

Uterine Fibroids Medicine Options






This document includes the Option Grid decision aids for: **Uterine Fibroid Medicine Options** and **Uterine Fibroid Procedure Options**.

This decision aid is for people with uterine fibroids that cause heavy bleeding or pain. It is not for people with cancer in the uterus. These options typically will not make fibroids go away or get much smaller. Not all options may be available. Check with your healthcare professional.

About Uterine Fibroids: Uterine fibroids are growths in the uterus that are not cancer. Fibroids can cause heavy bleeding or pain.

Having fibroids may make it more difficult to get and stay pregnant. Fibroids can cause problems during pregnancy and delivery, including a higher chance for C-section and heavy bleeding.

What does the option involve?

Watch and Wait	Nonsteroidal Anti-Inflammatory Drug (NSAID) Pill	Tranexamic Acid Pill	Combined Estrogen and Progestin or Progestin-Only Pill	Gonadotropin-Releasing Hormone Antagonist with Estrogen and Progestin Pills	Progestin-Only Shot	Progestin-Only Intrauterine Device (IUD)
						
Symptoms often get better after menopause. Some people choose to wait and see what happens.	You will take pills for about 1 week each month.	You will take pills for about 1 week each month.	You will take a pill every day.	You will take pill 1 or 2 times every day.	A healthcare professional will give you a shot every 3 months. You may have the option to do it yourself.	A healthcare professional will place an IUD through your cervix and into your uterus. You can keep it for up to 6 years.







Will I have less bleeding and pain within 6 months?

Watch and Wait	Nonsteroidal Anti-Inflammatory Drug (NSAID) Pill	Tranexamic Acid Pill	Combined Estrogen and Progestin or Progestin-Only Pill	Gonadotropin-Releasing Hormone Antagonist with Estrogen and Progestin Pills	Progestin-Only Shot	Progestin-Only Intrauterine Device (IUD)
				<p>Out of 100 people: 0 25 50 75 100</p> <ul style="list-style-type: none"> • about 50 (50%) stop their periods. • about 75 (75%) have no heavy periods. • some may have less pain. 	<p>Out of 100 people: 0 25 50 75 100</p> <ul style="list-style-type: none"> • about 30 (30%) stop their periods. • some have less bleeding. • some have less pain. <p>There is limited research.</p>	<p>Out of 100 people, about: 0 25 50 75 100</p> <ul style="list-style-type: none"> • 20 to 40 (20% to 40%) stop their periods. • some have less pain. <p>or those who do not stop their periods, having an IUD may lessen bleeding by about 90%.</p>
No. If you are close to menopause, your periods may become less regular.	Some people have less bleeding and less pain. There is limited research.	Some people have less bleeding , but it does not help pain. There is limited research.	Some people have less bleeding and less pain. There is limited research.			







Do I need to stop this option before trying to get pregnant?

Watch and Wait	Nonsteroidal Anti-Inflammatory Drug (NSAID) Pill	Tranexamic Acid Pill	Combined Estrogen and Progestin or Progestin-Only Pill	Gonadotropin-Releasing Hormone Antagonist with Estrogen and Progestin Pills	Progestin-Only Shot	Progestin-Only Intrauterine Device (IUD)
No, OK to continue	Yes, stop	No, but you will need to stop it if you get pregnant.	Yes, stop	Yes, stop	Yes, stop	Yes, stop

What are the side effects?

Watch and Wait	Nonsteroidal Anti-Inflammatory Drug (NSAID) Pill	Tranexamic Acid Pill	Combined Estrogen and Progestin or Progestin-Only Pill	Gonadotropin-Releasing Hormone Antagonist with Estrogen and Progestin Pills	Progestin-Only Shot	Progestin-Only Intrauterine Device (IUD)
There are no side effects.						
	Common side effects include stomach pain and nausea.	Common side effects include headaches, muscle cramps, and nausea.	Common side effects include breast pain and nausea.	Common side effects include hot flashes.	Common side effects include rash, pain, or itching where you get the shot; feeling nervous; or stomach pain.	Common side effects include pain with placement of the IUD, breast pain and nausea.

