

Uterine Fibroid Embolization

What are uterine fibroids?

Uterine Fibroids are non-cancerous (benign) growths that develop within or on the muscular walls of the uterus. Fibroids can range in size from ¼ inch to the size of a cantaloupe. They are very common in women of child bearing age. From 20 to 40 percent of women age 35 and older have uterine fibroids of a significant size. African-American women are at higher risk for fibroids - up to 50% may have fibroids of a significant size. While fibroids do not always cause symptoms, their size and location can lead to much discomfort for many women. Common fibroid symptoms include:

- Heavy, prolonged menstrual periods
- Premenstrual pelvic pain, menstrual cramping
- Back, flank or leg pain
- Urinary frequency, incontinence, constipation or bloating

What is Uterine Fibroid Embolization?

Uterine Fibroid Embolization (UFE) is an effective, minimally invasive, non-surgical alternative to traditional surgical treatments, which include the surgical removal of the fibroids (myomectomy) or removal of the entire uterus (hysterectomy). UFE is performed by an Interventional Radiologist, a physician specially trained to perform minimally-invasive, image-guided procedures. The UFE procedure blocks the blood supply to the fibroids, causing them to shrink. This highly-effective procedure is clinically proven to successfully reduce all major symptoms of fibroids.

Who is a candidate for UFE?

- Over 18 years of age
- Documented symptoms of fibroids (pelvic pain/pressure, cramping, heavy/prolonged menstrual bleeding) and have been recommended for a hysterectomy or myomectomy
- Not pregnant
- Malignancy not present
- Not a candidate for surgery
- Wish to preserve the uterus and/or remain fertile
- Do not have a pelvic infection

Who is NOT a candidate for UFE?

While UFE is an effective, minimally-invasive option for many women, it may not be for all patients, including those with the following:

- Asymptomatic fibroids
- Infection, pelvic inflammatory disease
- Suspicion of malignancy

What are the benefits of uterine fibroid embolization?

- Minimally-invasive, safe and effective outpatient procedure
- Preserves the uterus
- Decrease in menstrual bleeding, pelvic pain and pressure
- Fast recovery time – return to work in 7 to 10 days
- Overall significant improvement in physical and emotional well-being
- Covered by most insurance, overall lower financial costs
- UFE may also allow maintenance of fertility. Studies have shown that women have become pregnant and given birth to healthy babies after undergoing UFE.

What are the risks of uterine fibroid embolization?

There are a few risks associated with UFE, which include:

- Less than 15% of patients may not respond to the procedure
- Pelvic pain may last up to several days following the procedure
- Premature ovarian failure (one percent of patients)
- Contrast allergy
- Embolization material leak (very rare)

Will my fibroids totally disappear after the procedure?

Within 3 to 6 months, your fibroids should reduce in size by 50 percent and by 80 percent after the first year. Overall, you should experience a 90 - 95 percent improvement in your symptoms.

About the Procedure

UFE is an image-guided, minimally-invasive procedure performed by an Interventional Radiologist (physician) who uses a high definition x-ray camera to guide a catheter through the groin or arm, maneuvering it through the uterine artery to the uterus. The Interventional Radiologist injects tiny plastic particles the size of grains of sand into the artery that is supplying blood to the fibroid. These particles block the blood supply to the fibroids. As the fibroids shrink and die, the uterus fully recovers. UFE has a clinical success rate of approximately 90 percent in reducing bleeding, pelvic pain and other major symptoms.

Week before your procedure

- Consult with your referring provider in regards to prescription blood thinner and any herbal or over the counter medications you are currently taking. They may need to be discontinued or changed.
- You will need to have routine blood tests performed five days prior to the procedure.
- You should STOP taking aspirin and vitamin E five days prior to the procedure.

Night before your procedure

- Do NOT eat or drink anything after midnight.

Day of your procedure

- You should take any medications you usually take the morning of the procedure. Use only a small amount of water to swallow.

When you arrive for your procedure

- Upon arrival at the VCU Health campus, proceed to the Gateway Building 3rd floor (Interventional Radiology) for registration and pre-op preparation.

During your procedure

- The UFE procedure usually lasts between 45 and 90 minutes.
- You will be given local anesthesia and conscious sedation. No general anesthesia is administered.
- The uterine arteries are easily accessed from the femoral or radial artery using a needle. A small incision will be made in the skin, and then a catheter, or small tube, is inserted into the uterine artery with x-ray guidance. Only one small skin puncture is required for the entire procedure.

- An angiogram, or x-ray, is performed to provide a roadmap of the blood supply to the uterus and the fibroids.
- Following the angiogram, tiny particles are injected through the catheter. The particles wedge into the uterine arteries, creating nearly a complete blockage of the blood flow in the vessels. These particles will remain in the uterine arteries and cannot travel to other parts of the body.
- Once one side is completed, the physician will reposition the catheter and perform the embolization procedure on the other side of your uterus, using the same technique.
- Arterial flow will still be present to the uterus, but flow to the fibroids will be blocked.

After your procedure

- You will be transferred to the Women's Surgical Unit for overnight observation by the UFE Team. You will be discharged the next day with post-procedure instructions and prescriptions for medications that relate to your procedure.
- You may experience some of the following symptoms during the first week of recovery: pelvic cramping/pain - most severe in the first 24-48 hours, mild nausea and/or a low grade fever. Some patients experience minimal to moderate vaginal bleeding.
- Increase your fluid intake for the first week after your procedure. You may resume your usual diet; it may take several days for your normal appetite to return.

Outpatient follow up after your procedure

- A member of the Department of Radiology medical staff will call you within 24 hours of your discharge from the hospital.
- Within 7 to 10 days of your procedure you will need to have your first follow-up appointment.
- During your 3-month and 1-year follow up appointments, an ultrasound will be performed to compare your fibroids before and after the procedure.
- You should continue your routine gynecological care.