

Fibroids: Myths and Management

Presented By



The Association of Minimally
Invasive Gynecologic Surgeons

...dedicated to healthy lifestyles and safe, state-of-the-art surgery for women of all ages.



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Objectives

- Discuss the definition of fibroids
- Outline the causes
- Define the symptoms
- Review the old treatment approaches
- Demonstrate the 21st Century approaches

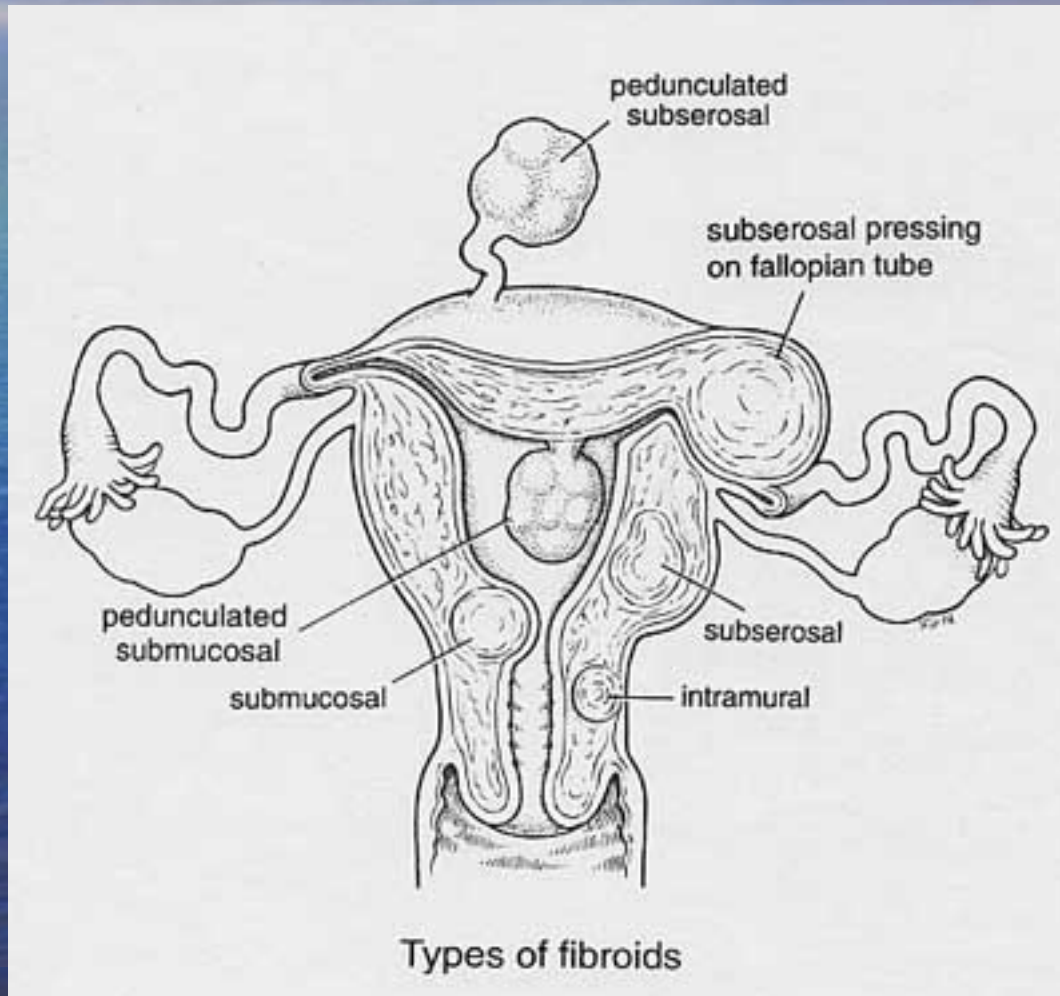
What are Fibroids

- True term is Leiomyoma
- Other names: fibroma
- Genetic component
- Definition: muscles growths in the uterus that affect 30-40% of women.
- Usually asymptomatic
- Rarely malignant (1/1000)