What are the more serious harms?

Watch and Wait	Nonsteroidal Anti-Inflammatory Drug (NSAID) Pill	Tranexamic Acid Pill	Combined Estrogen and Progestin or Progestin-Only Pill	Gonadotropin-Releasing Hormone Antagonist with Estrogen and Progestin Pills	Progestin-Only Shot	Progestin-Only Intrauterine Device (IUD)
There are no harms.						
	Rare harms include stomach bleeding or ulcers.	Rare harms include blood clots in the leg and stroke.	With the combined pill, rare harms include blood clots in the leg and stroke.	Rare harms include blood clots in the leg and stroke.	Your bones may become more fragile if you take it for a long time. Research is unclear about whether your bones are more likely to break.	Uncommon harms include infection or injury or having the IUD fall out of place.

Definitions

Nonsteroidal anti-inflammatory drug (NSAID): These medicines can relieve pain and swelling.

Tranexamic acid: This medicine controls bleeding by helping your blood clot.

Gonadotropin-releasing hormone antagonists: These medicines block some hormones.

DynaMed Decisions' Option Grid™ decision aids can be found at:
<https://decisions.dynamed.com/shared-decision-making>
<https://myhealthdecisions.com/shared-decision-making>


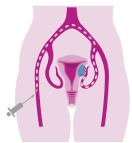
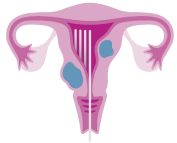
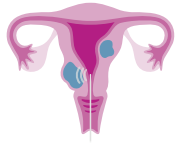
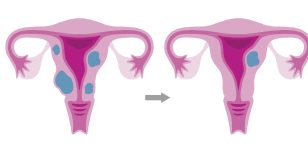
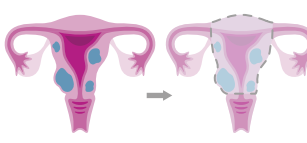
Uterine Fibroids Procedure Options

This decision aid is for people with uterine fibroids that cause heavy bleeding or pain. It is not for people with cancer in the uterus. You may need a specialist referral to have a procedure. Not all options may be available. Check with your healthcare professional.


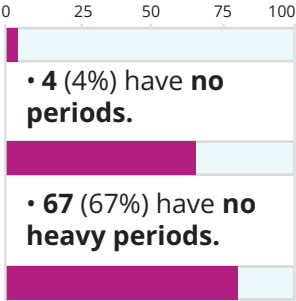
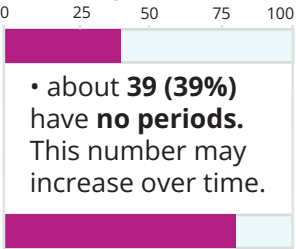

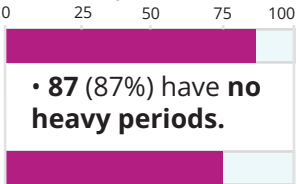
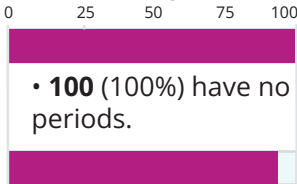
About Uterine Fibroids: Uterine fibroids are growths in the uterus that are not cancer. Fibroids can cause heavy bleeding or pain.

Having fibroids may make it more difficult to get and stay pregnant. Fibroids can cause problems during pregnancy and delivery, including a higher chance for C-section and heavy bleeding.


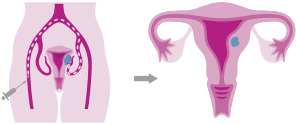



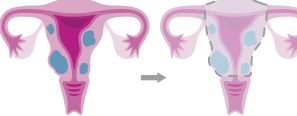
What does the option involve?

