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Treating fibroids with SONATA

(Transcervical ultrasound guided radiofrequency ablation)

Department of Gynaecology

Information for Patients

Last reviewed: August 2026
Next review: August 2029
Leaflet number: 372 Version: 3

What are fibroids?

Fibroids in the womb (uterus) are harmless (benign) tumours. They are made from similar muscle tissue to the womb. They tend to form 'round' swellings. Some are very small and others very large. The womb may contain only one fibroid, but most of the time, there are more than one. Fibroids are very common. About 1 out of every 2 or 3 women has fibroids. They often run in families.

Fibroids often do not cause problems. If they are not causing problems, no treatment is needed.

Sometimes they can

- cause heavy periods,
- affect fertility and childbirth,
- if they are large enough, be felt as swelling in the lower part of the tummy (abdomen). They can put pressure on other parts like the bowel, bladder, blood vessels or nerves.

Rarely, they can cause pain. The chance of a fibroid being cancerous (malignant) is very rare (about 1 in 2,000 in women before the menopause).

How are fibroids treated?

Many women who have fibroids do not need treatment other than managing heavy periods, especially if they are small (under 3cm). Treatment for fibroids may be considered if they are causing troublesome symptoms.

There are a few ways to manage fibroids.

Some women may need operations for fibroids mainly if

- medical treatment does not work,
- causes side effects or
- they are having problems getting pregnant.

Every woman's situation is different. Talk to your doctor about what is right for you. If you are thinking about treatment for fibroids, there are a few options.

Traditional surgical treatments for fibroids are:

- Removing the whole womb including the fibroids (a hysterectomy). This is an option for women who do not want to have any (more) children.
- Removing the fibroids only (called myomectomy). This type of operation is suitable for women who want to keep their womb – so they have the chance to get pregnant in the future. New fibroids may grow. You may need more surgery in the future.
- There are major differences between these 2 options. Your doctor can discuss them with you. You can also get information about these options from the NHS website (www.nhs.uk).

More recent surgical treatments for fibroids include:

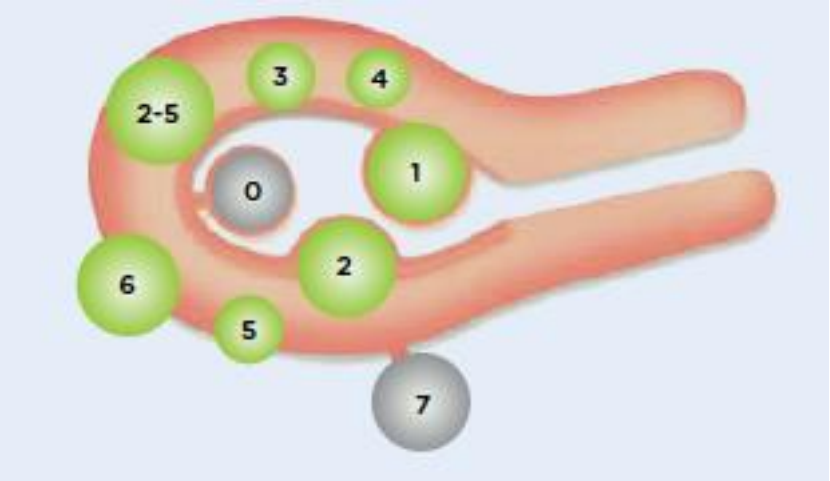
- Removing the fibroid through keyhole surgery (laparoscopic myomectomy).
- Blocking the blood vessels feeding the fibroids (uterine artery embolization). This does not remove fibroids but can cause them to reduce in size over time and reduce heavy periods.
- Some hospitals use focused ultrasound energy to treat fibroids. This treatment is not available in Leicester.
- Some fibroids inside the womb cavity can be removed using a hysteroscope. This is passed through the cervix into the womb, so the womb is left in place.
- There are many factors to consider when deciding the best way of removing fibroids. These include the number of fibroids, their size and exactly where they are in the womb. There can also be other issues to consider like whether you have had any operations on the womb or tummy in the past.