Common Symptoms

- Pain (usually cramping in the lower pelvic area)
- Bleeding (abnormal)
- Urinary frequency and bladder pressure (related to size of uterus)
- Rapid growth

Fibroids are classified by Location in the Uterus



Diagnosis of Fibroids

- History, pelvic exam, and ultrasound
- Office Hysteroscopy and Saline infusion sonography define intracavitary and sub-mucosal ones.
- Occasional MRI will outline fibroid locations. This may be important in minimally invasive surgery

Historical Algorithm for the Management of Fibroids

History & Physical, CBC, TSH, Pap,
endometrial Biopsy, only recently ultrasound

Medical Management (MPA, thyroid, etc)
Dilation and Curettage

Dilation and Curettage

Total Abdominal Hysterectomy 70-80%
Total Vaginal Hysterectomy 20-30%

Fibroid Management Algorithm

Common Symptoms: bleeding, pain, pressure, cramps, abdomen getting larger

History & Physical, Pap
CBC, TSH, Endo BX
Ultrasound/SIS,
Office Hysteroscopy
Other Blood Work, MRI (?)

Accupuncture

Lupron Therapy

Anti-Progestin

Abnormal
Uterine Anatomy

Hysterectomy Options

Non-Hysterectomy Options

Radiologic Procedures

MRI guided Ultrasound

Uterine Artery Embolization

HSC Myomectomy

Endometrial Ablation

LSC Myomectomy

ABD Myomectomy

LSC SupraCervical Hysterectomy

LSC assisted Vag Hysterectomy

Vaginal Hysterectomy

Total Abdominal Hysterectomy

Accupuncture

- Purported to reduce fibroid size and bleeding
- No randomized, double-blinded, placebo-controlled trial to date.

GnRH Agonist Therapy: Lupron

- Monthly or every three month injections
- Reduces estrogen production to postmenopausal levels
- Reduces fibroids 20-30% in 3 months
- Temporary
- Usually in preparation for surgery

Anti-Progestin Therapy: Mifepristone

- Investigational
- Reduced fibroid size in some studies

MRI guided Ultrasound Therapy

- FDA approved October 22, 2004
- Trade Name: ExAblate 2000 System
- Can be used to treat some fibroids
- Fibroids close to sensitive organs (bowel, bladder, vessels) and those outside image area cannot be treated.

FDA Approval Trial

- 109 women from 7 medical centers around the world enrolled compared to 82 women who had hysterectomies.
- Follow up was in 6 months
- 71% had reduced fibroid symptoms
- 21% needed alternative surgical therapy within a year.
- FDA requires a 3 year post market study to assess the long-term safety and effectiveness

ExAblate 2000

- Only 2 treatments performed in a 2 week period.
- Takes approximately 4 hours
- Requires sedation
- Following the procedure rest for 2 hours and resume nl activity in 2 days

Uterine Artery Embolization

- Plastic particles are inserted in the uterine artery on each side of the uterus.
- Main indication for bleeding
- 78-94% experienced significant reduction in bleeding, pain , and other symptoms.
- Risks: mod-severe pain, nausea and fever, uterine infection, 1% chance of hysterectomy, injury to ovaries producing menopause.
- 30% reduction in fibroids size report at 1 year.
- Contraindicated with intracavitary fibroids

Hysteroscopic Myomectomy

- Outpatient procedure
- Minimal anesthesia
- Risks: bleeding, infection, possible, injury to organs if perforation occurs
- Perforation
- Fluid overload/electrolyte imbalance
- Failure to complete the operation
- Average time of operation: 15 minutes
- Success: >90%



