

Uterine fibroid treatment comparison guide

Choose the right treatment for YOU

This chart outlines the differences among the most common fibroid treatments, from least to most invasive. Understanding the spectrum of fibroid treatment options available empowers you to choose the treatment you believe is best for you.

TREATMENT KEY

US Uterine-sparing

NH Non-hormonal

Some of these treatment options have been studied head-to-head and some have not. This chart contains summary information from separate studies using different methods and criteria to measure efficacy or success. This is not intended to be medical advice or an exhaustive list of treatment options. Please consult your medical professional for specific advice regarding your health and treatment.

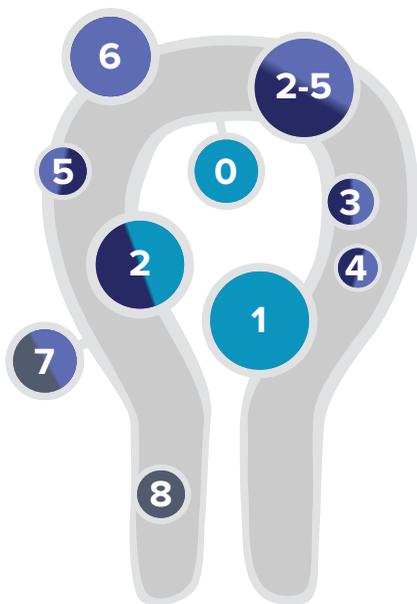
Treatments	Considerations	Success Rates	Anesthesia	Recovery	Limitations	
WATCHFUL WAITING US NH Fibroid symptoms are monitored by the patient and doctor without treatment. Treatment is considered if symptoms change or worsen.	<ul style="list-style-type: none"> No disruption to daily life due to new medications or surgical recovery Symptoms from untreated fibroids will likely remain the same or worsen over time and may last until menopause 	N/A	N/A	N/A	N/A	NON-INVASIVE
MEDICATION US Relugolix-Estradiol-Norethindrone Acetate (R/E/NA) is an oral hormone medication to manage heavy menstrual bleeding caused by fibroids. ¹	<ul style="list-style-type: none"> Self-administered treatment High patient compliance required with daily hormonal pills taken multiple times a day (1-2 times daily for up to 24 months)¹ May increase chances of heart attack, stroke, blood clots and/or the risk of early pregnancy loss¹ May decrease estrogen levels which can lead to bone loss¹ 	<ul style="list-style-type: none"> 73% of patients achieved a bleeding response/reduction at 24 weeks² 	N/A	N/A	Cannot be taken for longer than 24 months ¹	
HYSTEROSCOPIC MYOMECTOMY US NH MyoSure® tissue removal* Fibroids are resected and removed from the uterine cavity through the vagina (transcervically).	<ul style="list-style-type: none"> Incisionless Fibroids are removed Procedure keeps your uterus intact, which may allow for the potential for future fertility 	<ul style="list-style-type: none"> 96% of fibroid tissue is removed³ 89% reported satisfaction rate³ 	May require local or general anesthesia	1-2 days ⁴	Only addresses fibroids within the uterine cavity	MINIMALLY-INVASIVE
TRANSCERVICAL RADIOFREQUENCY ABLATION US NH Sonata® fibroid ablation Radiofrequency energy (heat) is delivered to fibroids through the vagina (transcervically), which causes the fibroids to break down.	<ul style="list-style-type: none"> Incisionless Fibroids reduce in volume and are reabsorbed by the body over time Future fertility has not be established⁵ 	<ul style="list-style-type: none"> 99% of patients were free from surgical reintervention for heavy menstrual bleeding at 12 months⁵ 90% of patients reported a reduction in menstrual bleeding at 3 months⁷ and 95% at 12 months⁶ 94% reported satisfaction rate⁸ 	Does not require general anesthesia	1-2 days ¹⁶	Treatable fibroids are limited based on size and location	
LAPAROSCOPIC RADIOFREQUENCY ABLATION US NH Acessa® fibroid ablation Radiofrequency energy (heat) is delivered to fibroids through the abdomen (laparoscopically), which causes the fibroids to break down.	<ul style="list-style-type: none"> Fibroids reduce in volume and are reabsorbed by the body over time Future fertility has not be established⁹ 	<ul style="list-style-type: none"> 95% of patients had no follow-up surgery for symptomatic fibroids the 12 months following surgery¹⁰ 93% of patients reported a reduction in menstrual bleeding at 3 months and 98% at 12 months¹¹ 94% reported satisfaction rate¹¹ 	Requires general anesthesia	4-5 days ¹¹	Treatable fibroids are limited based on size and location	
UTERINE ARTERY EMBOLIZATION US NH An embolizing agent is injected into the uterine arteries, blocking the blood supply to the fibroids, which break down and shrink over time.	<ul style="list-style-type: none"> Fibroids reduce in volume over time Embolizing agents stay in the patient's body for life Risk of post-embolization syndrome 	<ul style="list-style-type: none"> 85% of patients had no follow-up surgery for symptomatic uterine fibroids in the 12 months following surgery¹² 	Performed under local anesthesia	Up to 2 weeks ¹²	Treatable fibroids are limited based on size and location	INVASIVE
LAPAROSCOPIC, ROBOTIC OR OPEN MYOMECTOMY US NH The uterus is accessed through the abdomen and one or more incisions are made in the uterus to remove fibroids. Following fibroid removal, the incisions in the uterus are sutured back together.	<ul style="list-style-type: none"> Fibroids are removed Requires suturing of the uterus 	<ul style="list-style-type: none"> 96% of patients had no follow-up surgery for symptomatic uterine fibroids in the 12 months following surgery¹³ 	Requires general anesthesia	Up to 6 weeks ¹³	Not all fibroids may be removed (repeat surgery may be required if symptoms progress due to untreated fibroids)	
HYSTERECTOMY A patient's uterus is removed through the vagina (transcervically), or the abdomen (laparoscopically, robotically, or open).	<ul style="list-style-type: none"> Permanent procedure (non-reversible) Permanent loss of fertility May cause early onset of menopause¹⁴ May increase risks of stress urinary incontinence¹⁵ Potential for organ prolapse¹⁴ 	<ul style="list-style-type: none"> Complete relief from fibroid related symptoms due to permanent removal of uterus 	Requires general anesthesia	Up to 6-weeks ¹⁶	Only intended for people who do not wish to become pregnant in the future	

