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Uterine artery embolisation for the treatment of fibroids

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What is fibroid embolisation?

Fibroid embolisation is a way of treating symptomatic fibroids by blocking the arteries that feed the fibroids (uterine arteries), making them shrink. It is an effective alternative to an operation. Fibroid embolisation was first performed in 1995; since then thousands of women have undergone the procedure worldwide.

Why do I need fibroid embolisation?

Your gynaecologist will have told you about fibroids, how they are responsible for your symptoms, and discussed treatment options with you. Previously, most fibroids have been treated by an operation to remove the fibroids individually (myomectomy) or by hysterectomy. In your case, it has been decided that embolisation is a suitable treatment option.

Who will be doing the procedure?

A specially trained doctor called an Interventional Radiologist. They have special expertise in using X-ray guided techniques and are the most qualified people to carry out this procedure.

How do I prepare?

You will need to be an inpatient. You will be asked not to eat for six hours beforehand. A urinary catheter may be placed into your bladder by a nurse. You need to have a cannula put into a vein in your arm for a sedative and painkillers to be given. An anti-inflammatory suppository will also be given. A special painkiller injection device will be attached to the cannula in your arm so that you can administer safe doses of painkillers after the procedure by pressing a button.

What actually happens during fibroid embolisation?

The procedure will take place in the angiography department and you will lie flat on your back on the X-ray table. You will be linked to a cardiac monitor and given a small amount of oxygen. Then, your groin will be cleaned with antiseptic, and most of your body covered with a drape to keep everything as sterile as possible.

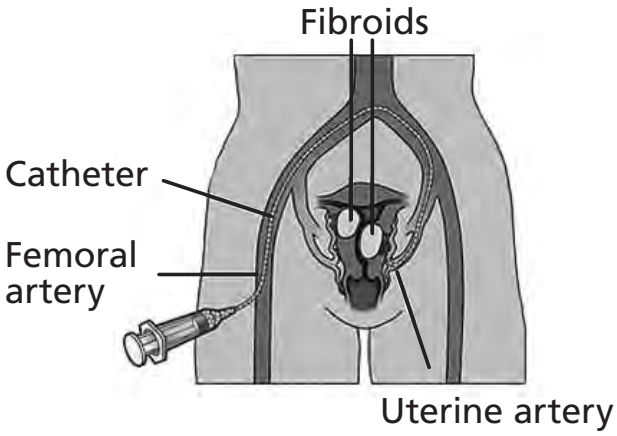
You will be given a mild sedative and painkiller via the cannula in your arm.

Local anaesthetic will be injected into the skin in your groin, and then a needle will be inserted into the artery (sometimes both groins are used). A fine plastic tube called a catheter is then placed into the artery.

It is possible to carry out this procedure from the wrist artery, rather than the groin. Not all patients are suitable for this but the Interventional Radiologist will discuss this with you.

The radiologist uses X-ray equipment to guide the catheter into the arteries which are feeding the fibroids. A special X-ray dye, called contrast, is injected through the catheter into these uterine arteries, which may give you a hot feeling in the pelvis. Fluid containing thousands of tiny particles is then injected through the catheter into these arteries to block them. Then the catheter is removed and pressure applied to the groin to stop bleeding or a small dissolvable plug may be placed in the wall of the artery.

If the procedure is carried out from your wrist, after the plastic tube is removed a small bracelet will be applied for a short period of time to stop bleeding.



Will it hurt?

As the local anaesthetic is injected, it will sting initially, but this passes. You may develop cramp-like pelvic pain toward the end of the procedure, but this is treated with intravenous (via the vein) painkillers.

How long will it take?

Every patient's situation is different. But as a guide, expect to be in the X-ray department for 1–2 hours.

What happens afterwards?

Nurses on the ward will carry out routine observations. They will also look at the skin entry point to make sure there is no bleeding. You will need to stay in bed for a few hours. You will be kept in hospital overnight and discharged the next day. Once at home you should refrain from strenuous exercise for about a week. It is advised that you take 1–2 weeks off work.

What are the risks or complications?

Fibroid embolisation is a very safe procedure, but as with any medical procedure there are some risks and complications that can arise. Occasionally a small bruise may develop in your groin at the needle entry site and there is a small risk of damage to the artery (or wrist).

Most patients feel some degree of pain afterwards, which ranges from very mild to severe cramp-like pain (similar to period pain). It is generally worst in the first 12 hours, and is controlled by painkillers. Some patients get a slight self-limiting fever after the procedure due to the reduction in blood supply to the fibroids. This is a good sign as it means that the fibroid is breaking down. The painkillers help control this fever.

Vaginal discharge can occur afterwards in 20-30% of patients, 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. If the discharge becomes offensive, and if associated with fever, there is the possibility of infection and you should ask to see your gynaecologist urgently.

The most serious complication of fibroid embolisation is infection. This happens to approximately one in every two hundred women. Severe pain, pelvic tenderness and a high temperature can occur due to infection. Lesser degrees of infection can be treated with antibiotics, or a "D and C" (Dilatation and Curettage). In severe cases, an operation to remove the womb may be necessary but this is extremely rare (1%). It may take a few months to resume a regular menstrual cycle. There is a 5% chance that the embolisation procedure will lead to premature menopause. This occurs usually in women who are 45 years or older.

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. After 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, generally they do not grow back again. The risk of recurrent symptoms is approximately 25% in five years in women aged less than 40 and 10% for those between 40 and 50.

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.

Please use the space below to write down any questions you may have and bring this with you to your next appointment.

ask a&e

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Radiology
Queen Elizabeth Hospital Birmingham
Mindelsohn Way, Edgbaston
Birmingham, B15 2GW
Telephone: 0121 627 2000

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