

Center for the Minimally Invasive Treatment of Uterine Fibroids

A Solution for You!



Many women suffer from problems linked to uterine fibroids. In fact, 80% of African American women and 70% of Caucasian women will have fibroids by the time they are 50 years old. Fibroids are also very common among Hispanic women.

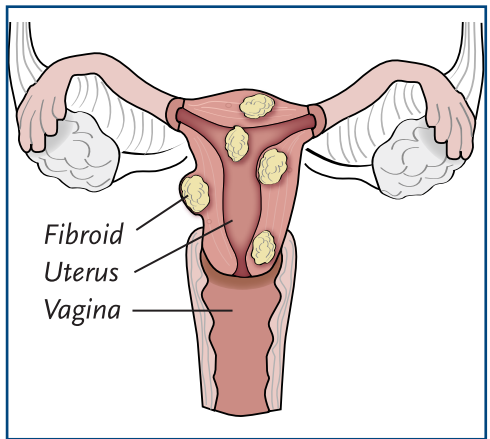
Fibroids can cause many problems. These problems include heavy menstrual cycles, miscarriages, pelvic pain, and pelvic pressure. You do not have to live with these problems.

At the Center for the Treatment of Uterine Fibroids, our well-trained physicians and staff can offer you a variety of solutions for problems linked to uterine fibroids.

What are fibroids?

Fibroids are benign (not cancerous) tumors (abnormal cell growths) inside the uterus.

Fibroids can be located in four regions of the uterus. They can be located in the cavity of the uterus (submucosal), within the muscle wall of the uterus (intramural), on the outside of the uterus (subserosal), or attached to the uterus by a stalk (pedunculated). Fibroids may be located in one or a combination of these areas.



How do I know if I have fibroids?

The most common symptom associated with fibroids is heavy or irregular menstrual cycles. Some women may also have very painful menstrual cycles. Fibroids cause some women to feel pelvic pressure or heaviness from the weight of the uterus. Some women have pain during intercourse.

If you have any of these problems, a solution may be available.

What can I do if I have fibroids?

At the Center for the Treatment of Uterine Fibroids, we offer both medical and surgical treatments for fibroids. Our educated and experienced team is dedicated to finding the best treatment for you.

MEDICAL TREATMENTS

Depending on your symptoms, medical management may be the best way to treat your fibroids. These treatments can control the symptoms associated with fibroids, but they do not make your fibroids disappear.

- ***Oral Contraceptive Pills***

Oral contraceptive pills can control some of the symptoms associated with uterine fibroids. Oral contraceptives can make menstrual cycles more predictable, shorter, and lighter. Menstrual pain is often improved with the use of oral contraceptive pills.

- ***Intrauterine Device (IUD)***

The Mirena® IUD is FDA approved for treating heavy menstrual cycles. In fact, 85% of women have no menstrual cycle after 3 months of use. The Mirena® IUD is not recommended for the treatment of all types of fibroids. Submucosal fibroids can increase the rate of expulsion of the IUD.

- ***GnRH Agonists***

GnRH agonists are medications that work with your body to decrease the production of estrogen. Fibroids have estrogen receptors, so the decrease in estrogen reduces the size of the uterus and fibroids. Shrinking the size of uterine fibroids can help control some of the symptoms associated with fibroids.

SURGICAL TREATMENTS THAT PRESERVE THE UTERUS

Medical management is not the best treatment for all women with fibroids. Because of their symptoms, some women require surgical intervention. For women who want to preserve their uterus for childbearing, a myomectomy may be the answer. During this procedure, the surgeon removes the uterine fibroids and conserves the uterus. Fibroids may return after 2-3 years, but most women are symptom free for many years. Another option for uterine conservation is uterine artery embolization.

• **Hysteroscopic Myomectomy**

For women who have small submucosal fibroids, a hysteroscopic myomectomy may be a treatment option. A hysteroscopic myomectomy is an outpatient procedure. Your surgeon will place a camera through the vagina and into the uterus through the cervix. The doctor can see the fibroids and remove them.

