be possible for submucosal fibroids within the uterine cavity

Open myomectomy is for when there are many or very large fibroids

Laparoscopic myomectomy (keyhole surgery) if there are few or small fibroids

Open hysterectomy if the uterus is very large

Laparoscopic hysterectomy (keyhole surgery) when possible

*A myomectomy may be considered in some patients who do not plan to have children. This is something to discuss with your doctor.

What other health factors may affect your choice?

Check what applies to you to discuss further with your doctor

Medical history

- [x] I have heavy periods
- [ ] I have high blood pressure
- [ ] I have a higher weight (body mass index >40)
- [ ] I have a history of endometriosis or adenomyosis
- [ ] I had previous vaginal deliveries
- [ ] I had previous abdominal surgeries
- [ ] I had previous surgery for my fibroids
- [ ] I tried previous medications for my fibroids
- [ ] I had a C-section

Fertility considerations

- [ ] I would like to become pregnant in the future
- [ ] I have had difficulty becoming pregnant

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Work through these 4 steps to help you decide

Step 1: What are the benefits and risks of each option?

Step 2: For each option, what matters to you most?

Step 3: What else do you need before making a decision?

Step 4: What are the next steps?

STEP 1

What are the benefits and risks of each option?

Click an option to learn more information

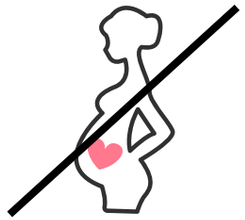
- No surgery
- Hysterectomy
- Myomectomy
- Uterine artery embolization
- Radiofrequency ablation (Acessa)

No surgery

You don’t need to have any treatment at all if you aren’t bothered by symptoms. Many patients live with uterine fibroids and do not start treatment. Uterine fibroid are not cancerous, so you do not need to get any treatment for them.

You can try medications to treat heavy bleeding, bulk symptoms or both. Medications can be tried if you have not been on any treatment before, or are not interested in having surgery. Some medications contain hormones while others do not. Talk to your doctor about the best medication for you.

Hysterectomy



A hysterectomy removes your whole uterus, includings fibroids.

This means:

- You will no longer have any menstrual periods
- You will not be able to carry a pregnancy
- As long as you keep at least 1 ovary, your hormones will remain the same and you will go through menopause at the same age you normally would.

How is a hysterectomy done?

It can be done as laparoscopic surgery (through key hole incisions) or open surgery. This depends on your uterus and other factors.

Laparoscopic surgery is minimally invasive. It involves removing the uterus and fibroids through a small cut at the top of the vagina. If done through laparoscopic surgery, you will have a shorter recovery time (2 to 4 weeks).

With open surgery, you would have an incision in your belly. Recovery time is 4 to 6 weeks.

STEP 1

Hysterectomy

What are the benefits and risks of each option?

Factors to consider	Benefits	Risks
How well it works	Removes the fibroids completely along with your uterus. You will no longer have periods.	This is a major surgery. There is a risk of complications such as infection, blood transfusion, blood clots, or injury to surrounding organs like the bowel or bladder.
Long-term outcomes	There is no risk of the fibroids returning. Resolves symptoms like heavy bleeding	Pain and pressure symptoms may persist if these are not related to your fibroids.
Recovery	If done through laparoscopic surgery, you will have a shorter recovery time (2 to 4 weeks).	Depending on the type of surgery the recovery time can be up to 6 weeks. You should not place anything in the vagina (douching, having sex), lift anything over 10 pounds or submerge yourself in water for 6 weeks.
Future reproductive outcomes	This is a permanent solution if you have no plans to carry a pregnancy in the future.	
Hormonal effects	The ovaries can be left inside which avoids early menopause.	If ovaries are removed, you will go through menopause and may have symptoms like hot flashes and mood swings.

Myomectomy

Myomectomy involves **removing fibroids**. The uterus is left in place and you will continue to have periods after surgery. Fibroids may remain and may grow back.

This option is often chosen by patients **who want to get pregnant** in the future or want to keep their uterus. In some cases, this surgery may improve chances of pregnancy.

There are 3 main ways to do this surgery. The approach that is chosen depends on the **location, size, and number of fibroids**.

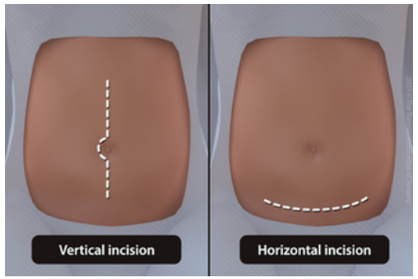
Myomectomy approaches

Hysteroscopic myomectomy

- For fibroids **inside** the **uterine cavity (submucosal)**.
- Performed through the vagina with **no incisions**.
- A camera and surgical tools are used to remove the fibroid.
- **Quick** recovery (a few days to 2 weeks).
- Usually no hospital stay needed.

