



How fibroids are treated depends on how big they are, where they are in the womb, and how severe your symptoms are.^{1,2} Some options treat symptoms, some can shrink fibroids as well, and some remove fibroids altogether.^{1,2}

NON-SURGICAL TREATMENTS ^{1,2,3}

TREAT SYMPTOMS OF FIBROIDS

LEVONORGESTREL-RELEASING INTRAUTERINE SYSTEM

A small plastic coil inserted through the cervix into the womb. Releases hormones (progestin, synthetic progesterone) similar to contraceptive pills to **lighten bleeding**.

COIL THAT CAN STAY IN PLACE FOR UP TO 3-5 YEARS



TRANEXAMIC ACID ⁴

HELPS CLOTTING IN THE BODY TO **LIGHTEN BLEEDING**.



Tablets taken during periods for up to four days

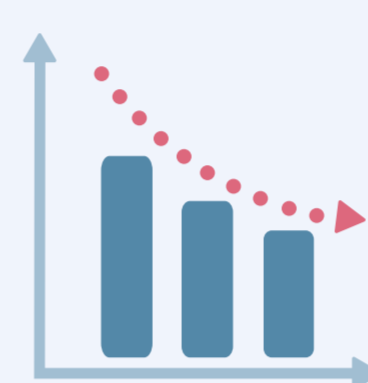
NON-STEROIDAL ANTI-INFLAMMATORIES (NSAIDS)

LIGHTEN PERIODS and **reduce period pain**

Tablets taken during periods



COMBINED OR PROGESTERONE-ONLY CONTRACEPTIVE PILLS.



Oestrogen & progesterone **lighten bleeding** by keeping the womb lining thin, and **reduce period pain**. Tablets taken regularly.

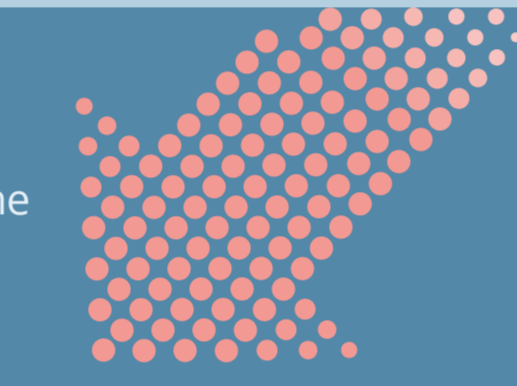
TREAT SYMPTOMS AND REDUCE THE SIZE OF FIBROIDS

ULIPRISTAL ACETATE ³

For moderate to severe symptoms of uterine fibroids in women of reproductive age

Blocks progesterone receptors to **shrink fibroids** (relieving pressure symptoms) and **reduces bleeding** and pain during and between courses.

Can be used for long term use and pre-surgically.



Tablets taken daily: Up to 3-month courses with a 2 menstrual period break in between each course.

GnRH AGONISTS (FOR ALL SIZE FIBROIDS)

Reduce oestrogen and progesterone in the body to **shrink fibroids** and **reduce bleeding**.

Typically used pre-surgically.

INJECTION ONCE A MONTH FOR A MAXIMUM OF 6 MONTHS



SURGICAL TREATMENTS TO REMOVE FIBROIDS ^{1,2}

REMOVAL OF FIBROIDS ON THE INNER SURFACE OF THE UTERUS

ENDOMETRIAL ABLATION (FOR SMALL FIBROIDS)

GENERAL OR LOCAL ANAESTHETIC

An instrument is passed through the cervix to remove the lining of the womb. **Reduces bleeding** and **removes inner surface fibroids**.

HYSTEROSCOPIC RESECTION

Similar to endometrial ablation, but only the **fibroids are removed**, not the womb lining.

GENERAL OR LOCAL ANAESTHETIC

REMOVAL OF LARGE FIBROIDS

MYOMECTOMY (DEPENDING ON LOCATION OF FIBROIDS)

Surgically removes fibroids from the wall of the womb through keyhole or open surgery, depending on the size and where your fibroids are.

GENERAL ANAESTHETIC + A FEW DAYS IN HOSPITAL



UTERINE ARTERY EMBOLISATION (UAE)

A dye is injected through a tube inserted into your groin so the blood supply to the fibroid can be seen on an x-ray, and blocked off by injecting small beads into the blood vessels that supply the fibroids.

LOCAL ANAESTHETIC + 1 OR 2 DAYS IN HOSPITAL



REMOVAL OF UTERUS

HYSTERECTOMY

Surgery to remove the uterus, and sometimes the ovaries as well. There are different techniques including keyhole or vaginal surgery.

GENERAL OR EPIDURAL (SPINAL) ANAESTHETIC + A FEW DAYS IN HOSPITAL

¹NICE clinical knowledge summary for uterine fibroids, updated February 2013. Available at: <https://cks.nice.org.uk/fibroids#topicsummary>. Last accessed April 2017.

²NHS Choices: Fibroids. Available at: www.nhs.uk/conditions/Fibroids/Pages/Introduction.aspx. Last accessed April 2017.

³NICE clinical guidance CG44. Heavy Menstrual Bleeding: assessment and management, updated August 2016.

⁴Tranexamic Acid 500mg Tablets SPC. Available at: <https://www.medicines.org.uk/emc/medicine/24325>. Last accessed April 2017.