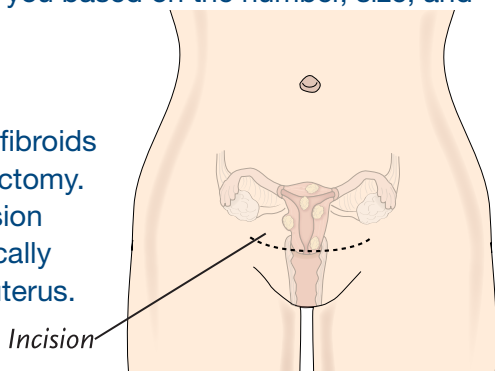
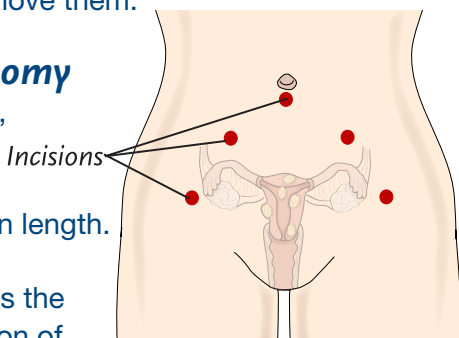
• **da Vinci® Robotic Myomectomy**

With the da Vinci® Robotic system, your surgeon can perform a myomectomy by making four small incisions each about 1 centimeter in length.

The da Vinci® Robotic system gives the doctor the visualization and precision of an abdominal myomectomy, and gives the patient the benefits of laparoscopic surgery. Those benefits include less blood loss, less postoperative pain, and less scarring. Your doctor can determine if this procedure is appropriate for you based on the number, size, and location of your fibroids.

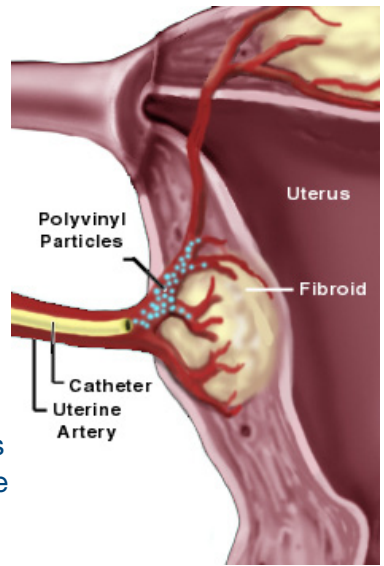
• **Abdominal Myomectomy**

Patients with large or numerous fibroids may need an abdominal myomectomy. The surgeon makes a small incision above the pubic bone and surgically removes the fibroids from your uterus.



• ***Uterine Artery Embolization***

Interventional radiologists perform uterine artery embolizations. After you are mildly sedated, the radiologist uses a slender, flexible tube to inject small particles into the uterine arteries that supply blood to your fibroids and uterus. These small particles block the blood flow to the uterus and to the fibroids. Blocking the blood flow causes the fibroids to shrink. While some successful pregnancies have been reported after this procedure, we recommend this procedure only for women who have completed childbearing.



SURGICAL TREATMENTS THAT DO NOT PRESERVE THE UTERUS

Women who are past their childbearing years have other surgical options for fibroid treatment: endometrial ablation and hysterectomy.

• ***Endometrial Ablation***

Endometrial ablation is a treatment for heavy, prolonged vaginal bleeding. This procedure destroys the endometrial lining (the lining of the uterus). Most women who have this procedure are satisfied with the amount of bleeding that they have after the procedure. At Ochsner, we can perform endometrial ablations in the office or the operating room as an outpatient procedure.

- ***Hysterectomy***

During a hysterectomy, the surgeon removes your uterus and cervix. Depending on your age and your medical and family history, the surgeon may also remove your ovaries. Hysterectomy is the definitive treatment for fibroids.

- ***Vaginal Hysterectomy***

Vaginal hysterectomy is a hysterectomy that is performed through the vagina. The surgeon makes no incisions on the abdomen.

- ***Laparoscopic Hysterectomy***

Laparoscopic hysterectomies are performed through small incisions, each approximately 1 centimeter in length, on the abdomen. Similar to vaginal hysterectomy, there is less blood loss, less postoperative pain, and less scar tissue when compared to an abdominal hysterectomy. A laparoscopic hysterectomy can be performed even when the uterus is somewhat large.

- ***da Vinci® Robotic Hysterectomy***

The da Vinci® Robotic hysterectomy combines the benefits of laparoscopic surgery with the visualization and precision of an abdominal hysterectomy. These advantages allow your surgeon to perform a hysterectomy on an even larger uterus than can be accommodated with traditional laparoscopy.

- ***Abdominal Hysterectomy***

For very large uteri, an abdominal hysterectomy may be the solution. The surgeon makes an incision on the abdomen and removes the uterus and cervix through the incision.

Dr. Veronica Gillispie



*Director,
Center for the Minimally Invasive
Treatment of Uterine Fibroids*

**Joining Dr. Gillispie on the treatment team are physicians
from the Department of Obstetrics and Gynecology and the
Department of Interventional Radiology.**

To schedule an appointment for evaluation, please call (504) 842-0334.

**Center for Treatment of Uterine Fibroids
Department of Obstetrics and Gynecology**



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