

Uterine Artery Embolisation- (Fibroid Embolisation)

An information guide



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Introduction

This leaflet tells you about having fibroid embolisation and explains what is involved and what the possible risks are. It is not meant to replace informed discussion between you and your doctor but can act as a starting point for such discussions.

If you have any questions about the procedure please ask the doctor who has referred you or contact the department where the procedure is to be performed.

What is fibroid embolisation?

Fibroid embolisation is a relatively new way of treating fibroids by blocking the arteries that feed the fibroids (uterine arteries), making the fibroids shrink.

Why do you need fibroid embolisation?

It is an effective alternative to an operation. Previously, most fibroids have been treated by an operation to remove the fibroids individually (myomectomy) or by removing the womb (hysterectomy).

With embolisation, risks of surgery, anaesthesia and long hospital stays are minimized.

Are there any risks / complications?

Fibroid embolisation is a safe procedure, but as with any medical procedure, there are some risks and complications that can arise:

- Bruising - occasionally a small bruise may develop in your groin at the needle entry site.
- Pain - most patients feel some pain afterwards, which ranges from very mild to severe crampy, period-like pain. It is generally worst in the first 12 hours and is controlled by painkillers. You will be given painkiller tablets to relieve the pain.
- Fever - most patients get a slight fever after the procedure. This is a good sign as it means that the fibroid is breaking down. The painkillers will help to control this fever.
- Vaginal discharge – this can occur after the procedure and may be bloody due to the fibroid breaking down. This can persist for up to two weeks or can be intermittent for several months.
- Infection –this happens to perhaps one in every two hundred women and is the most serious complication of fibroid embolization. **Severe pain, pelvic tenderness and a high temperature can occur.** Lesser degrees of infection can be treated with antibiotics, or a dilatation and curettage (D&C). In severe cases an operation to remove the womb may be necessary but this is extremely rare.
- Irregular menstrual cycle – most women find it takes about six to nine months to resume a regular menstrual cycle.
- Premature menopause - there is a 2 to 4% chance that the procedure will lead to premature menopause. This occurs usually in women who are 45 years or older.

Are you required to make any special preparations?

You will need to be an inpatient and will be asked not to eat for **six** hours before the procedure. A urinary catheter may be placed into your bladder by a nurse.

You need to have a small needle put into a vein in your arm for a sedative and painkillers to be given. A painkiller injection device will be attached so that you can self-administer safe doses of painkillers after the procedure by pressing a button (patient-controlled analgesia; PCA). An anti-inflammatory suppository may be given.

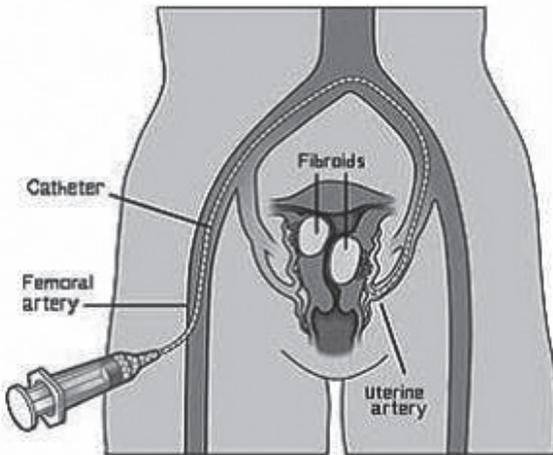
Who will you see?

A specially trained team led by an interventional radiologist within the radiology department. Interventional radiologists have special expertise in reading the images and using imaging to guide catheters and wires to aid diagnosis and treatment.

What happens during fibroid embolisation?

The procedure will take place in the X-ray department and you will lie flat on your back. You may have monitoring devices attached to your chest and finger and may be given oxygen. Your groin will be swabbed with antiseptic and you will be covered with sterile drapes. Local anaesthetic will be injected in the skin in your groin and a needle will be inserted into the artery. Sometimes both groins are used.

A fine plastic tube called a catheter is placed into the artery. The radiologist uses X-ray equipment to guide the catheter into the arteries, which are feeding the fibroids. A special dye, called a contrast agent, is injected down the catheter into these uterine arteries, and this may give you a hot feeling in the pelvis. Fluid containing thousands of tiny particles is injected through the catheter into these arteries to block them. The catheter is removed and pressure applied to the groin to stop bleeding



Will it hurt?

When the local anaesthetic is injected, it will sting for a short while, but this soon wears off. You may develop cramp-like pelvic pain toward the end of the procedure, but this is treated with intravenous painkillers.

How long will it take?

Every patient is different, and it is not always easy to predict; however, expect to be in the radiology department for about two hours after which you will be taken back to your ward.

Nursing staff will carry out routine observations including pulse and blood pressure and will check the treatment site. You will be kept in hospital overnight and discharged the next day.

What is the everyday activity after going home?

- Eat and drink as normal.
- Keep a regular check on the puncture site.
- Avoid strenuous exercise for a week.
- It is recommended to take up to two weeks off work.
- It is recommended to avoid penetrative sex for four weeks after the procedure and not to conceive for six months. Your GP can advise regarding appropriate contraception.

What are the results of embolisation?

The vast majority of women are pleased with the results, reporting a significant improvement in their quality of life.

By one year, most fibroids shrink to about half their size resulting in significant improvement in both heavy prolonged periods and symptoms relating to pressure.

Once fibroids have been treated like this, they do not generally grow back again.

Some women, who could not become pregnant before the procedure because of their fibroids, have become pregnant afterwards.

However, if having a baby in the future is very important to you, you need to discuss this with your doctor as it may be that an operation is still the better choice.

When to seek medical advice?

It is expected that you will experience a vaginal discharge and that you may pass pieces of fibroids which can vary in size. However, please seek medical advice if you experience:

- Vaginal discharge which becomes excessive, smelly or painful.
- Excessive bleeding.
- Persistent temperature.
- Increase in pain

Contact Telephone Number

Gynaecology Assessment Unit (GAU): 0161 627 8855

Finally

Some of your questions should have been answered in this leaflet, but remember that this is only a starting point for discussion about your treatment with the doctors looking after you. Make sure you are satisfied that you have received enough information about the procedure.

Acknowledgement

This leaflet has been re-produced with the permission of The British Society of Interventional Radiology (BSIR) and the Clinical Radiology Patients' Liaison Group (CRPLG) of the Royal College of Radiologists (RCR).

For further information contact The British Society of Interventional Radiology (BSIR) www.bsir.org

If English is not your first language and you need help, please contact the Interpretation and Translation Service

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For enquiries regarding clinic appointments, clinical care and treatment please contact 0161 624 0420 and the Switchboard Operator will put you through to the correct department / service

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