



Oxford University Hospitals
NHS Foundation Trust

Sonata: Radiofrequency Ablation of Fibroids

Information for patients



What are fibroids?

Fibroids are benign (non-cancerous) growths in the muscle wall of the womb (uterus). They can cause symptoms like heavy and painful periods, abdominal pressure and pain.

What is the Sonata device?

Sonata is a minimally invasive procedure which does not involve abdominal incision (cuts on the tummy). The sonata device is passed through your vagina into your womb. The small ultrasound mechanism on the sonata device allows the Doctor to locate your fibroid and treat it with radiofrequency energy which shrinks the fibroid. This is known as ablation.

It is important to note you cannot have this procedure if:

- You have had a hip replacement.
- You are pregnant.
- You have a current pelvic infection.
- You have intra-tubal implants for sterilisation (such as Essure).

The Sonata procedure is only suitable for people with fibroids in the muscle of the womb between 1 to 7cm.

Your doctor will inform you if you are eligible to have this procedure.

What other procedures are available for fibroid symptoms?

There are many treatments available for symptoms of fibroids. Sonata aims to help both bleeding symptoms and pressure symptoms related to the size of the fibroid. Alternative treatment options that may be discussed with you include:

- Doing nothing.
- Taking medications.
- Minimally invasive procedures to block blood vessels supplying the womb.
- High intensity focused ultrasound (HIFU).
- Surgery to remove fibroids (myomectomy).
- Surgery to remove the womb (hysterectomy).

Not all of these options may be suitable for you but please do speak to your clinician about these.

What are the benefits of Sonata?

- Minimally invasive – it can help prevent the need for major surgery.
- Quick recovery – most people return to normal activities within 72 hours.
- Short hospital stay – the procedure is performed either as day case surgery or in an outpatient setting. It is usually performed under local anaesthetic whilst you are awake.
- The Sonata procedure causes less pain and bleeding than some other treatments of fibroids.
- There are fewer complications associated with this procedure when compared with procedures such as keyhole surgery to remove fibroids (laparoscopic myomectomy).
- Evidence shows that bleeding symptoms associated with fibroids commonly reduce by over half and a person's quality of life score doubles. The SONATA trial showed that 95% women had a reduction in menstrual bleeding (Lukes and Green, 2020).

What are the disadvantages and risks of Sonata?

Although the Sonata procedure is suitable for a large proportion of fibroids in people with no future fertility desires, the procedure is not suitable for all fibroids. Your Doctor will discuss whether the Sonata procedure is an option for you.

This procedure does not remove fibroids and therefore some patients may have persistent symptoms.

The risks are small and can include vaginal bleeding, cramping, post-ablation inflammatory symptoms and vaginal discharge.

How is Sonata radio frequency ablation of fibroids performed?

This procedure is similar to a hysteroscopy or telescope test into the womb.

During the procedure the Doctor will gently open the neck of the womb to pass the Sonata device into the womb.

The Sonata device has a small ultrasound mechanism at the tip and once within the womb, this helps locate the fibroids. The fibroids are identified and the Sonata device uses radio frequency energy to heat up the fibroids. This causes the fibroids to shrink, reducing your symptoms.

After surgery

After the procedure you will need to be observed for a short time. You may have some abdominal pain or cramping for which you will be offered pain relief.

Once you are comfortable and have sufficiently recovered, you will be able to go home. You may be given a short course of antibiotics to help prevent an infection developing. You can continue to use regular paracetamol and ibuprofen (following the instructions on the packet) as pain killers.

The SONATA trial showed that 50% women returned to normal activity by the next day (Lukes and Green, 2020).

At home, you may experience some light vaginal bleeding or discharge. This may last up to 2 weeks. Please use sanitary pads only and avoid using tampons, having sex or inserting anything into the vagina during this time. If you have heavy bleeding or bleeding that goes on for longer than 2 weeks, severe abdominal pain, develop a fever or offensive smelling bleeding/discharge, you should either contact your GP, 111 or attend the nearest A&E if seriously unwell.

You will usually have your next period at the expected time.

Follow up

Your doctor will discuss your follow up appointment with you before you are discharged from the hospital. It may be with your GP or a hospital doctor. We do not remove any tissue and therefore there is no analysis of the fibroid in the laboratory.

References

Lukes, A. and Green, M.A. (2020) 'Three-Year Results of the SONATA Pivotal Trial of Transcervical Fibroid Ablation for Symptomatic Uterine Myomata', *Journal of Gynecologic Surgery*, 36(5), pp. 228–233. doi:10.1089/gyn.2020.0021.

How to contact us

Concerns in the first 72 hours after discharge:

Gynaecology Ward and Triage

Level 1, Women's Centre, John Radcliffe Hospital, Oxford, OX3 9DU

Triage:

Telephone: 01865 222 011

Ward:

Telephone: 01865 222 001 or 01865 222 002

(24 hours a day, 7 days a week)

Horton Gynaecology Unit

Horton General Hospital, Oxford Road, Banbury, OX16 9AL

Telephone: 01295 229 088 or 01295 229 090

(Monday to Friday, 8am to 5pm)

If you have concerns after 72 hours please contact your own GP or out of hours service, including NHS 111 or attend A&E if you need urgent care.

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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Oxford University Hospitals NHS Foundation Trust
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