Table 2

Treatments to improve symptoms and/or shrink fibroids before surgery

Non-contraceptive treatments	**Tranexamic acid (anti-fibrinolytic)** ● 1 g orally up to four times a day ● Taken during a period to reduce the heaviness ● Common and dose-dependent side effects are indigestion, diarrhoea and headache ● A history of deep vein thrombosis or pulmonary embolus is a contraindication **Tranexamic acid can be combined with the NSAID mefenamic acid, which reduces the production of prostaglandin** ● Relieves pain and also helps to reduce the heaviness of the flow ● Common side effects are indigestion and diarrhoea. Rarely, worsening of asthma in sensitive individuals, peptic ulcer with possible bleeding and peritonitis may occur ● Both drugs can be used during a period for reduction of bleeding for women wishing to conceive
Contraceptive treatments Not suitable for those women with fibroids wishing to conceive unless they are used in preparation for surgical treatment	**Levonorgestrel intrauterine system (LNG-IUS)** ● Slowly releases progestogen and prevents proliferation of the endometrium ● Common side effects are irregular bleeding that may last for >6 months; hormone-related problems such as breast tenderness, acne or headaches are generally minor and transient ● Fibroids are not a contraindication provided it is possible to gain access through the cervix. However, a submucous fibroid will prevent the device from sitting comfortably and may lead to expulsion **The combined oral contraceptive pill*** ● Prevents proliferation of the endometrium ● Common side effects are mood change, headache, nausea, fluid retention and breast tenderness. Very rarely, deep vein thrombosis, stroke or heart attack may occur **Oral progestogen (norethisterone)** ● Prevents proliferation of the endometrium ● Common side effects are weight gain, bloating, breast tenderness, headaches and acne. However, they are usually minor and transient. Rarely treatment can precipitate depression **Injected progestogens** ● Given IM, prevent proliferation of the endometrium ● Common side effects are weight gain, irregular bleeding, amenorrhoea, premenstrual-like symptoms (including bloating, fluid retention, breast tenderness). Bone density loss is less common **All these therapies can be used as long-acting reversible treatment for symptomatic women. The combined oral contraceptive pill can be continued until the menopause in non-smoking women who do not have any risk factors for heart attack or stroke**
Gonadotrophin releasing hormone (GnRH) analogues	**Gonadotrophin releasing hormone (GnRH) analogues** ● Monthly injection that stops production of oestrogen and progesterone ● Common side effects are those of the menopause, e.g. hot flushes, increased sweating and vaginal dryness. Less common is osteoporosis, particularly trabecular bone loss with >6 months' use ● Treatment with GnRH analogues is usually a short-term option for 3-4 months before surgery such as myomectomy or hysteroscopic resection of fibroids ● A low dose of HRT reduces the incidence of menopausal side effects and minimises bone loss without affecting the benefits of treatment

*When checking indications and contraindications, the following website[3] is useful www.who.int/reproductivehealth/publications/en/