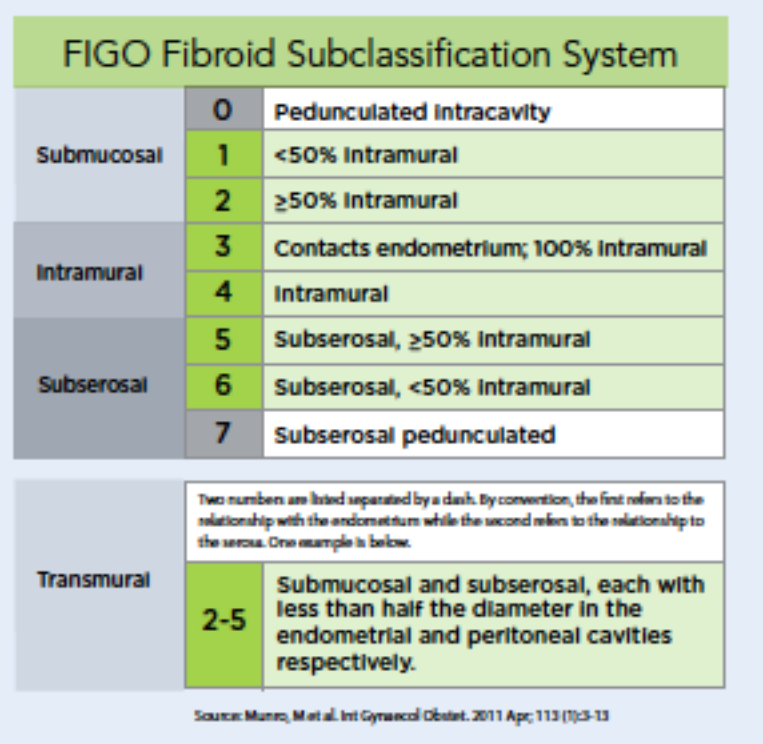
What is SONATA?

SONATA stands for Sonography-Guided Transcervical Fibroid Ablation. It has been used at Leicester's Hospitals since 2019. It has been in development for some years in the United States and in Europe. Currently, only a few hospitals can offer it.

SONATA can treat fibroids that are less than 8cm and are within the muscle of the womb. The image shows the international system used to classify fibroids. SONATA cannot treat type 0 or type 7 fibroids, but it can treat most other types if they are not too large and there are not too many.

The fibroid is treated with radiofrequency energy. The cells in the fibroid die. The body removes the dead cells over time. They stop growing and usually get smaller over the months after treatment. The fibroid is not removed. It will remain in the womb wall. More fibroids can grow in time.





FIGO Fibroid Subclassification System

Submucosal	0	Pedunculated intracavity
	1	<50% intramural
	2	≥50% intramural
Intramural	3	Contacts endometrium; 100% intramural
	4	Intramural
Subserosal	5	Subserosal, ≥50% intramural
	6	Subserosal, <50% intramural
	7	Subserosal pedunculated
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.

Source: Munro, M et al. Int Gynaecol Obstet. 2011 Apr; 113 (1):3-13

What does the procedure involve?

We currently only offer SONATA under general anaesthesia. You will be asleep during the procedure. We hope to be able to use it in a clinic setting in the future.

A device is inserted through the neck of the womb (cervix). We do not cut your tummy (abdomen) and there will be no scars. The device has 2 parts:

1. a thin camera (ultrasound scanner). This lets the surgeon see and guides the procedure;
2. a specially designed probe that uses Radiofrequency energy (a type of heat generation) to destroy the fibroid. The energy is very focused. It does not damage the uterus. This has benefits for women who might want to get pregnant in the future.

It is a day case procedure. You should be able to go home the same day. You may need some pain killers like paracetamol or ibuprofen for a few days afterwards. Most people will be back to normal and return to work within 1 or 2 weeks.



What are the risks?

- There is a possibility that the procedure cannot be completed. For example, if the fibroids are too large or too close to other organs outside the uterus to make it safe.
- Any operation inside the womb carries a risk of puncturing (perforation) of the wall of the womb (1 in 200 procedures). If this happens, you may need a camera check inside the tummy (laparoscopy) or surgery to correct accidental damage if caused.
- There is a small risk of a burn injury to the bladder or bowel or other pelvic organs. This can be serious, but because the procedure is done with ultrasound camera guidance, it is very rare (1 in 1000 procedures).
- Any procedure inside the womb carries a small risk of infection that need antibiotics. Rarely this infection can become serious and damage the womb or fallopian tubes.
- You may have period-like bleeding for a few weeks whilst the womb heals.
- There are risks with any general anaesthetic. You can find out more about this here: https://www.rcoa.ac.uk/patientinfo or talk to your surgeon.

What should I expect after the operation?

The trials have shown that:

- About 90% of women reported that their period (menstrual) blood loss was less at 3 months after the operation.
- 88% of women were satisfied with the outcome after 12 months.
- This is a new type of treatment. All the first cases will be done with support from the company who developed it and doctors who have been involved in using it for some time.
- As the treatment is new, we are not sure what the effect of the procedure would have on any pregnancy after the procedure.

You may find this video helpful: https://gynesonics.com/us/sonata-system/

If you have any questions about the procedure or the options available to you, please ask your doctor before you sign the consent form to go ahead with surgery.

Contact details

You contact the secretary of your surgeon on 0116 258 6441 or 0116 258 6398

Health information and support is available at www.nhs.uk or call 111 for non-emergency medical advice

Visit www.uhleicester.nhs.uk for maps and information about visiting Leicester's Hospitals.

To give feedback about this information sheet, contact uhl-tr.informationforpatientsmailbox@nhs.net

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If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email uhl-tr.equalitymailbox@nhs.net

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