Laparoscopic myomectomy

- For **smaller**, **fewer** fibroids.
- Done through **small incisions** in the belly using a camera and surgical tools.
- Some patients stay **1-2 night**s in the hospital, while others go home the same day.
- Recovery time: **4-6 weeks.**



Types of open myomectomy incisions

Open myomectomy

- For **larger** or **multiple** fibroids.
- Requires **larger incision** in the belly (size and location of the incision depends on uterus size).
- Hospital stay: **1-3 nights**.
- Recovery time: **4-6 weeks.**

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Myomectomy: what to expect 

Before having a myomectomy, your surgeon may ask you to take medications to shrink fibroids and the uterus and stop heavy bleeding. The most commonly used medication is called a **GnRH agonist** (brand name **Lupron**).

This may:

- Improve how successful the surgery is
- Reduce your need for a blood transfusion
- Allow your surgeon to use a smaller cut during the surgery

If you get pregnant after having a myomectomy, you will likely need to have your baby by a **cesarean section** rather than a vaginal delivery. Ask your doctor about this.

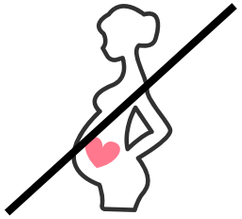
STEP 1

Myomectomy

What are the benefits and risks of each option?

Factors to consider	Benefits	Risks
How well it works	Can remove larger fibroids and relieve symptoms like heavy bleeding and pelvic pressure.	Sometimes, not all of the fibroids can be removed.Some patients will continue to have heavy bleeding and pelvic pressure symptoms.
Long-term outcomes	Keeps the uterus, which can be important if you want to get pregnant in the future or for emotional reasons.	Fibroids can return. 1 in 10 patients will need another surgery for their fibroids. Scar tissue often forms after a myomectomy. This may make future abdominal surgery more complicated.
Future reproductive outcomes	You can become pregnant after a myomectomy. In some cases, myomectomy may improve your chances of pregnancy.	If you have many fibroids, or large fibroids, your doctor will likely recommend that you deliver by cesarean section in the future (rather than a vaginal birth).
Hormonal effects	There is no impact on hormones or menopause	Hormonal imbalance is not a concern unless the ovaries are damaged or removed during surgery

Uterine artery embolization (UAE)



UAE treats fibroids by cutting off the blood supply, causing them to shrink. It is a minimally invasive procedure.

Preserves the uterus but is not recommended for those planning pregnancy.

Helps reduce **heavy bleeding** and fibroid-related **pressure symptoms**.

How UAE is done

It is done by an interventional radiologist and involves:

- Using a local anesthetic and sedation
- Making a small cut in your leg and inserting a catheter (thin tube) into the uterine artery
- Injecting tiny particles (like grains of sand) to block this artery

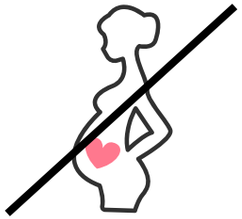
STEP 1

Uterine artery embolization

What are the benefits and risks of each option?

Factors to consider	Benefits	Risks
How well it works	Effective in shrinking fibroids. Relieves symptoms like heavy bleeding and pelvic pressure in about 3 in 4 women.	May not work for all fibroids especially large or calcified ones. Not recommended for submucosal or pedunculated fibroids.
Long-term outcomes	Many women experience long-term symptom relief.	Fibroids can return. 1 in 5 women will need another surgery for their fibroids later in life.
Recovery	Shorter recovery time compared to other surgery (usually 1-2 weeks for most patients).	Pain is often significant. There is a rare risk of infection requiring emergency hysterectomy.
Future reproductive outcomes	Pregnancy is not recommended after this procedure. Pregnancy can come with increased risks including preterm labour, miscarriage, or problems with the placenta.	
Hormonal effects	No direct impact on hormone production	Some women may experience early menopause symptoms, if the ovaries are affected by the procedure

Radiofrequency ablation (Acessa)



Minimally invasive procedure using **small incisions** in the belly. The surgeon uses ultrasound to target fibroids with heat, shrinking them to reduce symptoms. The uterus remains intact, but **pregnancy is not recommended** after this procedure.

It is a good choice if:

- You have a few fibroids and they are under 10 cm
- You had no previous abdominal surgeries, or had minimal surgeries

Symptom improvement peaks at **3 months** and can continue for **up to a year**. Your body mass index must be less than 40 to have this procedure.

STEP 1

Radio frequency ablation (Acessa)

What are the benefits and risks of each option?

