

Radiology Department

# Fibroid Embolization

Information for patients



## Fibroid embolization (uterine artery embolization)

A fibroid is a harmless growth in the uterus. It may be large or small and there may be more than one. Many women have these without knowing about them because there are no symptoms. However, if they create symptoms that are troublesome an embolization can be performed to reduce these. The doctors can place a liquid with tiny beads in it into the blood vessel supplying the fibroid that will cause it to shrink and so reduce the symptoms.

### Before the procedure

You will be admitted to the gynaecology ward. You will be asked to change in a gown. The nurse will take your blood pressure and heart rate and place a small cannula into an arm vein (for medications in the interventional radiology suite). They will also place a urinary catheter into your bladder.

When you arrive in the interventional radiology suite the nurse will give you some antibiotics and an anti-sickness medication and attach a PCA (Patient Controlled Analgesia) pump. A PCA pump allows you to give yourself pain relief as you need it by pressing a button on the pump. You will be encouraged to use the button so that you are already benefitting from pain relief before you leave the interventional radiology room.

## What does the procedure involve?

The doctor will perform a uterine artery angiogram first. They will paint the top of the leg with antiseptic, drape you in sterile blue towelling and place some local anaesthetic into the top of your leg. This will sting, but the area should go numb. The doctor will then place a small tube into the artery at the top of your leg and inject a liquid call contrast (or dye). As the contrast travels through the blood vessel X-ray pictures are taken. This will clearly demonstrate the blood vessel feeding the fibroid. On occasion the doctors will have to put a small tube into the artery from both groins.

Once they are certain which is the correct blood vessel feeding the fibroid they will place a liquid with the very tiny beads into the vessel. These beads will block the small blood vessels to the fibroid and so the fibroid will 'die'. The fibroid will shrink over time (several months) to about 50% of it current size and hopefully reduce your symptoms. The procedure is particularly effective at reducing heavy bleeding in up to 95% of patients, although the fibroids will not disappear completely.

When the embolization is completed the doctor will remove the tube from your leg and press on the puncture site to stop the bleeding. You will then be transferred back to the gynaecology ward.

## What are the risks?

The risks are the same as for an angiogram (bleeding and bruising in the groin), plus those related to the fibroid embolization (infection and pain).

Remember that your consultant would not put you forward for this procedure if he didn't believe the benefits outweighed the risks.

## What are the alternatives?

There are a number of alternative treatments for fibroids including medication and surgical procedures such as myomectomy and hysterectomy. It is important you have discussed all options with your gynaecologist before referral for fibroid embolization.

## After the procedure

The nurse on gynaecology ward will continue to monitor your blood pressure, heart rate and puncture site. They will encourage you to use the PCA pump. You will be asked to lie flat for 2 more hours to let the puncture site heal. After 2 hours you can sit up if you wish and eat. You will then be asked to rest in bed for 2 more hours. The nurse will be with you when you get up out of bed.

You may have an uncomfortable first night after the procedure, but any pain should be controlled with the PCA pump. Most patients will be discharged the next day, although some will need a longer stay in hospital to make sure that you will be able to control any pain after discharge using oral painkillers.

## Signs to look out for after the procedure

You will be given further discharge information when you leave the ward. The main complication to be aware of after discharge is infection in the womb. This is fortunately rare (less than 1 in 200), but symptoms to be aware of are:

- increasing pain
- high fever
- offensive discharge.

If you have any of these symptoms you should contact either your GP, the gynaecology/interventional radiology team (using the number at the top of your appointment letter) or go directly to the A&E department.

Some pain and a low-grade fever (less than 38°) are to be expected in the weeks after embolization. If you are in any doubt, seek medical advice. Fibroid material may be passed through the womb/vagina and may cause pain – but this is uncommon. This can occur many months or even years after the embolization procedure and you should be aware of this possibility and seek appropriate medical attention as the fibroid material may need to be extracted.

## How to contact us

If you have any questions or concerns, please contact us at the Fibroid Embolization Service on 01856 220817.

## Further information

<http://www.nhs.uk/Conditions>

[www.rcr.ac.uk](http://www.rcr.ac.uk) – Royal College of Radiologists

[www.bsir.org](http://www.bsir.org) – British Society of Interventional Radiology

[www.cirse.org](http://www.cirse.org) – Cardiovascular & Interventional Society of Europe

[www.nice.org.uk](http://www.nice.org.uk) – National Institute of Clinical Excellence



If you need an interpreter or need a document in another language, large print, Braille or audio version, please call **01865 221473** or email **PALSJR@orh.nhs.uk**

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