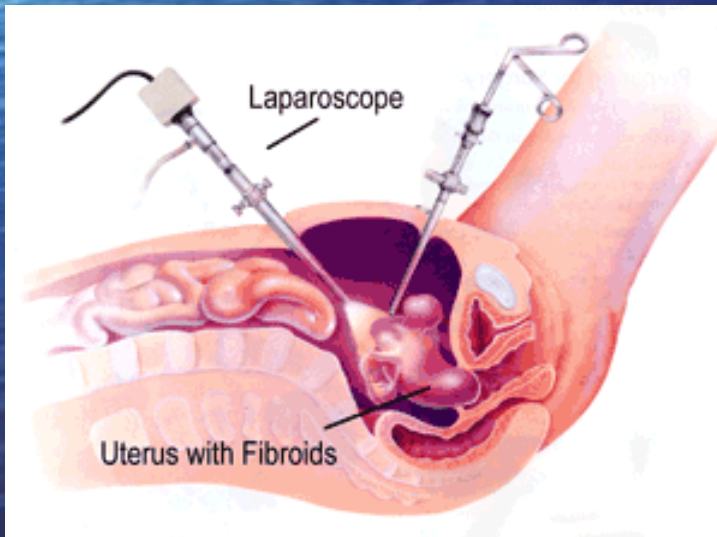
Endometrial Ablation

- For abnormal bleeding
- Outpatient
- Minimal anesthesia
- Risks: same as myomectomy
- Average operating time: 20 minutes
- Success: 90%



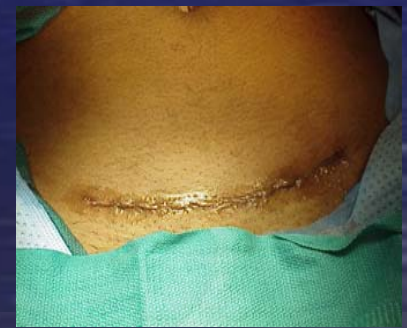
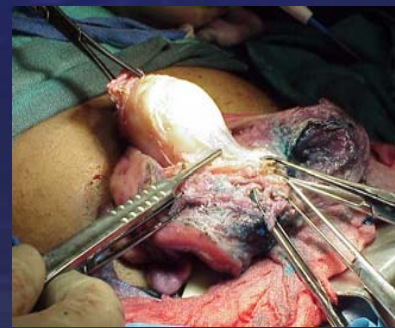
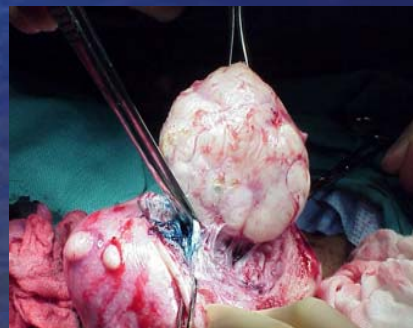
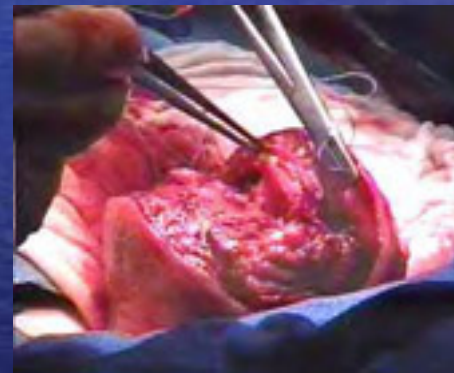
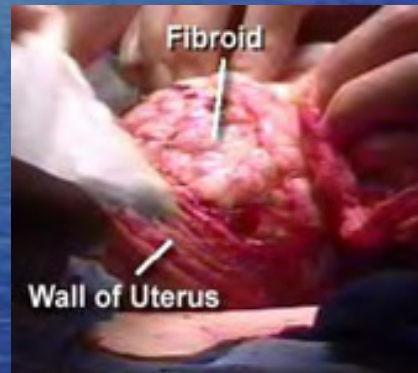
Laparoscopic Myomectomy

- Useful when a discreet number of fibroids present, easily visualized during laparoscopy, operator must be able to suture laparoscopically



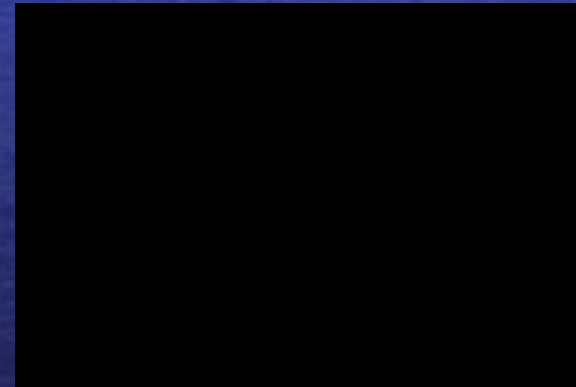
Abdominal Myomectomy

- Useful with large numbers of fibroids/large size
- Useful with transmural fibroids