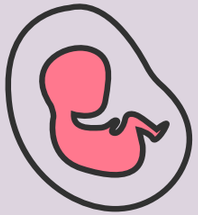
Factors to consider	Benefits	Risks
How well it works	Effective in reducing symptoms like heavy bleeding and pelvic pressure by shrinking fibroid size.	May not be as effective for very large fibroids or if fibroids are in certain locations. Some fibroids may not shrink enough to fully relieve symptoms.
Long-term outcomes	Many women experience long-term symptom relief.Can reduce the need for further surgery, especially in patients with smaller fibroids.	Fibroids can grow in the future. About 11% of patients will need another surgery for their fibroids. This is about 1 in 10 patients.
Recovery	Shorter recovery time compared to hysterectomy and myomectomy (usually 1-2 weeks). Most patients can go home the same day of surgery.	Some discomfort after the procedure, including cramping and bloating. This may last for a few days to a week.
Future reproductive Outcomes	Keeps the uterus. However currently, pregnancy is not recommended after this procedure. Pregnancy may come with increased risks including miscarriage or problems with the placenta.	
Hormonal effects	No direct impact on hormone production.	In rare cases, there may be unintended effects on the ovaries and hormone production.

More information about fibroids

Click the following to learn more:

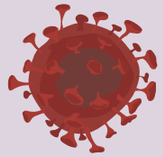
Fibroids and fertility

Fertility and aging



Fibroids and pregnancy

Fibroids and cancer risk



Fibroid morcellation

Vitamin D and fibroids

Community resources

Fibroids and fertility

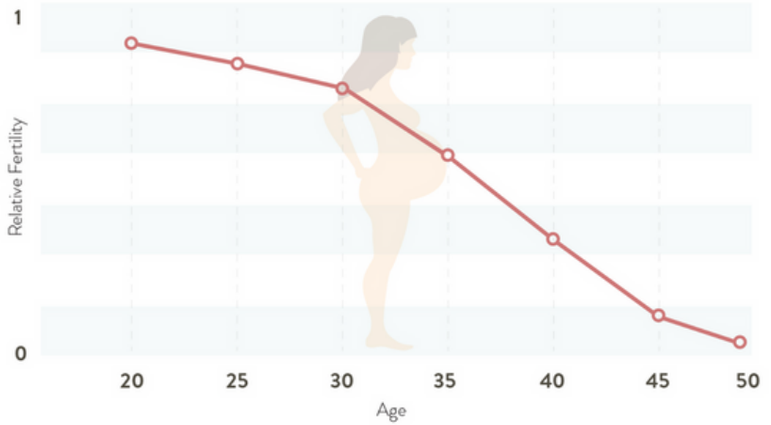
Most fibroids do not affect your chances of getting pregnant or having a miscarriage. However, this depends on where your fibroids are:

- Fibroids inside the uterine cavity (**submucosal**) can reduce fertility because they may prevent a fertilized egg from implanting. Removing the fibroids may improve pregnancy chances.
- Fibroids on the outside of the uterus (**subserosal**) do not affect fertility. It is not necessary to remove them unless the size causes problems or they are pressing on the kidneys.
- Fibroids in the muscle [or wall] of the uterus (**intramural**) may affect fertility, depending on the size and number. Your doctor can help assess the need for surgery.

Surgery for fibroids may affect fertility if there is scarring. It may also affect how you deliver your baby. If you have an abdominal myomectomy, you will probably need to have a cesarian section for future pregnancies.

Fertility and aging

Women's fertility normally declines after age 30 with a more **significant decrease at age 35**.



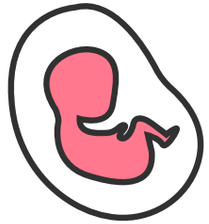
Fertility treatments are more successful in younger women under age 35. After age 40, success rates decline and risks increase.

If a woman's own eggs are no longer viable, or you are age 41 or older, **egg donation is an option**. In this process, donated eggs are fertilized with your partner's sperm and implanted into your uterus.

For women who are unable to carry a pregnancy due to age or other health reasons, **surrogacy may be an option**. This involves another woman carrying the pregnancy using either the couple's own or donor eggs and sperm.

Fertility treatments can be expensive. Ask your doctor if you are interested in seeing a fertility specialist.

Fibroids and pregnancy



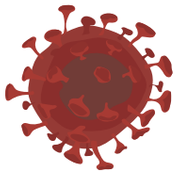
Most fibroids stay the same size during pregnancy. However about 1 in 3 may get larger during pregnancy due to hormone changes. After the pregnancy, they tend to shrink in size.

Many people with fibroids have healthy pregnancies. However, the size, number and location of fibroids can affect the risk of complications.

