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GUIDANCE FROM ACOG PB #228 SUPPORTS **RADIO FREQUENCY ABLATION**

ACOG
The American College of Obstetricians and Gynecologists

ACOG PRACTICE BULLETIN

Clinical Management Guidelines for Obstetrician–Gynecologists

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Committee on Practice Bulletins—Gynecology. This Practice Bulletin was developed by the ACOG Committee on Practice Bulletins–Gynecology in collaboration with Elizabeth A. Stewart, MD; Marisa R. Adelman, MD; and Vanessa L. Jacoby, MD, MAS.

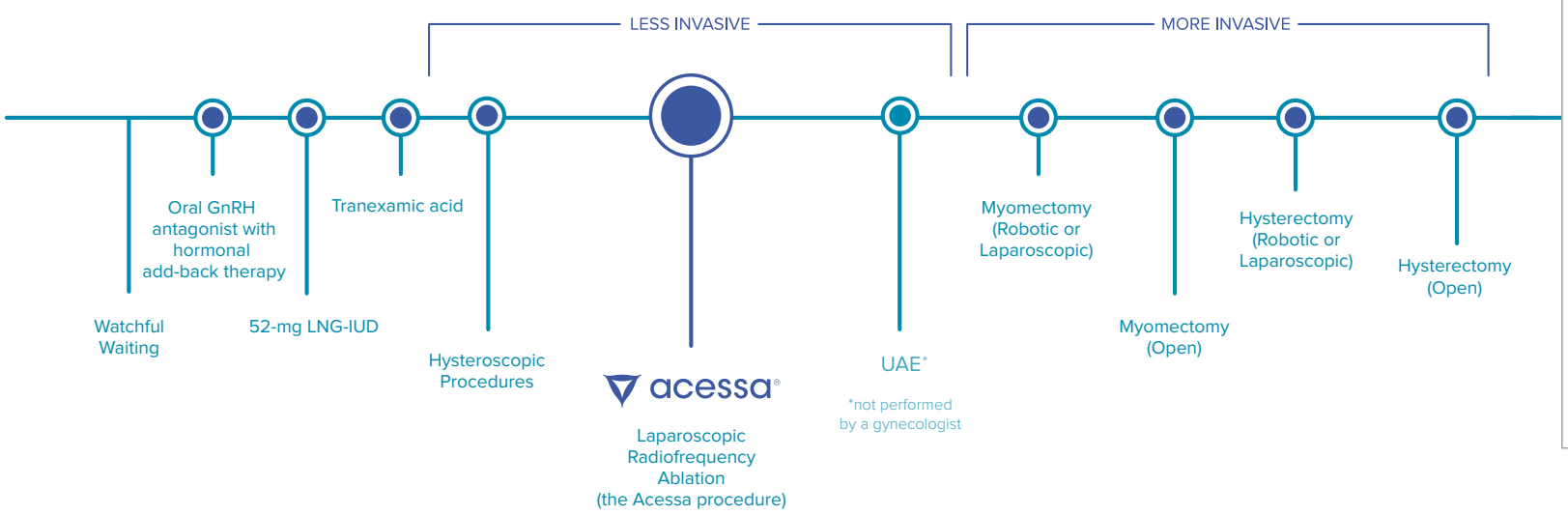
Management of Symptomatic Uterine Leiomyomas

Clinical Management Guidelines for ObGYN on **Management of Symptomatic Uterine Leiomyomas**

- The guidance concludes that, “Lap-RFA can be considered as a minimally invasive treatment option for the management of symptomatic leiomyomas in patients who desire uterine preservation and are counseled about the limited available data on reproductive outcomes.”*
- The practice bulletin highlights two meta-analysis which show Lap-RFA to be effective, clinically proven, and safe.[1,2] It also points out that while all RFA approaches are similarly effective, the laparoscopic approach has been studied the “most rigorously.”
- The ACOG bulletin encourages physicians to offer all treatment options to women - and includes Lap-RFA, or the Acessa® procedure, as one of those treatment options.
- While hysterectomy is no doubt an effective form of treating uterine fibroids, ACOG notes that “many patients benefit from and seek out management options other than hysterectomy...”The practice bulletin also states that, “goals of treatment should be defined for each patient,” thus, a hysterectomy could be considered unsuccessful if it doesn’t align with the patient’s goals.
- ACOG’s recognition of Lap-RFA treatment as an alternative to hysterectomy or myomectomy expands knowledge of and access to this important evidence based minimally invasive uterine fibroid solution.

*Note: Insufficient data exists on which to evaluate the safety and effectiveness of the Acessa procedure in women who plan future pregnancy. Therefore, the Acessa procedure is not recommended for women who are planning future pregnancy.

1. Bradley LD, Pasic RP, Miller LE. Clinical performance of radiofrequency ablation for treatment of uterine fibroids: systematic review and meta-analysis of prospective studies. J Laparoendosc Adv Surg Tech A 2019;29:1507. (Systematic Review & Meta-Analysis) **2.** Lin L, Ma H, Wang J, Guan H, Yang M, Tong Z, et al. Quality of life, adverse events, and reintervention out-comes after laparoscopic radiofrequency ablation for symptomatic uterine fibroids: a meta-analysis. J Minim Invasive Gynecol 2019;26”409-16. (Systematic Review & Meta-Analysis)



This chart is representative only, to be used in shared decision making between patients and physicians. It is based on physician and patient input. The invasiveness and time to return to daily life of different procedures is dependent on numerous factors. This chart is not intended to be a representation of a single study or clinical data.

ACOG RECOGNIZES LAP-RFA (ACESSA) AS A MINIMALLY INVASIVE OPTION THAT BRIDGES THE GAP BETWEEN **MEDICAL MANAGEMENT** AND **MAJOR SURGERY FOR UTERINE FIBROIDS**

Recommendations based on limited or inconsistent scientific evidence (Level B).

- An oral GnRH antagonist with hormonal add-back therapy can be considered for the treatment of AUB-L for up to 2 years.
- A 52-mg LNG-IUD can be considered for the treatment of AUB-L.
- Tranexamic acid can be considered for the treatment of AUB-L.
- Laparoscopic radiofrequency ablation can be considered as a minimally invasive treatment option for the management of symptomatic leiomyomas in patients who desire uterine preservation and are counseled about the limited available data on reproductive outcomes.
- Myomectomy is recommended as a surgical management option for symptomatic leiomyomas in patients who desire uterine preservation or future pregnancy and are counseled about the risk of recurrence.
- When myomectomy is selected for the surgical management of symptomatic uterine leiomyomas, a minimally invasive approach should be considered when feasible and appropriate.
- Hysterectomy is recommended as a definitive surgical management option for the treatment of AUB-L and bulk symptoms associated with uterine leiomyomas in patients who do not desire future childbearing or do not wish to retain their uterus and are counseled about the long-term health risks.

Image: ACOG PB #228: Management of Symptomatic Uterine Leiomyomas, Obstetrics & Gynecology: June 2021 - Volume 137 - Issue 6 - p 1131-1133

You can access the complete abstract at https://www.acog.org/clinical/clinical-guidance/practice-bulletin/articles/2021/06/management-of-symptomatic-uterine-leiomyomas or by scanning the QR Code