

Patient's Consultation Guide

This guide has been designed for patients who have been diagnosed with uterine fibroids and require a treatment to alleviate the symptoms they present.

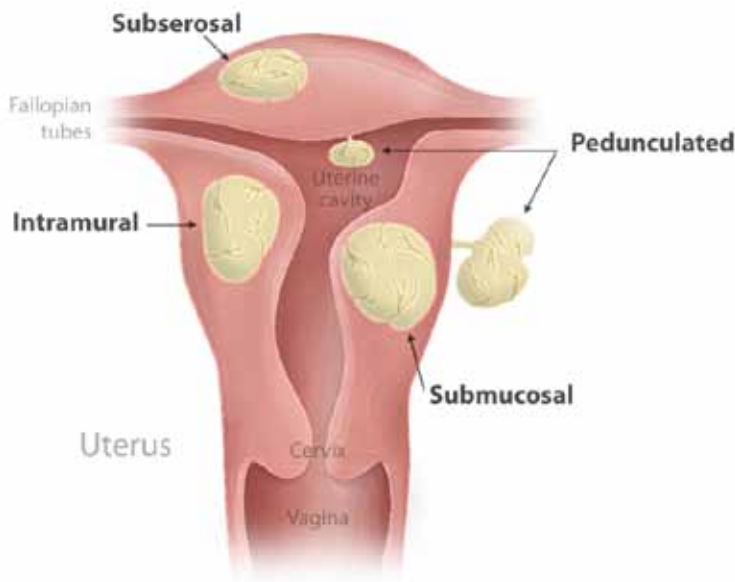
It is important to check all the treatment details. Don't hesitate to contact us in case you need more information.

TYPE OF FIBROID

- What type of fibroid do I have? (If you've got more than one fibroid, they can be of different types).

<i>Type of fibroid</i>	<i>Number of fibroids</i>
Intramural	_____
Submucosal	_____
Subserosal	_____
Pedunculated	_____

Scheme: Types of fibroids classification



Fibroids can be classified according to their position in relation to the uterus:

- **Intramural fibroids** grow at the center of the uterus wall. They are asymptomatic unless they have a large size. This is the most common type of fibroids.
- **Submucosal fibroids** appear just under the lining of the uterine cavity and are the first cause of abundant bleedings during the menstrual cycle.
- **Subserosal fibroids** are developed close to the exterior wall of the uterus. When they press the bladder or the urethra, they may obstruct urination or affect its frequency. In case they push the rectum or the nerves behind the uterus, they may cause constipation, back pain, or leg pain.
- **Pedunculated fibroids** grow from the wall of the uterus and may develop inside the uterus or outside. While not common, they may cause sharp pain when they rotate over themselves.

SUGGESTED TREATMENT

• What treatment does my doctor suggest me?

- Histerectomy Miomectomy Uterine Artery Selective Embolization

Comments: _____

• Why is this treatment been suggested to me? _____

• Does the recommended treatment involve that any of my organs need to be removed?

<i>Organs</i>	<i>Why?</i>
Uterus _____	_____
Fallopian tubes _____	_____
Ovaries _____	_____
Cervix _____	_____

• What are the risks this treatment may have?

<i>Element</i>	<i>Risk</i>
General anesthesia _____	_____
Need of transfusions _____	_____
Need of urinary catheter _____	_____
Possible infections _____	_____
Other possible complications _____	_____

EXPERIENCE DURING THE TREATMENT AND RECOVERY

• Will it hurt? _____

• How will it be and how long will it take? _____

• What is the minimum time I have to stay in hospital? _____

• How long my recovery will take at home? _____

• What kind of activities will I be able to do while I recover myself at home? _____

LIFE EXPERIENCE AFTER THE TREATMENT

- What physical changes will I experience after the treatment? _____
- Will they be permanent? _____
- What kind of special care for my body should I take after the treatment? _____
- Will the treatment leave scars? Where and of what size? _____
- What will happen to my figure, my weight, and/or my breasts? _____
- Will it affect my sexual life? How? _____
- When can I resume my sexual life again? _____
- Will it anticipate menopause? _____
- If so, can its symptoms be treated? How? _____
- Are there any risks of menopause because of the treatment? _____