

Removing fibroids with SONATA

(Transcervical ultrasound guided radiofrequency ablation)

Department of Gynaecology

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Information for Patients

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What are fibroids?

Fibroids in the uterus (womb) are harmless (benign) tumours. They are made from the muscle tissue of the uterus and tend to form 'round' swellings. Fibroids vary in size. Some are very small and others very large. The uterus may develop only one fibroid, but most of the time, there are more than one. Fibroids are very common; about one out of every two or three women has fibroids.

Fibroids don't always cause problems. Sometimes they can cause heavy periods, they can affect fertility and childbirth, and if they are large enough, can be felt as swelling in the lower part of the tummy (abdomen). Very rarely, they can cause pain. The chance of a fibroid turning cancerous (malignant) is very rare (about 1 in 10,000).

How are fibroids treated?

Many women who have fibroids have normal pregnancies. Fibroids need medical attention if they are causing symptoms. There are a number of ways to manage the symptoms caused by fibroids. If fibroids are causing heavy periods, the periods may improve with medical treatment without needing to remove the fibroids. Some women will require operations for fibroids. For example, if medical treatment does not work or causes side effects or infertility could not be resolved. Every woman has her particular circumstances and you need to consider this with your doctor.

If you and your doctor are considering having surgery for fibroids there are also a number of options to consider.

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

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

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 uterus – mainly to preserve the chance for future pregnancy.

There are many important differences between these two options and 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:

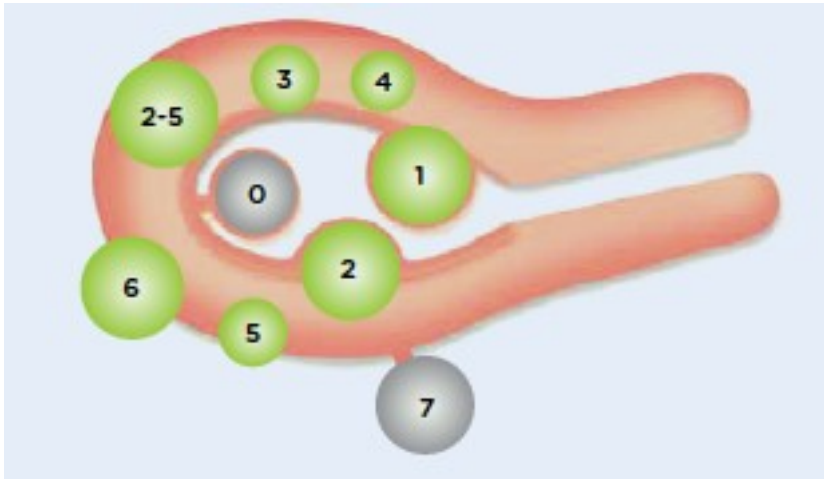
- Removing the fibroid through keyhole surgery (laparoscopic myomectomy).
- Blocking the blood vessels feeding the fibroids (uterine artery embolization) which does not remove fibroids but can cause them to shrink and reduce heavy periods.
- Some hospitals treat fibroids using focussed ultrasound energy. This option is not available in Leicester.
- Some fibroids that are growing inside the the womb can be removed through a hysteroscope passed inside the womb through the cervix.

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 in the past. For example, some of the fibroids that grow inside the womb can be removed by using hysteroscope operations (option 6). The fibroids that are more embedded in the womb itself cannot be removed this way. It is common to have more than one fibroid and fibroids vary considerably in size.

What is SONATA?

SONATA stands for Sonography-Guided Transcervical Fibroid Ablation. It is a new technique that 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 are able to offer it.

SONATA is designed to treat fibroids that are less than 5cm and that are embedded in the muscle of the uterus. The image shows the classification that is used internationally to classify fibroids. Sonata cannot treat type 0 or type 7, but can treat most of the others provided that they are not too big or too many.



