

Interventional Radiology **Uterine Fibroid Embolization**

About the procedure

Uterine fibroid embolization is a way to treat fibroid tumors of the uterus. Fibroid tumors are masses of fibrous and muscle tissue in the uterine wall which are benign and may cause heavy menstrual bleeding, pain in the pelvic region, or pressure on the bladder or bowel.

What happens during the procedure?

The procedure is performed by an experienced interventional radiologist, a physician specially trained to perform uterine fibroid embolization and similar procedures.

The radiologist will numb the area of the groin with a local anesthetic. A thin catheter is introduced through a small incision into the femoral artery and a contrast media is injected through the catheter in order to localize the two uterine arteries.

Small particles are injected to block the arterial branches that supply blood to the fibroids. By blocking blood flow to the fibroids, uterine fibroid embolization in effect "starves" them of the blood they need to grow and the tumors then shrink in size. The symptoms caused by the uterine fibroids diminish or disappear altogether.

What are the benefits and the risks?

Uterine fibroid embolization, done under local anesthesia, is much less invasive than open surgery done to remove uterine fibroids. Patients ordinarily can resume their usual activities weeks earlier than if they had a hysterectomy.

Benefits include:

- Blood loss during uterine fibroid embolization is minimal, the recovery time is much shorter than for hysterectomy, and general anesthesia is not required.
- It has been noted through follow-up studies that it is rare for treated fibroids to regrow or for new fibroids to develop after uterine fibroid embolization. This is because all fibroids present in the uterus, even small early-stage masses that may be too small to see on imaging studies, are treated during the procedure.

Risks include:

- Anytime a catheter is placed into the body, there is the potential for damage to the blood vessel, bruising or bleeding at the puncture site, and infection.
- An occasional patient may have an allergic reaction to the x-ray contrast material used during the fibroid embolization. Reactions occur in less than 5% of all cases.
- From 2 percent to 3 percent of women may pass small pieces of fibroid tissue after uterine fibroid embolization. This occurs when fibroid tissue located near the lining of the uterus dies and partially detaches. Women with this problem may require a procedure called a D and C to be certain that all the material is removed so that bleeding and infection will not develop.
- In the majority of women undergoing uterine fibroid embolization, normal menstrual cycles resume after the procedure. In about one to five percent of all women, typically over the age of 45, early menopause may occur.

- The goal of uterine fibroid embolization is to cure fibroid-related symptoms without surgery, however, about one percent of all having fibroid embolization women may eventually need to have a hysterectomy because of infection or persistent symptoms.
- X-ray exposure occurs during uterine fibroid embolization, but exposure levels usually are well below those where adverse effects on the patient or her fertility.
- The question of whether uterine fibroid embolization reduces fertility has not yet been answered, though a number of healthy pregnancies have been documented in women having the procedure. Because of this uncertainty, physicians may recommend that a woman with symptom-producing fibroids who wishes to have more children consider surgical removal of the individual tumors rather than uterine fibroid embolization.

How long does the procedure take?

The procedure takes about 2 hours, with some procedures taking a longer period time based on the treatment needs of the patient.

How do I get the results?

The radiologist will advise you as the success of the procedure once it is completed. Any follow up testing will be scheduled with your regular physician.

How to prepare

- You will be asked to avoid food and liquids starting at midnight the evening before treatment. Your doctor will tell you which medications you may take in the morning.
- If you take aspirin, you may be instructed to stop 10 days beforehand. Consult your doctor if you are taking Coumadin or another blood thinner.
- This test is scheduled through our Central Scheduling department 757-6475. The schedulers are available from 8:30 a.m. to 5:00 p.m., Monday through Friday.
- Patients who have had their films at another facility must bring them in by at least one day prior to the procedure so the radiologist can review them.
- Bring the order for the procedure.
- You will need to have someone drive you home after you are released from the hospital post-procedure since you will be receiving sedation.
- Wear comfortable clothing that can be easily removed for the scan, such as loose slacks, sweatpants, tee shirts or sweatshirts.
- Park in the hospital parking lot near the Admitting Entrance, and enter through the Admitting doors.
- Report to Admitting the day of the procedure.
- You will need to bring with you a picture I.D. for identification and your insurance cards.
- If you have any questions about registration, scheduling, or insurance, contact the admitting department at 757-6217.
- If you have any questions, please call the Catheterization Lab at (219) 757-6158.