



Transcervical fibroid radiofrequency ablation: A look inside

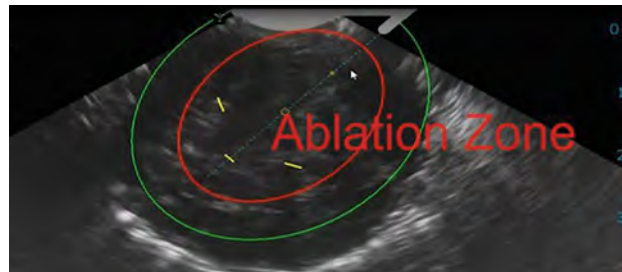
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Uterine leiomyomas affect 70% to 80% of reproductive-age women. Interventions for symptomatic patients include myomectomy, hysterectomy, uterine artery embolization (UAE), and radiofrequency ablation (RFA). Several RFA devices exist on the market. One such device is the sonography-guided transcervical ablation of uterine fibroids (Sonata), which is unique in its transcervical approach that allows for incisionless treatment.¹ It can be used to treat fibroids classified as FIGO 1-6 with a radius up to 5 cm.¹ Postablative therapy outcomes at 1 and 2 years have been promising for total volume reduction (mean maximal volume reduction, 63.8%) and improvement in symptoms, including quality-of-life measures and amount of bleeding (95% reported reduction).^{2,3}

In our practice, we find this tool most helpful for medium-sized (3–5 cm) intramural fibroids and large type 2 fibroids.

In the accompanying video, we illustrate the steps for use of transcervical ultrasonographic RFA with Sonata treatment and demonstrate its impact on the uterus during simultaneous laparoscopy. We present a patient who underwent Sonata treatment for a 4-cm intramural fibroid and simultaneous laparoscopic myomectomy for a 4-cm pedunculated fibroid. This allowed for the unique ability to view the external effect on the uterus during Sonata use. We review the key surgical steps with this approach, including:

1. cervical dilation
2. introduction of the Sonata system
3. sonographic identification of the target fibroid
4. adjust size and shape of Smart Guide overlays
5. deploy the introducer
6. safety rotation check



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7. deploy the needle electrodes
8. initiate RFA
9. withdraw needle electrodes and introducer.

RFA with Sonata treatment is a simple, minimally invasive therapeutic option for fibroids.

We hope that you find this video useful to your clinical practice.

>> DR. ARNOLD P. ADVINCULA AND COLLEAGUES

References

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