The most common complication is **pain** from fibroid degeneration. This is when a fibroid grows bigger than its blood supply. It causes sharp pain in a small area, usually in the first half of pregnancy

Most patients with fibroids can have a **vaginal delivery**; however, a **cesarean section** may be recommended if:

- You have had a previous abdominal or laparoscopic myomectomy.
- A large fibroid blocks the cervix or causes the baby to be in a breech position.

Fibroids and cancer risk 

Uterine fibroids are almost never cancerous and **do not increase the risk of uterine cancer.**

In **1 in 1,000 cases**, a mass looking like a fibroid may in fact be a leiomyosarcoma, a rare cancer. That risk increases with a woman's age.

Your doctor will assess your history and pelvic imaging for any risk factors.

Patients with fibroids and heavy periods may need an **endometrial biopsy** to check for pre-cancerous or cancerous cells before surgery.

Fibroid morcellation ✂️

Morcellation is a process where **fibroids or the uterus itself are cut into smaller pieces** so they can be removed through smaller incisions. Smaller incisions leads to quicker recovery times, less pain, and smaller scars.

Morcellation is generally safe. In the very small chance that a fibroid contains cancer, morcellation could spread the cancerous cells within the abdomen, leading to worse outcomes.

Before morcellation, patients must have a **biopsy of the lining of the uterus** (endometrial biopsy) to check that there is no pre-cancer or cancer. This does not guarantee that you don't have cancer but is a good screening test.

If there is any concern that a fibroid could have cancer, morcellation will not be done.

The alternative to morcellation is to have a larger incision so that the fibroid or uterus can be removed as one piece.

Vitamin D and uterine fibroids 

Research suggests that Vitamin D may help slow the growth of fibroids and even reduce their size in some cases. Vitamin D is a safe and low-risk option that may help with fibroid management, especially for smaller fibroids. It’s not a cure, but maintaining healthy Vitamin D levels benefits overall health.

More research is needed to confirm its effectiveness. Doses used in research studies are higher than what is currently available. Talk to your doctor about checking your Vitamin D levels and finding the right dosage for you.

Click to explore community supports suggested by gynecologists at Unity Helath Toronto

- The Fibroid Foundation
- Care About Fibroids
- The White Dress Project

STEP 2

What matters most to you?

Common reasons to choose each option are listed below. Click how much each reason matters to you on a scale from 0 to 5. ‘0’ means it is not important to you. ‘5’ means it is very important to you.

Reasons to choose a hysterectomy	
How important is it to you to completely eliminate periods?	5
How important is it to you to avoid future surgery for fibroids?	5
Please list other reasons to choose a hysterectomy:	5
Reasons to choose a myomectomy	
How important is it for you to have children in the future?	5
How important is it to you to keep your uterus?	5
Please list other reasons to choose a myomectomy:	5

Reasons to choose a uterine artery embolization or laparoscopic radiofrequency ablation:	
How important is it to you to keep your uterus?	5
How important is it to you to avoid an open surgery with larger incisions in your belly?	5
How important is it to you to avoid blood transfusion?	5
How important is it for you to have children in the future?	5
Please list other reasons to choose a laparoscopic radiofrequency ablation or UAE:	4

STEP 3

What else do you need to prepare for decision making?

Place a check mark in each row

Find out how well this decision aid helped you learn the key facts:	Hysterectomy	Myomectomy	Lap RFA	Dont Know
Which option has the highest chance of improving my heavy bleeding and/or bulk symptoms?	☐	☐	☐	☐
Which option has the lowest chance of surgical complications?	☐	☐	☐	☐
Which option has the lowest risk of blood transfusion?	☐	☐	☐	☐
Which option has the highest chance of serious harm?	☐	☐	☐	☐

Find out how comfortable you feel about deciding	Yes	No
Do you know the benefits and harms of each option?	☐	☐
Are you clear about what benefits and harms matter most to you?	☐	☐
Do you have enough support and advice to make a choice?	☐	☐
Do you feel sure about the best choice for you?	☐	☐

If you answered ‘No” to any of those, discuss with your health care provider

STEP 4

Check what you want to do next

- [ ] I am most strongly considering proceeding with _____
- [ ] I am not interested in proceeding with _____
- [ ] I need to discuss the options with my doctor and family.
- [ ] I need to read more about my options.
- [ ] Other information I need to make my decision _____

Decision aid completed

Next steps: Review with your gynecologist

Thank you for completing this decision aid. Your responses will be reviewed during your upcoming appointment with your gynecologist, where you can discuss your options further.

If you'd like, you can print a PDF version of this document to bring with you to your appointment, or you can review a copy available at the clinic. Either way, we'll make sure you have all the support and information you need to make the best decision for your care.

Please complete **this survey** to provide feedback on this decision aid. Your opinion is anonymous and greatly appreciated!

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