

# A wide range of treatment options helps provide optimal care for women with uterine fibroids



**More than half of all women develop fibroids** — benign growths in the uterine wall — by age 50. The cause is not clear, though heredity seems to play a role. Most women with uterine fibroids are asymptomatic or experience only minimal discomfort. But up to one-fourth may experience excessive menstrual bleeding, frequent urination, pain or pressure in the pelvis and back, an enlarged abdomen, painful intercourse and infertility.

Typically discovered on routine pelvic exam and pelvic ultrasound, fibroid size, type, location and number are best confirmed by magnetic resonance imaging (MRI).

UCLA's unique, multidisciplinary program was the first in the country to offer minimally invasive, non-invasive and robotic surgical treatments for uterine fibroids and adenomyosis.

## No single treatment option is best

There is no one best approach for treating fibroids. In partnership with an informed patient and taking into consideration fibroid size, number, location and severity and the patient's desire to become pregnant, our multidisciplinary team of gynecologists and radiologists tailor treatments to individual women's needs.

For asymptomatic or minimal fibroids, careful monitoring and medications that alleviate minor symptoms or inhibit growth are the first line of therapy.

## Individualized hysterectomy alternatives

More than 200,000 hysterectomies are performed each year to treat uterine fibroids, making it the second-most-frequently performed surgery (after cesarean section) for women in the United States.

More than 90 percent of patients with fibroids who seek a second opinion at UCLA have only been given the option of abdominal hysterectomy, says Steven Raman, MD, co-director of the UCLA Fibroid Treatment Program and professor of radiology, urology and surgery. "But at UCLA, only half the women we treat require traditional surgery, the others are treated with less-invasive alternatives such as laparoscopic myomectomy; uterine fibroid embolization; non-invasive, MRI-guided, focused ultrasound or even holistic techniques," he says.

"Every woman is different and no single medical option will be right for every patient," says Christopher Tarnay, MD, co-director of the UCLA Fibroid Treatment Program and associate professor of obstetrics and gynecology. "With a team approach to care, we create an individualized treatment plan that offers the safest and most effective combination of traditional and non-traditional fibroid therapies available," he says.

In women whose fibroids are large or are causing significant concern, the UCLA Fibroid Treatment Program utilizes the most advanced technology available to address the symptoms and whenever possible preserve the uterus.

UCLA has been at the forefront of each of the following treatment options and is one of only a few centers in the Western United States to offer each highly specialized technique.

### **Laparoscopic or robotic myomectomy**

Myomectomy, traditionally performed through a large abdominal incision, removes just the fibroids from the uterus. It is the only surgical fibroid treatment recommended for women who may want to become pregnant.

With minimally invasive laparoscopic myomectomy, doctors access and remove fibroids using long-handled instruments and a tiny camera (laparoscope) through a ¼-inch incision made in or near the navel.

Robotic-assisted myomectomy is an enhanced, minimally invasive technique that offers unmatched dexterity, precision and visualization by allowing surgeons to guide instruments connected to robotic arms.

### **Laparoscopic or robotic hysterectomy**

A hysterectomy is the surgical removal of the uterus and is considered in cases of very large fibroids or if other treatments are unsuitable or have been unsuccessful. Up to one-third of the 600,000 hysterectomies performed annually in the U.S. are due to symptomatic uterine fibroids.

Although like myomectomy, abdominal or “open” hysterectomy is usually accomplished via a large incision, more than half of hysterectomies at UCLA are performed through less-invasive laparoscopy or robotic-assisted laparoscopy.

### **Uterine fibroid embolization**

Uterine fibroid embolization (UFE) is a very effective, minimally invasive, nonsurgical procedure in which small particles are injected into the uterine arteries, blocking blood flow to the fibroids and causing them to shrink. Developed at UCLA, UFE is the best-studied non-surgical treatment option.

Up to 90 percent of UFE patients experience rapid relief of heavy bleeding, pain, pressure and other symptoms.

### **Magnetic resonance imaging-guided ultrasound (MRgFUS)**

MRgFUS, an innovative new outpatient technique, uses MRI to monitor targeted fibroids and focused ultrasound to ablate them. It is the only non-surgical technique suitable for women wishing to preserve or enhance fertility. UCLA is the only center in the greater Los Angeles region currently offering this therapy.

### **Holistic approach**

The UCLA Uterine Fibroid Treatment Program works in conjunction with the UCLA Center for East-West Medicine to help women desiring holistic treatment approaches. Nutrition and lifestyle counseling, vitamin and herbal supplements, homeopathy and bodywork therapies can be used alone or with minimally and non-invasive therapies.

## Participating Physicians

### Radiology

#### **Steven Raman, MD**

Professor of Radiology, Urology and Surgery  
Co-director, UCLA Fibroid Treatment Program

#### **Simin Bahrami, MD**

Assistant Professor of Radiology

#### **Antoinette Gomes, MD**

Professor of Radiology

#### **Cheryl Hoffman, MD**

Associate Professor of Radiology

#### **David S.K. Lu**

Professor of Radiology and Surgery

### Obstetrics & Gynecology

#### **Christopher Tarnay, MD**

Associate Professor of Obstetrics and Gynecology  
Co-director, UCLA Fibroid Treatment Program

#### **Michael Johnson, MD**

Vice Chair and Associate Clinical Professor of Obstetrics and Gynecology  
Co-director, UCLA Fibroid Treatment Program

#### **Aldo Palmieri, MD**

Professor of Obstetrics and Gynecology

#### **William Parker, MD**

Professor of Obstetrics and Gynecology

#### **Valentina Rodriguez-Triana, MD**

Assistant Clinical Professor of Obstetrics and Gynecology

#### **Steve Yu, MD**

Assistant Professor of Obstetrics and Gynecology

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