

This guide includes the most common Health Canada approved treatment recommendations for Uterine Fibroids. If treatments of interest to you are NOT recommended, be sure to ask why (be fully informed). Check off those of most interest to you once your GYN lets you know they are applicable.

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❑ **Medication: Bleeding and Pain: ORILISSA**

This medication (gonadotropin-releasing hormone (GnRH) receptor antagonist) is actually approved for the treatment of Endometriosis, however, many GYNs will prescribe for Uterine Fibroids as it has shown to help with symptoms of heavy bleeding and pain.

❑ **Medication, Bleeding: Birth Control Pills (BCP)**

Used to regulate menstrual cycles and help ensure a thinner uterine lining. In doing this there is an expected reduction in excessive or prolonged bleeding.

❑ **Medication, Bleeding: IUD/IUS (Device)**

A Merina IUD (IUS) releases a progestin, making the uterine lining thinner which can help decrease blood flow and cramping. IUD/IUS has in some cases, caused periods to cease.

❑ **Medication, Bleeding: Tranexamic Acid**

Originally used in surgery to reduce bleeding, Tranexamic Acid (AKA Cyklokapron) taken as prescribed can prevent heavy bleeding before it happens or reduce it once in motion.

❑ **Medication, Bleeding: High dose oral progestogens**

These are intended to prevent the uterine lining from building up to begin with. The idea behind this process is that menstrual bleeding will be lighter as a result of that lack of built-up lining.

❑ **Medication: Bleeding and Shrinkage: Lupron**

A 1-to-3-month injection used for its ability to induce a false state of menopause. The result is reduced or eliminated bleeding and reduction in fibroid size. The patient may also experience bone density loss and other issues associated with Menopause. Tumors generally return if medication is stopped.

❑ **Surgical Procedure: D&C (scraping)**

A surgeon scrapes away uterine lining, which is then sent for analysis. Often opted for by surgeons for women with severe bleeding. Ask your GYN about the fibroid return rate they've experienced.

❑ **Surgical Procedure: Ablation**

By destroying the lining of the uterus, Ablation stops heavy bleeding. Usually performed under local anesthetic in an outpatient setting, there are a number of types of Ablation procedures (often depending on size, type and placement of the Fibroids. Ablation eliminates any option of pregnancy. Ask your GYN about the fibroid return rate they've experienced.

❑ **Surgical Procedure: Uterine Artery Embolization (UAE)**

Performed by a radiologist, small particles are injected through a tube aimed to block the arteries supplying blood to the fibroid. This causes it to shrink, thus reduce heavy bleeding. Ask your GYN about the fibroid return rate they've experienced.

❑ **Surgical Procedure: Myomectomy (Abdominal Cut, Abdominal Minimally Invasive or Vaginal)**

Removal of fibroids that are causing heavy menstrual bleeding, it's carried out when patients wish to keep their uterus but experience heavy menstrual bleeding caused by fibroids. Depending on type of Myomectomy recovery is up to 6 months. Ask your GYN about the fibroid return rate they've experienced.

❑ **Surgical Procedure: Hysterectomy (Abdominal Cut, Abdominal Minimally Invasive or Vaginal)**

Removal of the Uterus and fibroids for a permanent solution. Generally, a last resort of the GYN because there is no ability to conceive once undergone and recovery time can be up to 6 months.