



Is Hysterectomy REALLY Your Only Treatment Option?

4 EASY STEPS TO SEEKING ALTERNATIVES

Did your Ob/Gyn just suggest hysterectomy as your only treatment option for your fibroids or adenomyosis? That can be shocking, and even devastating news.

Even though hysterectomy is one of the most commonly performed surgeries in the US, it is a major operation for a woman that should only be recommended if other treatment options have been unsuccessful and no other method would work for her specific symptoms.

This e-book explores what a hysterectomy is - and how to really evaluate whether it's the right option for you.

There is quite a bit of difference of opinion between the gynecologists in the way they approach the treatment of patients with uterine fibroids. Most recommend treatment only when fibroids cause symptoms, such as excessive menstrual bleeding, pain, abdominal distension, or urinary frequency.

And what is the most frequently recommended treatment? Hysterectomy.

A hysterectomy is a surgery to remove a woman's uterus or womb. After a hysterectomy, women no longer have menstrual periods and can't become pregnant. Sometimes the surgery also removes the ovaries and fallopian tubes.

Most hysterectomies are not emergencies. You have time to think about what you want to do and investigate whether this is the only possible treatment option.

This e-book covers the benefits and risks – as well as options other than surgery. It is designed to help you talk with your doctor. If you are uncomfortable with the idea of undergoing

a hysterectomy to treat your symptomatic uterine fibroids or adenomyosis, there are alternatives.

First, let's discuss some numbers.

- In the US, hysterectomy is the **second most commonly performed surgery** among women after cesarean section; around **1 in 3** will have the procedure by the age of 60.
- According to the Center for Disease Control and Prevention, up to 600,000 women undergo a hysterectomy (the surgical removal of the uterus and sometimes other reproductive organs) every year in the United States.
- 1 in 5 women in the US who undergo the procedure don't need it.
- At least 50% of American women of reproductive age suffer from symptomatic uterine fibroids.
- At least 30% of all hysterectomies in the United States are performed to treat uterine fibroids.
- Almost 40% of women were not offered alternative treatments prior to a hysterectomy.

Uterine fibroids are noncancerous growths that develop in the uterus. They may also be referred to as myoma, leiomyoma, leiomyomata, and fibromyoma.

These benign tumors develop from normal uterine muscle cells that start growing abnormally. Fibroids can vary in size, ranging from microscopic to several inches. There are several different types of fibroids, and it's not unusual to have more than one type.

Some fibroids don't produce any symptoms at all, while others can cause debilitating cramps, heavy bleeding, bloating, painful sex, or a variety of other unpleasant symptoms. While it's common to have multiple fibroid tumors, it is often hard to tell which fibroid is causing the symptoms.

Dealing with fibroids can be disruptive to daily life, and many women report that their symptoms adversely affect their overall mood and sense of well-being.

Hysterectomy is an established solution for symptomatic uterine fibroids and may be the best option for some women; however, it is a highly invasive surgery that results in the loss of their uterus. Knowing what a hysterectomy could mean for your future emotional and physical health (and whether you need a hysterectomy at all) is essential before undergoing the procedure.

Despite being one of the most common surgeries for women in the US, the procedure is often not well understood by patients, and many women believe myths about the procedure that influence their approach to it. Very few patients know that many hysterectomies are performed unnecessarily.

An increasing number of reproductive-age women with symptomatic uterine fibroids or a similar condition called adenomyosis are opting for a less invasive procedure called uterine fibroid embolization (UFE). If you are suffering from symptomatic uterine fibroids and want to know all of your treatment options, such as myomectomy and UFE, start by taking these four steps. As with any medical procedure, discuss all risks and complications with your physician.

4 Easy Steps to Seeking Alternatives

STEP 1 - BE INFORMED!

Do research on the internet on what other uterine fibroid treatments are appropriate for you, such as UFE.

UFE is performed by Interventional Radiologists, who work with Gynecologists to evaluate candidates for this procedure. Fibroid tumors need a blood supply to stay alive and grow. The UFE procedure blocks the blood supply to the fibroids without affecting the blood supply to the uterus. Without a blood supply, the fibroids shrink and disappear. UFE is effective on most sizes and types of fibroids and multiple fibroids can be treated at the same time.

During the procedure the interventional radiologist makes a tiny incision in the wrist or thigh and inserts a catheter into the radial or femoral artery. Using real-time imaging, the doctor guides the catheter through the artery into the uterine arteries that supply blood to the fibroids. The doctor then releases tiny particles — the size of grains of sand — into the uterine arteries to stop the flow of blood to the fibroid. The fibroids begin to shrink, but the uterus and ovaries are spared.

Once you have received all the available information about your treatment options, you will be ready to move on to the next step.

STEP 2 - SEEK A SECOND, THIRD, OR FOURTH OPINION.

Not all uterine fibroids are alike, which means that the treatment for them will not be the same for everyone either. For true informed consent before surgery, patients should be aware of all of their treatment options. Obtain a complete copy of your medical records from your current Ob/Gyn and do not hesitate to discuss hysterectomy alternatives with other doctors. Don't give up until you are comfortable with what you hear. You and your doctor should both be satisfied with your treatment plan.

The Interventional Radiologist is most qualified to determine if you are a good candidate for a UFE procedure. The consultation process includes an initial consultation with an Ob/Gyn, some testing and imaging, a review of your test results, and a final pre-operative consultation with the specialist who will perform your UFE, so that you and your doctor can decide together whether UFE is right for you.

STEP 3 - TALK TO OTHER WOMEN WITH UTERINE FIBROIDS OR ADENOMYOSIS.

Try to connect with women who have had treatments other than hysterectomy for their uterine fibroids. This will help you learn about their individual experiences.

Discuss these hysterectomy alternatives with your doctor so he or she knows you are aware of them and to see if you are a potential candidate. Many hospitals have women's health seminars that feature a variety of health topics. These are excellent forums to gain more information and to network with women who have similar clinical issues. There are Facebook groups dedicated to various treatment options for fibroids where women discuss their symptoms and experiences.

STEP 4 - RESEARCH PRACTICES THAT PERFORM THE PROCEDURES

A patient-physician relationship today is more like a partnership. And like any partner, a doctor who is great for one patient may not be the right fit for another. Here are some ways to determine whether your new doctor is a good match.

Determine if the specialist who will be performing the procedure is board-certified. Board certification is generally associated with quality of care. The American Board of Medical Specialties created http://www.certificationmatters.org where you can input doctors' names and determine whether they're board-certified in any specialty.

Read patients' reviews very carefully. Try multiple sites, like <u>www.zocdoc.com</u> and <u>www.helathgrades.com</u>. Some companies share their patients' stories on their websites or put up video testimonials on <u>www.youtube.com</u>.