FIGO Fibroid Subclassification System		
	0	Pedunculated intracavity
Submucosal	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	2-5	Submucosal and subserosal, each with less than half the diameter in the endometrial and peritoneal cavities respectively.

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.

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

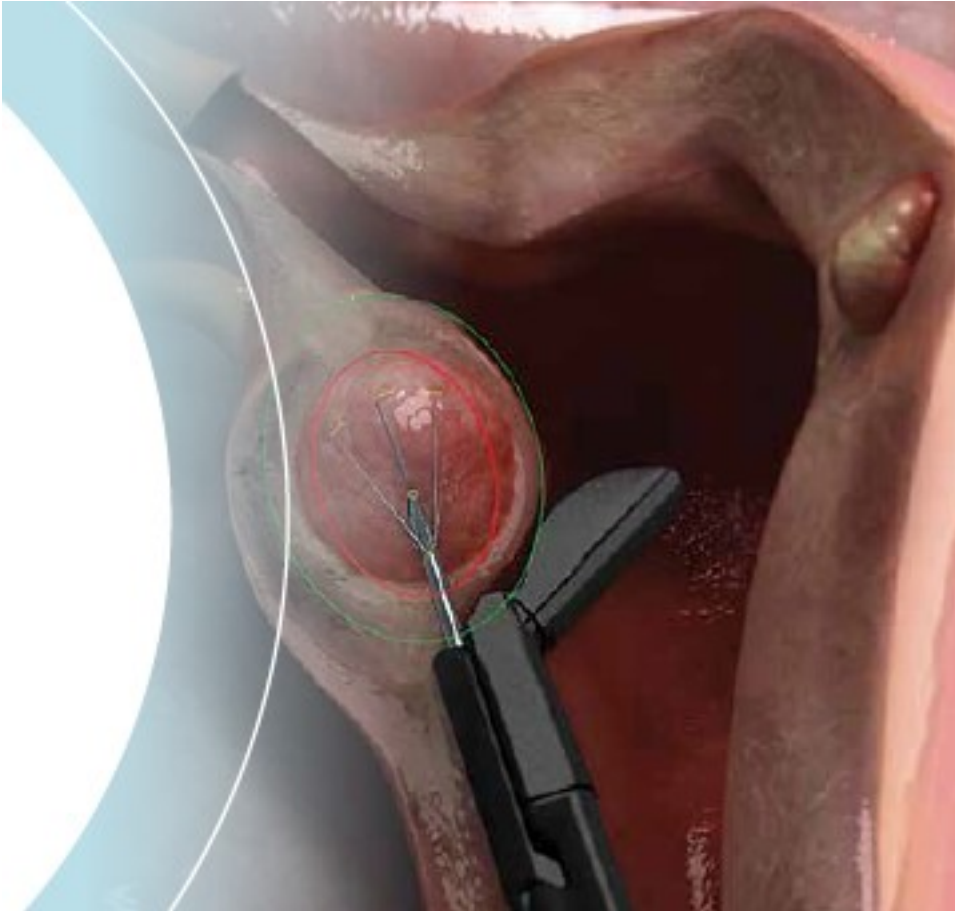
What does the procedure involve?

We currently only offer this technique under general anaesthesia, so you will be asleep during the procedure.

SONATA involves inserting a device through the cervix, which means that it does not involve cutting your tummy (abdominal) or scars. The device that is used has 2 parts:

1. a thin camera (ultrasound scanner) which allows the surgeon to 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, so there is no damage to the uterus. This has benefits for women who might want to get pregnant in the future.

The procedure is done as a day case, which means you are expected to 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 found to be too large or too close to other organs outside the uterus to make it safe.
- Any operation inside the uterus carries a risk of piercing (perforation) of the uterus (estimated to be 1 in 200 risk). If this happens, you may need a camera check inside the abdomen.
- 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 (estimated to be 1 in 1000 risk).
- Any procedure inside the uterus carries a small risk of infection requiring antibiotics.
- You may have period-like bleeding whilst the uterus heals after surgery.
- 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 reduced 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.

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

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