

Fibroid Treatment Comparison: UFE vs Myomectomy vs Hysterectomy

When women are diagnosed with uterine fibroids, one of the most important decisions is choosing the right treatment.

Today, patients have more options than ever. However, each option comes with different implications for recovery, anatomy, and long-term outcomes.

Below is a simple, medically accurate comparison of the three most common approaches: Uterine Fibroid Embolization (UFE), Myomectomy, and Hysterectomy.

UFE	MYOMECTOMY	HYSTERECTOMY
Is it surgery? No. Is a minimally invasive procedure.	Is it surgery? Yes. Is a surgical procedure.	Is it surgery? Yes. Is major surgery.
Anesthesia? No general anesthesia, just local or sedation.	Anesthesia? General anesthesia (most cases).	Anesthesia? General anesthesia.
Hospital stay? In office outpatient procedure.	Hospital stay? 1–2 days (varies by approach).	Hospital stay? 1–3+ days (longer if open surgery).
Uterus preserved? Yes, always.	Uterus preserved? Yes, in most cases.	Uterus preserved? No.
Incisions? No surgical incision (small catheter entry in groin/wrist).	Incisions? Abdominal or laparoscopic incisions.	Incisions? Abdominal, laparoscopic, or vaginal incisions.
What is removed/treated? Fibroids shrink by blocking blood supply.	What is removed/treated? Fibroids are surgically removed.	What is removed/treated? Entire uterus is removed.
Recovery time 3–7 days to return to normal activities.	Recovery time 2–4 weeks (laparoscopic); 4–6+ weeks (open).	Recovery time 2–4 weeks (laparoscopic); 6–8+ weeks (open).
Impact on fertility Uterus preserved (fertility possible).	Impact on fertility Often preserved with limitations.	Impact on fertility Permanent loss of fertility.
Main advantage Minimally invasive, fast recovery, uterus and fertility preserved.	Main advantage Removes fibroids directly, preserves uterus.	Main advantage Definitive treatment, eliminates fibroids permanently.