* Myosure Manual is not indicated for use for the removal of fibroids.

¹ Recovery times listed for Sonata and Acessa are based on when most patients return to work.

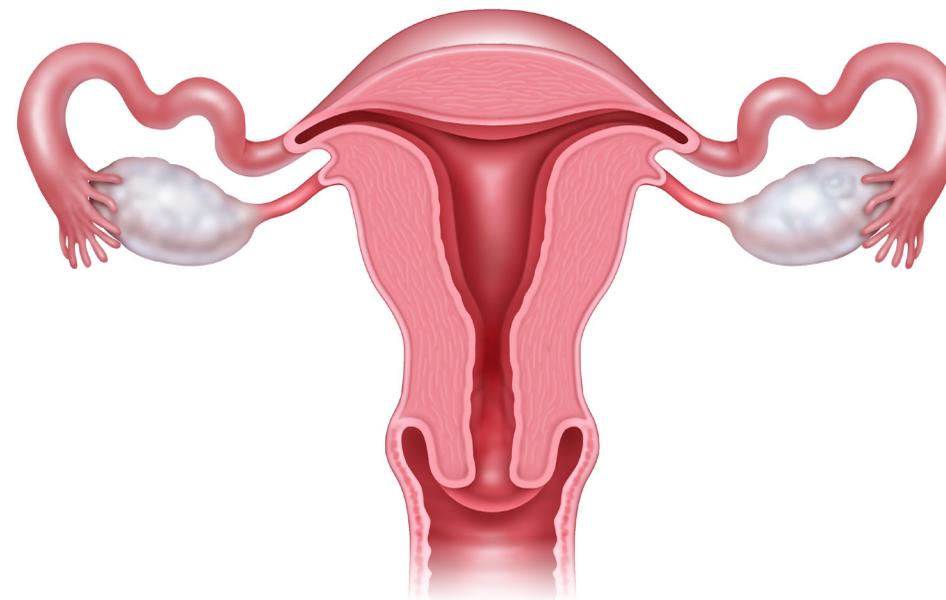
FIBROID TREATMENT OPTIONS

This chart is based on perspectives from physician partners who offer all three procedures. It is not representative of the full spectrum of fibroids that are indicated for each procedure.