Laparoscopic SupraCervical Hysterectomy

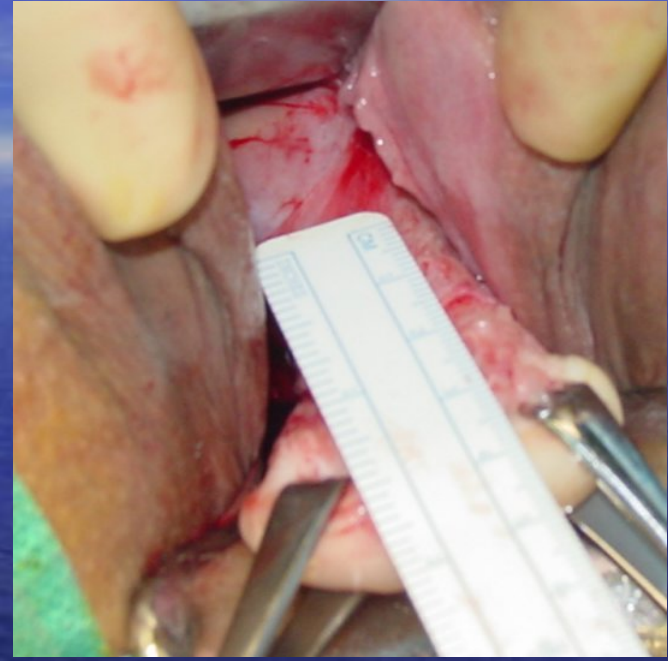
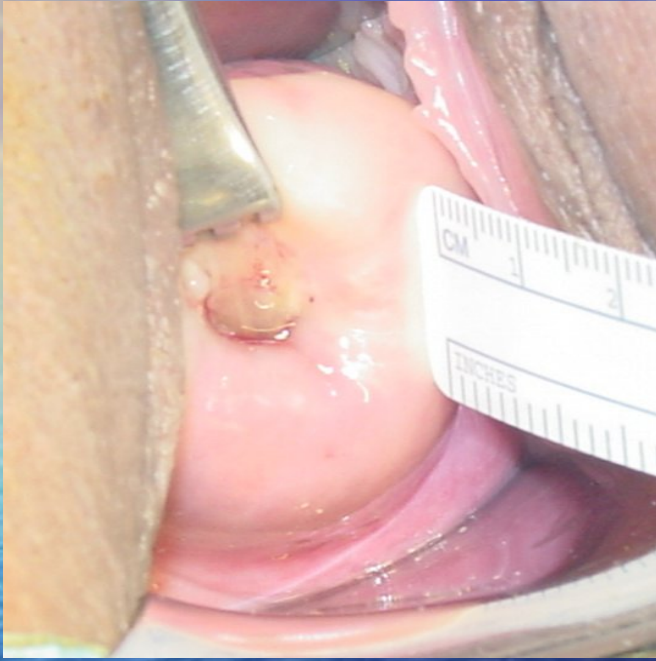
- Any size uterus OK
- 99.9% success in our hands
- Can be outpatient
- 3 little incisions
- 1-4 week recovery
- 90 minute operation
- General anesthesia



Laparoscopic Assisted Vaginal Hysterectomy

- Indicated with history of adhesions, for ovarian retrieval, endometriosis, inability to access the uterus vaginally
- Loose the support of the cervix which differentiates this hysterectomy from supracervical hysterectomy
- Similar risks as in all hysterectomies

Vaginal Hysterectomy



Size of uterus and operator skill impacts success

Exam under anesthesia most accurate predictor

Abdominal Hysterectomy

- This is the Last Resort Hysterectomy

Conclusions

- Fibroid management is diverse
- Medicinal, radiologic, and surgical options available
- Surgical options require skill
- Non-surgical options have failure rate and recurrence rate that needs to be considered
- Radiologic procedures need long-term evaluation