Watch and Wait	Uterine Artery Embolization (Block Blood Flow to Fibroids)	Endometrial Ablation (Remove Lining of Uterus)	Radiofrequency Ablation (Treat Fibroids)	Myomectomy (Surgery to Remove Fibroids)	Hysterectomy (Surgery to Remove Uterus)
					
<p>Symptoms often get better after menopause. Some people choose to wait and see what happens.</p>	<p>A clinician will inject small plastic pieces into blood vessels to stop blood flow to fibroids. You may go home that day, but some people need to stay overnight.</p>	<p>A clinician will remove the lining of your uterus using heat, cold, electric, or microwave energy. You will go home that day.</p>	<p>A clinician will reach the fibroid through the vagina or through very small cuts in the lower belly. Heat is used to treat fibroids in the uterus. You will go home that day.</p>	<p>A surgeon will remove fibroids from your uterus. It is typically done by laparoscopic or open surgery.</p> <p>For laparoscopic surgery, a surgeon will make small cuts in your lower belly to remove the fibroids. You will go home that day.</p> <p>For open surgery, a surgeon will make a bigger cut in your lower belly. You will probably go home in 1 to 2 days.</p> <p>For some less common fibroids, you may have surgery to remove the fibroids through your vagina. You will go home that day.</p>	<p>A surgeon will remove your uterus.</p> <p>For laparoscopic surgery, a surgeon will make small cuts in your lower belly to remove your uterus. You may go home that day, but some people need to stay overnight.</p> <p>For open surgery, a surgeon will make a bigger cut in your lower belly. You will probably go home in 1 to 2 days.</p>







Will I have less bleeding and pain?

Watch and Wait	Uterine Artery Embolization (Block Blood Flow to Fibroids)	Endometrial Ablation (Remove Lining of Uterus)	Radiofrequency Ablation (Treat Fibroids)	Myomectomy (Surgery to Remove Fibroids)	Hysterectomy (Surgery to Remove Uterus)
 <p>No. If you are close to menopause, your periods may become less regular.</p>	<p>Out of 100 people, within 1 to 2 years, about:</p>  <ul style="list-style-type: none"> • 4 (4%) have no periods. • 67 (67%) have no heavy periods. • 80 (80%) have less pain. 	<p>Out of 100 people, within 1 year:</p>  <ul style="list-style-type: none"> • about 39 (39%) have no periods. This number may increase over time. • about 82 (82%) have no heavy periods. • some people have less pain. 	 <p>You may have less bleeding and less pain. There is limited research.</p>	<p>Out of 100 people, within 1 year, about:</p>  <ul style="list-style-type: none"> • 87 (87%) have no heavy periods. • 75 (75%) have less pain. 	<p>Out of 100 people, within 1 to 2 years:</p>  <ul style="list-style-type: none"> • 100 (100%) have no periods. • at least 93 (93%) have less pain.






Will the fibroids go away or get smaller?

Watch and Wait	Uterine Artery Embolization (Block Blood Flow to Fibroids)	Endometrial Ablation (Remove Lining of Uterus)	Radiofrequency Ablation (Treat Fibroids)	Myomectomy (Surgery to Remove Fibroids)	Hysterectomy (Surgery to Remove Uterus)
 <p>Your fibroids may get smaller with menopause. If you are younger, fibroids may get bigger until menopause.</p>	 <p>Your fibroids may get smaller.</p>	 <p>There is limited research. It works best for small fibroids near the lining of the uterus. These small fibroids may go away when the uterus lining is removed.</p>	 <p>Your fibroids may get smaller.</p>	 <p>Most fibroids can be removed.</p>	 <p>Your fibroids will be removed with your uterus.</p>

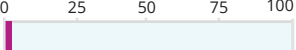


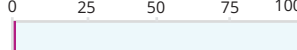

Is it safe to get pregnant?

Watch and Wait	Uterine Artery Embolization (Block Blood Flow to Fibroids)	Endometrial Ablation (Remove Lining of Uterus)	Radiofrequency Ablation (Treat Fibroids)	Myomectomy (Surgery to Remove Fibroids)	Hysterectomy (Surgery to Remove Uterus)
					
Yes	Pregnancy is usually not recommended, but more research is needed.	No. There are serious harms to being pregnant.	More research is needed.	Yes. You may need to deliver by C-section with some types of myomectomy.	You will no longer be able to get pregnant.