Submucosal Inside the uterine cavity	0	Pedunculated intracavity	MyoSure
	1	< 50% intramural	MyoSure
	2	≤ 50% intramural	MyoSure or Sonata
Intramural Within the uterus walls	3	Contacts endometrium; 100% intramural	Sonata or Acessa
	4	Intramural	Sonata or Acessa
	5	Subserosal, ≥ 50% intramural	Sonata or Acessa
Subserosal On the outer uterus wall	6	Subserosal, < 50% intramural	Acessa
	7	Subserosal pedunculated	Acessa or Other
	8	Other (specify e.g., cervical, parasitic)	Other
Transmural	Two numbers are listed separated by a dash. By convention, the first refers to the relationship with the endometrium while the second refers to the relationship to the serosa. One example is below.		
	2-5	Submucosal and subserosal, each with less than half the diameter in the endometrial and peritoneal cavities respectively.	Sonata or Acessa

YOUR FIBROID DIAGNOSIS AT-A-GLANCE



References

1. "Myfembree: Uses, Dosage, Side Effects, Warnings." Drugs.Com, www.drugs.com/myfembree.html. Accessed 31 Aug. 2023.
2. Syed YY. Relugolix/Estradiol/Norethisterone (Norethindrone) Acetate: A Review in Symptomatic Uterine Fibroids. Drugs. 2022 Oct;82(15):1549-1556. doi: 10.1007/s40265-022-01790-4. Epub 2022 Nov 4. Erratum in: Drugs. 2022 Nov;82(17):1687. doi: 10.1007/s40265-022-01814-z. PMID: 36331779; PMCID: PMC9684252.
3. AS, Rubino RJ; Lukes. "Twelve-Month Outcomes for Patients Undergoing Hysteroscopic Morcellation of Uterine Polyps and Myomas in an Office or Ambulatory Surgical Center." Journal of Minimally Invasive Gynecology, U.S. National Library of Medicine, pubmed.ncbi.nlm.nih.gov/25446547/. Accessed 8 Sept. 2023.
4. "Myomectomy." Johns Hopkins Medicine, www.hopkinsmedicine.org/health/treatment-tests-and-therapies/myomectomy-hysteroscopic-laparoscopic-abdominal. Accessed December 2025.
5. Sonata IFU.
6. Chudnoff S, Guido R, Roy K, Levine D, Mihalov L, Garza-Leal JG. Ultrasound-Guided Transcervical Ablation of Uterine Leiomyomas. Obstet Gynecol. 2019;133:13-22.
7. Brölmann H, Bongers M, Garza-Leal JG, et al. The FAST-EU trial: 12-month clinical outcomes of women after intrauterine sonography-guided transcervical radiofrequency ablation of uterine fibroids. Gynecol Surg. 2016;13:27-35.
8. Miller CE, Osman KM. Transcervical Radiofrequency Ablation of Symptomatic Uterine Fibroids: 2-Year Results of the SONATA Pivotal Trial. J Gynecol Surg. 2019;35:345-349.
9. Acessa IFU.
10. Havryliuk, Y., Setton, R., Carlow, J. J., & Shaktman, B. D. (2017). Symptomatic Fibroid Management: Systematic Review of the Literature. JSLs : Journal of the Society of Laparoendoscopic Surgeons, 21(3). doi:10.4293/jsls.2017.00041. , 2. Galen, D. I., Pemueller, R. R., Leal, J. G., Abbott, K. R., Falls, J. L., & Macer, J. (2014). Laparoscopic Radiofrequency Fibroid Ablation: Phase II and Phase III Results. JSLs: Journal of the Society of Laparoendoscopic Surgeons, 18(2), 182-190.
11. Chudnoff SG, Berman J, Levine DJ, Harris M, Guido RS, Banks E. SG Chudnoff, et al. Outpatient Procedure for the Treatment and Relief of Symptomatic Uterine Myomas. Obstetrics and Gynecology, 2013;121(5):1075–82.
12. Pron G; Mocarski E; Bennett J; Vilos G; Common A; Zaidi M; Sniderman K; Asch M; Kozak R; Simons M; Tran C; Kachura J. ; "Tolerance, Hospital Stay, and Recovery after Uterine Artery Embolization for Fibroids: The Ontario Uterine Fibroid Embolization Trial." Journal of Vascular and Interventional Radiology : JVIR, U.S. National Library of Medicine, pubmed.ncbi.nlm.nih.gov/14551270/. Accessed 31 Aug. 2023.
13. Professional, Cleveland Clinic medical. "Myomectomy: Purpose, Procedure, Risks, Results & Recovery." Cleveland Clinic, my.clevelandclinic.org/health/treatments/15448-myomectomy#:~:text=You%20can%20expect%20some%20pain,take%20 up%20to%20six%20weeks. Accessed 8 Sept. 2023.
14. Hysterectomy. Cleveland Clinic. https://my.clevelandclinic.org/health/procedures/hysterectomy. Accessed August 2025.
15. Tulokas, Sari, et al. "Stress Urinary Incontinence after Hysterectomy: A 10-Year National Follow-up Study." Archives of Gynecology and Obstetrics, U.S. National Library of Medicine, Apr. 2022, www.ncbi.nlm.nih.gov/pmc/articles/PMC8967811/.
16. Consultant, C.O., Lingman, G. and Ottosen, L. (2000), Three methods for hysterectomy: a randomised, prospective study of short term outcome. BJOG: An International Journal of Obstetrics & Gynaecology, 107: 1380-1385. https://doi.org/10.1111/j.1471-0528.2000.tb11652.x

