



Summary of Recommended Guideline

Pelvic Ultrasound: Uterine Fibroids Surgical Treatment

Farquhar, C. et al. (2001). An Evidence-based Guideline for the Management of Uterine Fibroids. Aust N Z J Obstet Gynaecol. 41(2); pp.125-140.

Rating (out of 4): 

Algorithm available in the full guideline

Scope

This guideline is intended for family physicians, obstetricians and gynaecologists.

Clinical Question

When is surgery recommended to remove uterine fibroids? Which type of surgery is best in a given situation?

Fair Evidence

- Administration of GnRH analogues for two to four months prior to surgery for uterine fibroids is recommended for those women who have a large uterus (greater than 18 weeks' gestation) or who have pre-operative anemia.
- Women diagnosed with submucous uterine fibroids and heavy or abnormal menstrual bleeding should be offered hysteroscopic ablation or resection as an alternative to hysterectomy.

Insufficient / Consensus*

- Women with subserous and intramural fibroids associated with symptoms such as heavy menstrual bleeding and pressure symptoms should be offered a myomectomy as an alternative to hysterectomy.

- The low incidence of leiomyosarcoma discovered incidentally in asymptomatic women with uterine fibroids does not support the surgical removal of these fibroids in order to prevent this cancer.
- The decision as to whether a hysterectomy or myomectomy is done depends upon the woman's preference, her age, her desire to retain reproductive potential, and the position and number of the fibroids.
- Women who have fibroids detected during pregnancy should be referred to a specialist for a consultation, but do not require additional surveillance unless symptoms arise during the pregnancy.

*** Guideline Development Note:**

The evidence-based recommendations within this guideline do not differentiate case control studies from consensus studies within their D level recommendations. In this unique instance, the GAC has combined all D level recommendations under the GAC level of "Insufficient/ Consensus".

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