What are the side effects?

Watch and Wait	Uterine Artery Embolization (Block Blood Flow to Fibroids)	Endometrial Ablation (Remove Lining of Uterus)	Radiofrequency Ablation (Treat Fibroids)	Myomectomy (Surgery to Remove Fibroids)	Hysterectomy (Surgery to Remove Uterus)
There are no side effects.					
	Pain, nausea, and vaginal discharge are common.	Pain, cramping, and nausea are common.	Some people may have pain. There is limited research.	Pain and nausea are common.	Pain and nausea are common. If your ovaries are also removed, you will go into menopause.






What are the more serious harms?

Watch and Wait	Uterine Artery Embolization (Block Blood Flow to Fibroids)	Endometrial Ablation (Remove Lining of Uterus)	Radiofrequency Ablation (Treat Fibroids)	Myomectomy (Surgery to Remove Fibroids)	Hysterectomy (Surgery to Remove Uterus)
There are no harms.	<p>Out of 100 people:</p>  <ul style="list-style-type: none"> • about 3 (3%) get an infection. • fewer than 1 (less than 1%) get a blood clot. 	<p>Out of 100 people, about:</p>  <ul style="list-style-type: none"> • 2 (2%) get an infection. • 2 (2%) get an injury to the uterus. 	 <p>Harms may include heavy bleeding or injury to the uterus. There is limited research.</p>	<p>Out of 100 people:</p>  <ul style="list-style-type: none"> • fewer than 1 (less than 1%) need a hysterectomy during surgery. • about 3 (3%) need a blood transfusion. <p>Infection and injury are possible.</p>	<p>Out of 100 people, about:</p>  <ul style="list-style-type: none"> • 2 (2%) get a wound infection after laparoscopic surgery. • About 6 (6%) get a wound infection after open surgery. • 1 to 2 (1% to 2%) get an injury to the urinary system. • 4 (4%) need a blood transfusion.

What is the chance I will need more surgery?

Watch and Wait	Uterine Artery Embolization (Block Blood Flow to Fibroids)	Endometrial Ablation (Remove Lining of Uterus)	Radiofrequency Ablation (Treat Fibroids)	Myomectomy (Surgery to Remove Fibroids)	Hysterectomy (Surgery to Remove Uterus)
Does not apply	 <p>About 22 of 100 people (22%) need more surgery within 2 years.</p>	 <p>About 25 of 100 people (25%) need more surgery within 2 to 5 years.</p>	 <p>About 8 to 12 of 100 people (8% to 12%) need more surgery within 2 to 3 years.</p>	 <p>About 4 of 100 people (4%) need more surgery within 2 years.</p>	 <p>More surgery is usually not needed.</p>

When will I return to my usual activities?

Watch and Wait	Uterine Artery Embolization (Block Blood Flow to Fibroids)	Endometrial Ablation (Remove Lining of Uterus)	Radiofrequency Ablation (Treat Fibroids)	Myomectomy (Surgery to Remove Fibroids)	Hysterectomy (Surgery to Remove Uterus)
Does not apply					
	You may return in a week or so. Full recovery may take 2 weeks.	You may return in a few days a few days. Full recovery may take 1 to 2 weeks.	You may return within a week. Full recovery may take 1 to 2 weeks.	<p><i>After laparoscopic surgery</i>, you may return within 3 to 4 weeks. Full recovery may take 4 weeks.</p> <p><i>After open surgery</i>, you may return within 4 to 6 weeks. Full recovery may take up to 6 weeks.</p>	<p><i>After laparoscopic surgery</i>, you may return within 3 to 4 weeks. Full recovery may take 4 to 6 weeks.</p> <p><i>After open surgery</i>, you may return within 4 to 6 weeks. Full recovery may take up to 8 weeks.</p>

Definitions

Wound infection: This is an infection in your surgical cut (incision).

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