Important Safety Information

The **Acessa ProVu system** is intended to identify and shrink symptomatic uterine fibroids. The Acessa ProVu system is used by trained physicians during laparoscopic surgery under general anesthesia. Rare but serious risks of this procedure include, but are not limited to, infection, internal injury, blood loss and complications related to laparoscopic surgery and/or general anesthesia. This procedure is not recommended for women who are planning future pregnancy. This information is not medical advice. Please discuss the risks and benefits with your doctor to find out if the Acessa procedure may be right for you. This is not medical advice. Hologic is a medical device manufacturer and does not engage in the practice of medicine. At all times, patient treatment recommendations must be made by a physician based solely on physician's medical judgment, and physicians remain responsible for all such recommendations. In no event shall Hologic be liable for damages of any kind resulting from your use of this tool.

The **MyoSure tissue removal system** is intended to remove unwanted tissue from the uterus. During a MyoSure procedure, a trained gynecologist inserts the MyoSure device through your vagina and then removes the unwanted tissue from inside the uterus. Use of the MyoSure system is not appropriate for patients who are or may be pregnant, or have signs or symptoms of a pelvic infection, cervical cancer, or previously diagnosed uterine cancer. As with any surgical procedure, there are potential risks including but not limited to internal injury, excessive bleeding, and complications related to anesthesia. Temporary side effects may include cramping, bleeding, fever, and nausea. This information is not medical advice. Please discuss the risks and benefits with your doctor to find out if the MyoSure procedure may be right for you.

The **Sonata system** is intended for diagnostic intrauterine imaging and transcervical treatment of symptomatic uterine fibroids, including those associated with heavy menstrual bleeding. Common Side Effects include bleeding, spotting, cramping, and/or discharge. There are potential risks with this treatment such as skin burn and infection. Women who are pregnant, have a pelvic infection, are known or suspected to have gynecologic cancer, or have intratubal implants for sterilization should not have this procedure.

